Africa's Social Policy Trajectories since the Colonial Period:

Ghana's Journey from the model Colony to Star pupil of Economic Liberalisation.

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GETSPA
Gender Equitable and Transformative Social Policy for Post-COVID-19 Africa

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Ghana's Journey from the Model Colony to Star Pupil of Economic Liberalisation

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Table of Content

Introduction _1_
The Colonial Era _3_
Education 3
Health 5
Work and Employment 6
Social Security 8
Early Post-Independence (mid-1950s to mid-1960s) _10_
Education 11
Health 12
Work and Employment 14
Social Security 15
The Era of Crisis and Adjustment (mid-1960s to mid-1990s) _18_
Education 19
Health 20
Work and Employment 22
Social Security 22
Beyond Adjustment (mid-1990s to 2020) _27_
Education 28
Health 30
Work and Employment 31
Social Security 32
The Era of COVID-19 (2020 Onwards) 37
Education 39
Health 40
Work and Employment 40
Social Security 42
Conclusion _44_
REFERENCES _46_
APPENDICES _55_
Appendix A: Administrations in Ghana from 1957 to 2022 55

Introduction

Social policy comprises

> "collective interventions to directly affect social welfare, social institutions and social relations... concerned with the redistributive effects of economic policy, the protection of people from the vagaries of the market and the changing circumstances of age, the enhancement of the productive potential of members of society, and the reconciliation of the burden of reproduction with that of other social tasks" (Mkandawire, 2011).

The territory that constitutes modern Ghana comprises different indigenous societies which have developed social policy practices based on family and community support founded on principles of reciprocity and inter-generational transfer (Amanor, 2001; Apt, 1997; Kpessa, 2010). Especially so in the past, kinship networks were vast and "served as insurance when drought and disease threatened starvation" (Rodney 1972, p. 7) and indigenous societies were "tightly organized, so that a man from Brong could visit Fante many hundred miles away and receive hospitality from complete stranger who happened to [be] of his own clan" (Rodney 1972, pp. 12-13). Within this system, livelihood activities such as farming, fishing, blacksmithing, hunting, trading, and mining are done not only for their commercial value but also for their intrinsic value of protection, production and social reproduction (Apt, 1997). For instance, adults of working age participate in productive activities to support not only themselves but also the elderly, who partner in raising the young. Further, the care and training provided to young people are considered an intergenerational investment against sickness, old age, and other vulnerabilities (Kpessa, 2010). Conversely, young people submit to training from adults to gain knowledge and values as well as physical and material support (Amanor, 2001).

The advent of colonial rule disrupted the natural evolution of indigenous social policy with the introduction of an exploitative system in which support for well-being was provided to a minority and directly linked to their utility to the colonial economy. The further institutionalisation of formal social policy regimes by post-independence administrations did not entirely displace indigenous social policy; instead, what existed as social policy in the erstwhile colonial metropolis was expanded and grafted on to indigenous arrangements. This has left a legacy of dual social policy contexts, with both differences and overlaps in focus, methods and reach.

This report explores the nature and evolution of social policymaking in Ghana from the late colonial period to the era of COVID-19. It focuses primarily on formal social policy regimes instituted by colonial and post-colonial governments, using **education**, **health**, **social security** and **employment (work)** as illustrative cases. We answer the following questions:

- What have been the ideological and normative assumptions that have underpinned the framing of social policy across different eras? This includes normative assumptions about gendered roles and relationships; the roles and relationships between the state, market and the individual; and the interaction between social and economic policies.
- How do social policy responses during the COVID-19 pandemic evince either continuity or discontinuity in social policy discourse and practice?

To address these concerns, we organised the study around historical epochs in which global paradigmatic ideas were used to frame policy problems and development solutions.

Methodologically, we approach this study from a historical institutionalist standpoint. As a comparative approach used by social scientists to study the sequence of socio-political and economic change across time, historical institutionalism pays close attention to the influence of norms and values in the development of public policies, as well as the role of actors and interests. From this perspective, we attend to the motivations and framing of policy, and also to continuity and major policy shifts in policy discourse and practice. Thus, we investigate policy trajectories in education, health, housing, work and employment, and social security, with particular attention to the interface between ideas, political events, situational contexts and rules (George and McKeown, 1985). By tracing the selected policies back to past events, we are able to explain the contingent development of these policies over time. In addition, guided by the principles of process-tracing as a methodological approach, we are able to identify critical moments in the historical trajectories of policies. The sources of data include (a) scholarly publications; (b) policy documents; and (c) secondary political, social and economic data.

The analysis in this report is organised across five historical periods. The first part examines the late colonial period (1940s–late1950s), where we note that social policy was residual and limited in scope, reflecting almost exclusively the interest of the colonial government and of a minority of urban educated natives. The second part discusses social policy in the early post-colonial era (the mid-1950s to mid-1960s) when policymakers adopted an ambitious approach to social policy, viewing it as an important instrument for nation-building. Part three of the report discusses social policy in the era of crisis and adjustment (the mid-1960s to the mid-1990s), showing that social policies were not only a residual category, but were also commodified and marginalised through privatisation. The mid-1990s to 2020 is the focus of the fifth part of this report. Although this is the time when neoliberalism is arguably institutionalised in Ghana, policymakers recognise that neoliberal ideas alone cannot produce human centred socioeconomic transformation, hence the idea of looking "Beyond Adjustment." This is a period of a renewed appreciation of social policy, albeit in a narrower sense than in the early post-independence years. The final part of the paper focuses on social policy decisions and actions taken in respect of the COVID-19 pandemic.

Each of the five parts begins with a brief introduction that discusses the political and governance context of the period. (Appendix A contains an overview of the succession of governments from the 1950s as a reference.) The introduction further summarises the overall approach to social policy during the period, and then goes on to provide illustration and specificities in four areas of social policy: education, employment, health and social security.

The Colonial Era[1]

It is challenging to discuss the orientation of social policy in the 'colonial period' as this covers several years of political changes and consolidation of British imperialism. While the British had a trading presence in the territory that became known as the Gold Coast from the 16th century, British colonial governance formally began with the signing of the Bond of 1844 between the governor of the British territory and Fante and other 'native' leaders on the coast. The bond obligated the British government to provide security for its colonial subjects in return for their submission to colonial laws. In this sense, the bond represented a legitimisation (by the British crown and a section of the population of the territory) of the British authority. In 1874, the British declared the existence of a Gold Coast Colony from the coast to the boundary of Asante territory.

Despite a nominal government, formal social policy by the state was virtually non-existent from this period until the early 1900s, immediately because the British were preoccupied with fighting wars of conquest, notably with the Asante kingdom. Following the final defeat of the Asante in 1901, the kingdom was annexed as part of the colony, and the North Territories that had been under Asante control were declared protectorates of the crown. Even after the war, formal rule over the colony was only for the purpose of maintaining enough administrative control to exploit resources. This changed over time as the colonial government became more interventionist and focused on development, in line with discourse in the colonial metropoles. From the 1930s onwards, there was a more concerted effort toward social development, which required purposeful social policymaking. Although the primary consideration was still the ultimate economic benefit of the British empire, these policies had an impact, both intended and unintended, on the well-being of the people of the colony.

Education

Up to the 1920s, the British crown was preoccupied with territorial wars and running a colony on a shoestring budget and was, therefore, content to leave education to well-resourced missions, only making occasional attempts to articulate a policy direction for education in the territory. For instance, the Education Ordinance of 1852[2] stated an intent to set up colleges to train teachers but this plan was hampered by a lack of funding. The 1882 Ordinance (Ordinance for the Promotion and Assistance of Education in the Gold Coast Colony) had the more financially modest aim of providing government subvention to the hundred or more mission primary schools that were operating at the time, in effect supporting the existing mission-dominated educational system rather than attempting to set up a new government-run system (McWilliam and Kwamena-Poh, 1975). The Education Ordinance of 1887 paved the way for a set of Education Rules which mandated, importantly, that admission to both government and assisted primary schools was to be without consideration of race or religious denomination. However, the principle of equity implied in these rules were undermined by the fact that the

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[1] The discussion of education and work/employment policies in this report draws in part on the organization, analyses and arguments in the authors' earlier publications: Anyidoho, N. A., Kpessa-Whyte, M., and Asante, E. (2013). 'Education.' In *Ghana Social Development Outlook 2012*. Legon: Institute of Statistical, Social and Economic Research, University of Ghana; Anyidoho, N. A., Prah, M., and Kpessa-Whyte, M. (2013). 'Social relations.' In *Ghana Social Development Outlook 2012*. Legon: Institute of Statistical, Social and Economic Research, University of Ghana.

[2] More formally, 'An Ordinance to provide for the better education of the inhabitants of Her Majesty's forts and settlements on the Gold Coast' (no. 1 of 1852) (cited in McWilliam and Kwamena-Poh, 1975).

legislation did not apply to the Northern Territories; it was only in 1927 that the territories were covered by educational legislation.

From the early 1900s, the Gold Coast Colony was able to fund education without recourse to the home government, although developments in education were interrupted by the First World War from 1914 to 1918. During Gordon Guggisberg's time as governor from 1919 to 1927, the colonial government expanded its role in both educational policymaking and provisioning as part of a Ten-Year Development Plan which set out education as the "cornerstone of Government's main policy" for development (Guggisberg, 1925, para. 87, in Kay, 1972). Guggisberg's focus was the quality of education. He placed emphasis on teacher training, the creation of a common standard of education, and the closing down of private ('bush') schools that provided education for less economically advantaged children, especially outside of urban areas, but which were seen to be sub-standard. This explicit policy of educational quality over equity created spatial inequalities between the northern and southern parts of the country that are still evident in contemporary Ghana (Akyeampong, 2009). The conditioning of educational services on population size meant that children in low-density areas in mainly rural and the northern regions had less access to education, creating the rural-urban and north-south disparities in education provision and attainment that have persisted till today (Akyeampong, 2009). Moreover, Guggisberg's approach to the Northern Territories was not a significant improvement on the existing colonial policy of limiting schooling in the Northern Territories in order to ensure a pool of unskilled labour for work in the mines and plantations of the south (see Bening, 1990; Crisp, 1984; Songsore, 2010; Tsikata and Seini, 2004). Although Guggisberg attempted to address the history of discrimination that these territories had experienced, the special programme created guaranteed that only a small number of selected pupils would have education beyond primary class 6, only in Tamale, and only for an additional four years of vocational training (Brukum, 2005).

With the advent of the Second World War (1939-1945), government funding for education and other development projects once again declined as government revenue, which relied heavily on the export of cocoa, dropped in response to a drop in cocoa prices. At the same time, demand for education among Gold Coast residents continued to rise and private schools increased to fill the gap.

The economic hardships experienced during and after the war constricted government spending on the development project and was a cause of social upheaval. This resulted in a change of orientation to social policymaking in the colony, including education, and also served as a catalyst for the independence movement. On 28 February 1948, the capital of the colony was the site of protests by war veterans demanding overdue benefits. The protest was violently put down by the police, leading to further agitation and, eventually, the arrest of leaders of the independence movement. The British colonial government set up the Watson Commission (1948-1949) to investigate the cause of the disturbances and the government's handling of it. Education was a key theme of the Watson Commission's eventual report, not least because "practically every African who sent in a memorandum or appeared in person before us sooner or later started to discuss education" (Colonial Office 1948, para. 358, quoted in Kay, 1972). The commission echoed Guggisberg's concern that the rapid expansion of education had caused a decline in the quality of teaching and learning. In order to maintain quality, even if at the expense of broader and more equitable access, the Commission made the case for "[building] a narrower ladder that, while tapering, reaches the objective" against "[building] so broad a ladder that it fails to reach anywhere" (Watson Commission, 1948, para. 371-373, cited in Kay, 1972).

The Watson Commission also shared Guggisberg's assessment that education in the colony was 'bookish,' to use its term (Kay, 1972, para. 377), and advocated vocational and technical training, no doubt so that the products of the educational system could better serve the colonial enterprise as low-level administrative and technical staff. This proposal implied a 'two-tier' system of education, the higher tier being one in which a privileged minority obtained formal education that was similar to what pertained in the metropole (the establishment of Achimota Secondary School in 1924 and the University College of the Gold Coast in 1948 being notable examples). The notion was that graduates of this system would eventually become part of the local elite that participated in and supported the colonial government and economy (Kay, 1972). Those at the lower tier would be trained to provide mainly low-skilled manual labour. Thus, inequity was implied not only in access to education, but also in the type of education received, as it was an important determinant of social standing and social mobility (Foster, 1965; Nukunya, 2003).[3] As a result, a class system developed that saw senior bureaucrats in the public sector and business professionals at the top of the socioeconomic ladder; teachers, nurses and mid-level civil servants in the middle; and the rest of the population at the bottom (Tsikata and Seini, 2004).

Gender equity was also sacrificed in Guggisberg's educational plan because, even while it paid lip service to equal opportunity for both boys and girls, its implementation belied this ideal—education was neither compulsory nor free, meaning that families with constrained resources were more likely to choose to educate boys over girls (see Lord, 2011). Gender inequality was further entrenched in the different forms of education that girls and boys received, which reinforced gendered ideologies, with men being educated to take up employment in the labour market and women educated to better fulfil their family and household obligations (Graham, 1976).

In sum, the purpose of educational policymaking during the colonial era served the colonial enterprise, although the approach changed over time from a policy of relative neglect to one where few Africans were educated to participate in governance and commerce in the formal economy. However, it is important to note that formal education was also taken up by Africans for their own purposes, which included personal social mobility and broader changes to the social order.[4] Thus, some policymaking also reflected the priorities of and pressures from Africans, as seen in the recommendations of the Watson Commission.

Health

In the Gold Coast, modern healthcare practices initially emerged from missionary work (Mills, 1998). Early attention to health by the colonial state was motivated by the perceived insanitary conditions of Cape Coast, the erstwhile capital of the Gold Coast, which was blamed on the town's historical role as a key commercial centre and port in the Trans-Atlantic Slave Trade.[5] These conditions were the main reasons cited for the decision to relocate the colonial capital from Cape Coast to Accra in 1877, "chosen to become the new capital because of its reputation as the healthiest spot on the Gold Coast" (Gale 1995, p. 188).

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[3] This recalls Mamdani's (1996) proposition that the British system of indirect rule that effectively set up an unequal class of 'citizens' (often Western educated and resident in urban spaces) with access to 'modern' economic and legal systems and 'subjects' (often rural residents, with less access to Western education and formal work) under 'traditional' systems.

[4] See Bryant (2015) for the development of this argument in the context of French colonial rule in Senegal.

[5] Amoako-Gyampoh (2018) notes that the "European intercourse with the African population on the Gold Coast had negative consequences on the health status of the coastal settlements" (p. 18).

Another of the earliest health policies was the creation of cemeteries, in particular in Cape Coast and at Anumabo, to replace the practice of burying the dead in homes. During this period, sanitation and health policies were co-joined and involved "the cleaning up of the most crowded sections of the town, using government scavengers supervised by an Inspector Nuisances" (Gale 1995, p. 189). But in terms of substantive health policy, the colonial "health reforms were seen increasingly in terms of saving the lives of Europeans" (Gale 1995, p. 189). Mills (1998) notes that the extension of modern healthcare to the African population by the colonial administration was designed "to address communicable diseases which might spread to expatriate populations" (p. 503).

Concerted efforts at healthcare provision in the colony began in the late 1880s with the setting up of the Gold Coast Medical Department. The health services available were mainly curative and concerned "with the health of the European population [and] government officials" (Mills 1998, p. 503). A principal clerk in the Colonial Office's West Africa section was quoted as saying, "It seems to me to be our first duty to attend to the welfare of our officers, and only a secondary one to attempt (we shall never get beyond this stage) to improve the Colony" (quoted in Gale 1995, p. 189).

In the later stages of colonial rule, health policy was expanded to include the African population, especially those in close physical or social proximity to the Europeans. Subsequently, a healthcare unit focusing on preventive care through sanitary measures was established in 1909 and a Medical Research Unit was established in 1919 (Mills,1998). The colonial authorities began training a small number of Ghanaian paramedics in 1917 and increased these numbers in the 1940s amidst agitations for independence. Efforts were also made to increase the number of hospitals from 9 in 1909 to 22 in 1912 and 39 by 1927, albeit with limited bed capacity. Health posts were established in some rural communities, with European presence and infant health programmes initiated in the 1920s (Mills, 1998). A European hospital (now Ridge Hospital) was built in 1916 in an exclusively European residential area and the Gold Coast Hospital (now the Korle Bu Teaching Hospital) was completed in 1924 (Agyei-Mensah and de Graft-Aikins, 2010).

Although in the later years of colonial rule, the state extended care to the indigenous African population, it retained its discriminatory nature; while Europeans received treatment at health facilities free of charge, Africans had to pay for any healthcare services. This discrimination was deepened by the exclusion of the African population from healthcare services provided by relatively well-resourced facilities such as the European Hospital.

Work and Employment

During the early colonial period, most of the population worked in food crop farming in rural areas, relying on family labour with occasional recourse to slave and female forced labour (Akurang-Parry, 2000). The colonial government exploited the forced labour of both men and women for commercial agriculture, mining, and 'public' works, particularly infrastructure and road projects (Thomas, 1973; Akurang-Parry, 2000).[6] In addition, the majority of recruits into the army were men from the Northern Territories (Thomas 1973, cited in Tsikata and Darkwah, 2013). During this time, the colonial government did not have a coherent policy on work and employment, except for laws such as the Roads Ordinance No. 13 of 1894 and an undefined

[6] Indeed, Guggisberg anticipated that his Ten-Year Development Plan would require 27,000 labourers to carry out (Thomas 1973, cited in Tsikata & Darkwah, 2013) and one has to imagine that a fair number would be forced labourers.

policy on 'unskilled labour' that was applied between 1924 and 1930. Both allowed the government to coerce the labour of colonial subjects, which was "fundamental in the implementation of colonial economic ventures" (Akurang-Parry 2000, p. 1).

Even in the latter part of the colonial period, when the colonial government had developed a more efficient formal economy for the continued exploitation of the human and material resources of the colony, it hardly intervened directly in work and employment, and very rarely to the advantage of workers. Laws passed mainly in response to international advocacy against slavery and forced labour—the Forced Labour Bill of 1934, the Labour Regulation No. B.38 of 1935, and the Labour Regulation No. of 1936—merely limited the circumstances under which the government could exploit the labour of colonial subjects (Akurang-Parry 2000). In addition, the 1940s Workmen's Compensation Ordinance provided for injuries, but the policy laid down such a stringent set of requirements as to make it inaccessible to many workers; for example, the applicant could not be a casual employee, had to have a contract of service and the injuries for which they sought compensation should not have resulted from misconduct (Akurang-Parry, 2000). These requirements generally described the conditions of formal employment, which, for Africans, was largely limited to clerical work and available primarily to formally-educated male residents in urban spaces (Graham, 1976; Tsikata & Darkwah, 2013).

The limitations on access to and the content of education for females, and strictures on their involvement in formal work (such as the requirement to resign upon marriage or childbirth), restricted women's opportunities in the formal economy (Anyidoho et al., 2013). Moreover, by policy design, women were discouraged from urban geographic and economic spaces (Akyeampong & Agyei-Mensah, 2006). Women were pushed into the margins, into what became the informal economy. Indeed, the marginalisation of women from urban-based formal work in the colonial period is implicated in the women's disproportionate representation in the informal economy in contemporary Ghana (Akyeampong & Agyei-Mensah, 2006; Tsikata & Darkwah, 2013).

Spatial inequality was also evident in the development of a few urban centres of formal work and commerce to the neglect of the rest of colony, which was predominantly rural and agrarian (Songsore, 2010). Moreover, colonial policies exacerbated inequalities *within* rural agriculture as well. In the later colonial period, the economy was based on commercial agriculture, complemented by mining and timber logging. Cocoa being the main export crop, the colonial government provided male cocoa farmers with capital and other inputs to commercialise the sector to the detriment of women (Allman, 1996; Tsikata and Darkwah, 2013).

The consequent reconfiguration of farming arrangements and land tenure systems had lasting economic implications as well as social consequences, since "struggles over land [are] as much about power and the control of people as about access to land as a factor of production" (Berry, 2000, p. xix). Women, along with young people and the poor, were generally the losers in the expansion of commercial agriculture (Agbosu et al., 2006). As commercial cocoa production grew, the sources of labour diversified from family to wage labour, thus providing employment primarily for males and migrants (Hill, 1961; Sutton, 1983). Women were marginalised in this new and lucrative sector, often as unpaid family workers. In the urban areas, the move of men into cocoa farming allowed women to gain a greater presence in trade (Clark, 1994) so that, by 1948, 89% of female workers in Accra, the capital, were traders (Busia, 1951, cited by Hutchful, 2002). However, women's limited success in the constrained economic space in which they were allowed to operate were sources of anxiety to male colonial officers and traditional leaderships, and attracted punitive actions (see Allman, 1996; Nyanzi, 2011). This is a pattern that is repeated by governments throughout different periods of Ghanaian history,

notably in the era of military rule (see Hutchful, 2002; Manuh, 1993; Robertson, 1983).

Social Security

Whereas social welfare encompass a wide range of wellbeing-promoting activities such as education, health, housing, employment, and access to water, among others, social security tends to focus on those aspects of human life that interfaces with economic activities. The subjugation of the indigenous societies in the territory of modern Ghana had a tremendous impact on the evolution of social security. Colonialism neither truncated the indigenous forms of social security nor promoted them. Thus, social security in the colonial period was associated with modernisation and the capitalist logic of production.

The earliest examples of modern social security in the Gold Coast and other British colonies emerged in the Colonial Development Act sponsored by the colonial office in England and promulgated in 1929. The notion of *development* embedded in this Act was not necessarily about the wellbeing of the peoples of the colonies; rather it spoke to "the expansion of the colonial economies as a contribution to the British exchequer and a direct solution to the economic woes of the Depression" (Kallaway, 2020; p. 41). Midgley (1998) also notes that the 1929 Colonial Development Acts was designed more "to encourage increased trade between Britain and the colonies, in an attempt to stimulate domestic economic activity" than to promote the welfare of the indigenous people in the colonies (pp. 40-41). In the 1930s, with the rise in influence of the Labour party, the idea of development began to witness shifts from capital investment to improvements in human wellbeing. For instance, in the late 1930s, Lord De La Warr, the Under Secretary for the colonies, argued, "[T]he real Development needed in Africa today is not the investment of large sums of capital but the improvement of human capital" (Memo by Lord de la Warr, cited in Kallaway, 2020). The Colonial Office was also influenced by activities of the League of Nations, which organised international conferences in 1925 and 1931 to highlight development challenges, especially those relating to the wellbeing of the African Child (Dominic Marshall, 2004).

The earliest form of formal social security in Ghana were exported from the colonial metropolis and focused first on servicing European officers in the colonial administration and was later extended to cover non-Europeans under the Pension (non-Europeans) Ordinance (Asamoah & Nortey, 1987; Darkwa, 1997; Turner, 2001). Thus, the social security systems introduced by the colonial administrations only targeted individuals perceived to be participating in economic productivity as part of its the modernisation enterprise. Thus, the emergence of modern social security in Ghana was characterised by a limited conception of social security, limited coverage of social security programmes, and an alignment of social security provision with labour market participation.

The definition of social security was heavily biased in favour of old age and retirement income replacement and was reflected in pension legislations and policies. The colonial government promulgated the Pensions Ordinance in the 1950s with the objective of unifying pensions provisions for European and non-European officers serving in the country. This version of the pension scheme was designed to dismantle the discriminatory provisions that allowed unequal payment of benefits to the two categories of workers in the colonial civil service (Government of Ghana, 2006). What came to be known as CAP 30 was a non-contributory income replacement plan for persons retiring from work in the colonial administration. Particularly for Africans, the scheme was considered a benefit only for those who had served the crown with integrity and loyalty and, hence, was used to promote loyal work ethics and efficiency. For instance, it was stated in Section 6 (1) of the colonial Pension Ordinance, "[P]ension and other

benefits under the scheme are not a right" (Government of Ghana, 2006 p. 31) but rather rewards hard work. Given that this scheme provided coverage for only individuals working in the colonial civil service, another scheme was set up in 1955 under the same Pensions Ordinance to provide social security coverage for teachers working in non-state educational institutions, and this was followed by yet another scheme primarily for the social security needs of the staff of the University College (Government of Ghana, 2006).

Although multiple social security schemes were established under the Pensions Ordinance, the overall coverage privileged the urban elites; the vast majority of the population in the country was not covered by any formal social security plan. According to Maclean (2002), the British colonial administration took the view that the colonies were distinct territories and that the role of the colonisers was only supervisory, given that indigenous social security systems served the purpose of protection and care. In her view, the "limited and decentralized colonial social policy [was] aimed at supplementing pre-existing social support systems" in the British colonies (p. 65). But this view is problematic because it fails to appreciate the disruptions to the indigenous social security systems caused by the urbanisation and modernisation that came with colonial rule. Moreover, it fails to explain the exclusion of segments of the population who migrated to the urban centres or who worked in private mines, farms and other businesses from the social security protections offered by the colonial state. By the end of the colonial rule, Ghana's social security system was one characterised by duality, consisting of both the formal and the informal systems. "Unfortunately, the colonial legacy continues to exert a powerful influence on social welfare policy today" (Midgley 1998, p.43).

Early Post-Independence (mid-1950s to mid-1960s)

Ghana's independence brought in a 'nationalist' model of development in which, according to Adesina (2009), social policy served primarily production and social cohesion functions, both of which were geared towards undoing the economic and social impacts of colonialism. The main areas of focus of social policy were education and health (ibid.), in the sense that the government framed these in universalist terms, even if they were not universal in application.

The immediate post-independent government of Kwame Nkrumah, Ghana's first prime minister and then president, articulated nation-building as the objective of development. Nation-building connoted the creation of a cohesive nation out of disparate cultures and sub-nations of people and negotiating ideological differences about the form, or even the need for, a post-independent nation-state (Buah, 1998). Nation-building also implied socio-economic changes that would improve the well-being of a population formerly oppressed under colonial rule. Thus,

> "the social and political context of the early postcolonial era in Ghana was one in which the government was confronted with the fierce urgency of making the new state relevant and meaningful to both the individual and collective aspirations of the people in order to avert the possibility of disintegration" (Kpessa-Whyte 2021, p. 4).

It is, therefore, not surprising that social policymaking during this period has been described as 'transformative,' at least in intent (Adesina, 2009; Kpessa-Whyte, 2021), with a fairly comprehensive public expenditure in the areas of education and health and with some provisioning in work, housing, and social security (Beland, Foli & Kpessa, 2018). As President Nkrumah stated in a national broadcast in 1957, Ghana's year of independence, the primary goal of the cumulative efforts of social policy would be

> "the improvement in the health of our people; by the number of children in school, and by the quality of their education; by the availability of water and electricity in our towns and villages, and by the happiness which our people take in being able to manage their own affairs. The welfare of our people is our chief pride, and it is by this that my Government will ask to be judged" (Nkrumah 1957).

In essence, policymakers presented themselves "as benevolent guardians of the people committed to improving the welfare of the masses through the provision of public education, health and other social services" (Maruatona 2006, p. 14).

In the immediate post-independence Ghana purposefully, social policy was expressly linked to economic policies but arguably was made subordinate to economic policies. Social development was presented as a catalyst for economic development (Adesina, 2009). Education policies were explicitly linked to human capital to support socio-economic development. Policies to extend and deepen health care to the population also supported the human capital formation for development. This may be the basis for the critique that Nkrumah's administration allowed economic development and economic policy to overshadow social policy (Aryeetey and Goldstein, 2000). Aryeetey and Goldstein (2000) make the further observation that, while the administration has given lip-service to poverty as a rural problem, actual investment in social services had an 'urban bias.' This, they argue, was the result of Nkrumah's preoccupation with industrialisation as the basis of development.

Nkrumah's government set out two broad development plans to guide socio-economic development: The Five-Year National Development (1951-1956), a second National Development Plan (1959-1963), and the Seven-Year Plan for National Reconstruction and Development (1963/64 to 1969/70) introduced close to the end of Nkrumah's administration.

Education

As in many post-independence African countries, education was privileged as the main avenue for the making of modern citizens for a modern Ghana. In Mkandwire's formulation, educational policy also had a productive function in training young people in the skills needed for an industrialising country, in this way linking social policy strategy with the economic policy of industrialisation. Publicly-funded education could be considered redistributive as it allowed for social mobility (Kpessa-Whyte, 2021). Education further had an explicit social cohesion function as education was to inculcate in children the values and identities associated with the new Ghanaian nation, with loyalties to the nation-state that would trump their ethnic allegiances (see Adesina, 2009). Social cohesion as a dimension of nation-building was encouraged by other policies, including the Avoidance of Discrimination Act (1957), which was meant to tamp down on divisiveness in electoral politics by preventing political parties from forming along ethnic or religious lines and chiefs from engaging in partisan politics (Gyimah-Boadi, 2007). The Act also provided for the distribution of infrastructure, social services, and other resources across the country, with special attention to the northern regions which, as has been discussed, had been neglected during the colonial period (Gyimah-Boadi, 2007).

In 1951 when the Gold Coast became internally self-governing, the government announced an Accelerated Development Plan of Education to expand access through a number of measures, including increasing the number of educational institutions, removing or reducing tuition fees, and training more teachers. All mission schools were put under the government's aegis through integration into the public school system. The implementation of the plan more than doubled enrolment in class 1 from 59,739 in 1951 to 132,045 in 1952 (Kay, 1972, p. 408).

Ten years later, the Education Act of 1961 continued the emphasis on literacy and basic education by making primary schooling free and compulsory, although the compulsory nature of school was conditional on children "for whom schooling [could] be a practical proposition," as the Minister of Education stated (quoted in McWilliam and Kwamena-Poh 1975, p. 98). This disclaimer was presumably to insulate the government from criticisms of unequal access for 'hard-to-reach' children in parts of the country since, in practice, access to education was demonstrably higher in the southern than in the northern parts of the country (Akyeampong, 2009). Nonetheless, enrolment of students in primary school increased from approximately 153,360 students in 1,083 schools to 1,374,495 children in 8,144 schools (Table 1).

Table 1. Expansion in access to education

Level	1951		1966	
	Schools	Students	Schools	Students
Primary	1,083	153,360	8,144	1,137,495
Middle	539	66,175	2,277	267,434
Secondary	13	5,033	105	42,111
Teacher training	22	1,916	83	15,144
Technical	5	622	11	4,956
University	2	208	3	4,291

Source: Hayford, 1988, presented in Kpessa-Whyte, 2021

While valuing primary education for providing basic knowledge to the citizenry, Nkrumah turned to secondary and tertiary education to provide the human capital for the industrialisation drive. In 1964, his administration declared, "The stage has now been reached where educational

policy must increasingly concern itself with…the teaching of skills and other attainments that are needed for the running of the modern economy" (Government of Ghana 1964, p. 142, cited in Aryeetey and Goldstein, 2000). Accordingly, the government increased the number of secondary schools from 13 in 1951 to 105 in 1966 (the year Kwame Nkrumah was deposed in a coup d'état). Independent Ghana also established a public university, and converted the University College of the Gold Coast (established in 1948) to the University of Ghana in 1961. The university, like those of many other post-independence countries, was a symbol of pride, and its teaching and research were meant to serve the interest of national development (McWilliam and Kwamena-Poh, 1975). If education was broadly seen as a modernising force, then "higher education [was] recognized as a *key* force for modernization and development" (Teferra & Altbach 2003, p. 3, italics mine).

In addition to servicing the national development agenda, Kwame Nkrumah also regarded higher education as a means of asserting sovereignty and developing an African consciousness as part of building a unified, independent and Ghanaian/African nation-state (McWilliam and Kwamena-Poh, 1975). Indeed, in his inauguration of the Institute of African Studies at the University of Ghana in 1963, President Nkrumah charged it to study and produce knowledge on Ghanaian and African society in 'African-centred ways,' which statement we might recognise today as evidence of a decolonisation agenda.

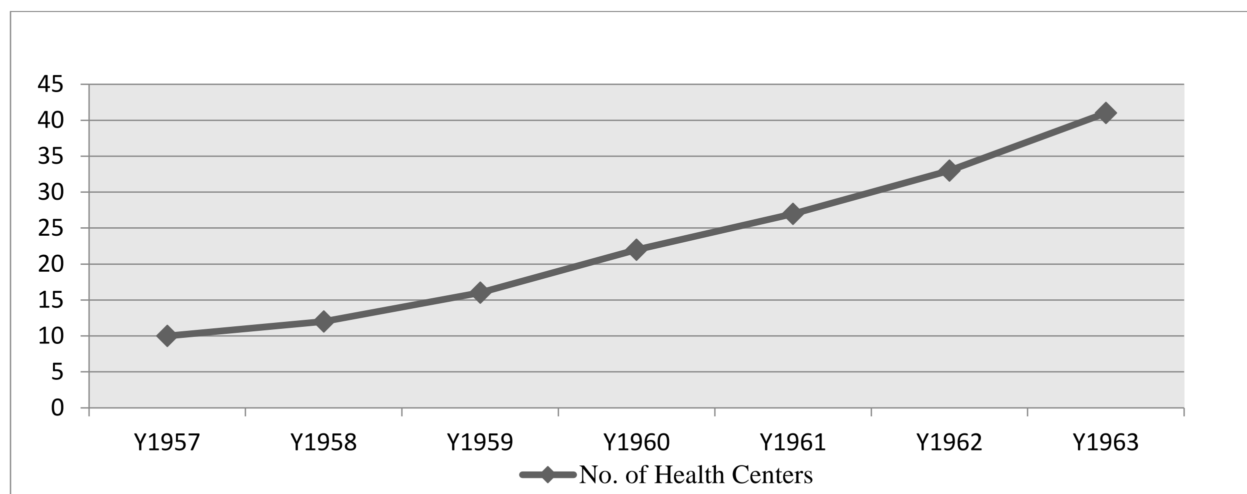
All these efforts in educational policymaking resulted in an immediate growth in the number of schools and students in school, with gender, spatial and income gaps in access lessened by a policy of universal, free education up to secondary level.

Health

Healthcare as a major element of social policy was instrumental in the pursuit of the nationalist struggle for independence and also in the postcolonial social contract (Olukoshi, 2000). The design and delivery of healthcare were focused both on reinforcing its intrinsic value as well as its ability to promote nation-building (Kpessa, Béland & Lecours, 2011). Policymakers perceived healthcare as essential for the production and preservation of the human resources needed in the postcolonial reconstruction agenda (Kpessa & Béland, 2013). For instance, agitations for independence highlighted the social exclusions that characterised the colonial era, and discriminatory provision of healthcare was singled out. Hence, healthcare was given priority soon after independence and became a central component of policies for building a modern nation-state out of the constellation of ethnic nations inherited from the colonial period (Olukoshi 2000, 2007; Adésínà 2009). As such, the provision and access to healthcare were made a matter of citizenship rights, and all persons were allowed to seek and obtain medical care in publicly funded health facilities—hospitals, clinics, rural health posts, medical laboratories, pharmaceutical and drug stores—without direct out-of-pocket payments (Wahab, 2008).

During the period, policymakers in Ghana, as in most African countries, considered the universal provision of healthcare to the population as instrumental for socioeconomic transformation. Policymakers generally had a proactive attitude to healthcare (Adésínà, 2009) and, in the spirit of promoting state development (Mkandawire, 2001), steps were taken to invest in health facilities and medical personnel.

The provision of healthcare to all persons on the accounts of the state meant that facilities had to be provided for the purposes of access and quality. As such, the early post-colonial government committed resources to the construction of new health facilities as well as the rehabilitation of existing ones (Figure 1).



Source: Twumasi, 1981

Figure 1. Yearly distribution of health facilities in Ghana from 1973 to 1963

In addition, scholarship schemes were introduced to encourage persons who wished to take up careers in the health sector to undertake professional training in medicine and related disciplines in Ghana and in other countries (Government of the Gold Coast, 1955). As a result, the government was able to increase the number of healthcare professions across the sector (Government of Ghana, 1964). In 1963, when the government introduced the Seven-Year Development Plan, the health sector alone was allocated 31 million pounds with the view that the money "devoted to the improvement of health services [was] an economic investment, for a healthy population which is much more productive than unhealthy one" (Government of Ghana, 1964, p. 176). These investments resulted in the increase of various categories of professionals between 1957 and 1963 (Table 2).

Table 2. Number of trained health professionals (1951-1963)

YEAR	1957	1958	1959	1960	1961	1962	1963
Doctors	330	342	346	586	726	879	904
Dentists	18	14	17	17	22	29	36
Midwives	616	691	789	789	1008	1104	1235
Nurses	800	986	1627	1627	1848	2191	2366
Pharmacists	312	311	326	326	298	342	355

Source: Statistical Year Book, p. 33. Central Bureau of Statistics, Accra. Ghana, 1963.

Upon successful completion of their training, health professionals were posted across the country to educate the citizenry about various diseases and to ensure that all citizens were vaccinated (Addae, 1997). To guarantee that health information and services reached every citizen in the country, mobile cinemas, radio doctors' talk shows, village health centres, and child welfare centres were established to provide preventive health education (Addae, 1997). The patterns of distribution of health care professionals were also deliberately designed to promote inter-ethnic association (Kpessa, Beland & Locour 2011). Seen from the perspective of nation-building, Beland, Foli & Kpessa, (2018) argue that "the nationalists that formed the first government believed that the state provision of social policies could weaken ethnic identities and the tensions they typically generated by re-directing the loyalty of the citizenry

to the Ghanaian nation. These policies would also empower the citizenry to participate in governance processes and enhance their capabilities for socio-economic development” (p.26).

Work and Employment

The vision of socio-economic development at this time was industrialisation through import substitution, and the approach was decidedly statist with the government controlling the prices and even the distribution of goods, services, and foreign exchange (Baah-Boateng, 2004). The government thus set up many industries which needed formally educated and skilled workers. However, the supply of graduates by the school system soon exceeded the ‘demand’ for formal work(ers), setting up the policy problem of youth unemployment that has held the attention of post-independent governments since.

In a 1964 paper, Hodge (1964) connected growing youth unemployment to the expansive educational policy of the post-independent African countries, stating:

> “Another (contributory factor) is the innocent aggravation of the problem by the programmes of accelerated expansion of primary and middle-school education in the new independent states, such as Ghana and Nigeria, which flood the labour market with armies of school-leavers each year. In Ghana, between 1957 and 1963, just over 100,000 extra employment places became available, whereas in the same period over 160,000 left elementary schools” (p. 113).

One response by the government to the lack of jobs for young people (which had led at various times to unrest) was to set up a Workers Brigade Scheme which was principally a work programme for youth. It had the dual goal of confronting the perceived threat of unemployed youth and, more positively, co-opting them into the project of development (Hodge, 1964). This approach to youth unemployment has been repeated by successive governments, with some variation in content but with similar motivations. Latter programmes have faced the challenges that Hodge (1964) describes of the Workers’ Brigade—being a more politically-expedient strategy than a well-designed policy, expensive, opaque to evaluation, and wholly inadequate to address the structural problems that lead to youth unemployment. A shortlist of such programmes includes the Captains of Industry Programme, Students in Free Enterprise Programme, National Youth Fund, Skills Training and Entrepreneurship Programme, National Youth Employment Programme, Ghana Youth Employment and Entrepreneurial Development Agency (GYEEDA) (Tsikata & Darkwah, 2014).

In addition to the Workers Brigade, the Seven-Year Development Plan introduced in 1963 had the goal of adding 70,000 jobs per year, an ambitious plan given that the economy had produced 100,000 jobs in the preceding six years since independence (Hodge, 1964). This short-lived plan (which ended with Nkrumah’s overthrow) and subsequent ones had some success; from the 1960s to the 1980s, formal sector employment increased by more than 16%, a rate higher than the growth of the labour force (ISSER 1995, cited in Baah-Boateng, 2004).

The government also passed legislation aimed at reducing inequalities in access to work and in the conditions of work. The Industrial Relations Act of 1965 made gender discrimination illegal; the Equal Pay for Equal Work Act of 1967 eliminated, at least in theory, unequal pay on the basis of gender, among other bases for discrimination; and the Maternity Leave with Pay Act of 1971 allowed female employees in the formal sector obtain paid maternity leave (Tsikata & Darkwah, 2013). An obvious limitation of these legislations was that they applied, either in theory or practice, to the minority of workers in formal employment.

With particular reference to the bias toward formal employment, it should be recalled that Ghana had modernisation as its development goal. Kpessa-Whyte (2021) points out that the ethos of modernisation "implicitly portrayed socio-economic transformation as involving transitions from the informal" to the formal (p. 7). This obviously had implications for women's work as the majority of women operated in the informal economy.

Social Security

At the time of independence, formal social security had limited coverage due to its focus on persons in the formal labour market and the expectation that the majority of the population would continue to rely on indigenous social protection systems embedded in family and community arrangements (Kpessa, 2021). Early post-colonial social security policy in Ghana was similarly limited in scope, largely reflecting the interest of the educated urban working class. Thus, in addition to the CAP 30 programme inherited from the colonial regime, early post-colonial policymakers introduced a personal saving scheme designed to provide social security, especially old age income replacement for the working population upon retirement from the labour market. The scheme was a contributory programme that enjoined both employers and employees to contribute a specified percentage of earnings for old-age income support (see Table 3 for the full benefits).

Although it was assumed that the provident fund was designed exclusively to serve the interest of income replacement in retirement (Barbone & Sanchez, 1999), it became apparent that it was also considered a vehicle for mobilising domestic resources for development (Gerdes, 1971). According to Ofori (1976), by "30 June 1976 about 1,040,000 workers from 8,991 establishments had been registered with the Scheme" (p. 251). The provident fund arrangement was popular among workers, employers and the government for various reasons. Employers perceived the provident funds as a predictable means of honouring their moral obligation to employees, who themselves viewed the scheme as providing some income security for retirement. For the government, the provident funds provided a "self-help vehicle for providing basic social protection and quality-of-life improvement, and as a readily available source of cheap finances for social and economic development" (Dixon, 1993, p. 207). Although in principle, the scheme existed for all Ghanaians, in reality, its strong link to formal sector labour market participation meant that by default the vast majority of the population whose economic activities took place in the informal economy were excluded from the scheme.

Table 3. Benefits under the Provident Fund Policy

Invalidity benefit: payable to a member who is incapacitated for any normal gainful employment due to permanent, physical or mental disability.

Survivors' benefit: payable on the death of a member to the persons who have been nominated by the member for receipt of benefits on his death. This benefit amounts approximately to the deceased member's accrued contributions to the Social Security Fund at 3 per cent compound interest, and is payable where death occurs prior to the member's retirement from employment.

Life insurance benefit: amounts to 12 months of the member's pay and is payable on his death to his survivor(s). It is paid in addition to survivors' benefit, and is also payable where death occurs before retirement.

Emigration benefit: conditional upon evidence that a member is emigrating or has emigrated permanently from Ghana.

Sickness benefit: payable out of the member's own contributions subject to completion of two years' membership and provided that the member has been absent from work owing to sickness for at least three months and does not receive any payment from the employer during that period.

Superannuation benefit: payable at the time of retirement, i.e. on attaining the age of superannuation (between ages 50 and 55 for men; and between 45 and 50 for women). This benefit is a lump sum consisting of the accumulated 'free' contributions made by the worker himself and by his employer on his behalf, plus 3 per cent compound interest. ('Free' in this context means total contributions less deductions used for financing sickness and unemployment benefits.)

Unemployment benefit: payable in the following two cases in particular: firstly, payment of not less than 36 monthly contributions to the Fund, at least two of them in the four months immediately preceding the beginning of unemployment; secondly, payment of not less than 24 monthly contributions since the last claim for unemployment benefit, at least two of them in the four months immediately preceding the claimant's current unemployment. In addition, in both cases the claimant is required to have been currently unemployed for at least three months and to have applied regularly for employment in accordance with the directions of the Public Employment Centre.

Source: Compiled by authors

For the large majority of persons who could not be covered by this social security programme because of their inability to participate in the formal labour market, family care and community-based mutual-help schemes with origins in indigenous social welfare practices as well as philanthropic activities by religious entities, delivered social security, albeit on voluntary basis (Kpessa, 2010).

It is instructive to note that in the early post-colonial era, policymakers took special interest in the issue of social security for persons with disability. The primary objective of policies during this period was to integrate persons with disability into the "workforce as productive wage labourers" (Grischow, 2011). Policymakers developed an interest in the social security of disabled persons when, in enforcing the Control of Beggars Ordinance of 1957 by attempting to arrest beggars on the streets of major cities, they discovered that most were either persons with disability or individuals that could be categorised as destitute. Wanting to ensure that such individuals did not become a burden to the new Ghanaian state, policy makers opted to rehabilitate this population by improving their employability and productive capacity. In October 1959, Kwame Nkrumah instructed his cabinet "that action be taken urgently to promote a comprehensive Government sponsored program of education and rehabilitation

designed to restore economic and social independence to as many of the disabled as possible in the shortest possible time" (quoted in Grischow 2011, p. 188). This set the tone for the establishment of the Advisory Committee on the Rehabilitation of the Handicapped and the Destitute. A government-sponsored study that showed that there "were at least 100,000 disabled people in Ghana, of whom 10,000 were children" (Grischow, 2011, p. 188). Following this, the government established rehabilitation divisions within the Department of Social Welfare and Community Development and set aside 3rd June 1960 for all such persons to be registered.

Subsequently, Industrial Rehabilitation Units (IRU), Rural Rehabilitation Units (RRU) and various categories of training centres were established across the country, with a prominent presence especially in Accra, Ho, Tamale, and Bolgatanga. The Director of the Rehabilitation Section, J. S. Adoo, was quoted as saying in 1964 that the primary objective of the training centres was "to turn out well informed, independent, self-supporting craftsmen and farmers" (Grischow 2011, p. 181). Upon realisation that all the first batch of trainees were men, the government took steps to encourage women with disability to enrol into the rehabilitation programmes, and they were trained in skills for poultry farming, soap-making, sewing, and handicraft, among others (Grischow 2011, p. 193), with the twin objective of enhancing their human dignity and empowering them to be economically productive.

The Era of Crisis and Adjustment (mid-1960s to mid-1990s)

The coup d'état that deposed Kwame Nkrumah in 1966 ushered in a period of economic decline and political turmoil, with a succession of military regimes broken up by interludes of civilian governance. Poverty increased in the general populace but to a greater extent in rural populations, and standards of living fell, with real monthly salaries in the formal sector, for instance, plummeting from 315 cedis in 1972 to 62 cedis in the early 1980s (Akyeampong, 2009).

The military junta that overthrew Kwame Nkrumah's government, the National Liberation Council (NLC) (1966-1969), made a key part of their legitimacy the socioeconomic development so desired by the Ghanaian population and which they claimed was the reason for their advent. A similar refrain was repeated by the five other military coups that removed other military or civilian governments (see Appendix A). In addition, the 1960s and 1970s saw economic difficulties that resulted in governments constraining expenditure on social policy. Thus, the political crises of these three decades were also a crisis of social policymaking that was inchoate, reductive, underfunded and which, notably from the 1980s, was overshadowed by economic policymaking. Additionally, while global ideology and actors have always been influential in social policy processes, arguably it was during this period that the numbers of actors increased, and their influence became more marked. This is especially obvious in the adoption by Ghana and other countries of the International Monetary Fund and World Bank-prescribed programme of economic reforms from 1983 which became the neo-liberal orthodoxy for at least a decade, and still fundamentally underlies contemporary policymaking currently, despite convincing critique by African social scientists and others on the social costs of the programmes (e.g. Mkandawire & Soludo, 1998; Cornia et al., 1987; Stewart, 1991). Indeed, the Lagos Plan of Action for the Economic Development of Africa (1980–2000) formulated by members of the erstwhile Organisation of African Unity was an explicit criticism of and response to the structural adjustment programme and the neoliberal ideologies underpinning it, seeking to reduce the continent's reliance on global North development fund, goods and ideas in favour of self-sufficiency.

The Economic Recovery Programme (ERP) was rolled out in 1983 as an immediate step to 'stabilise' the economy after which an 'adjustment phase' (the Structural Adjustment Programme) was begun in 1987 to set the ground for economic growth (Aryeetey & Harrigan, 2000). The reforms (which we will refer to generically as structural adjustment) were characterised by the retreat of the state from social provisioning and by increasing privatisation of all sectors of the economy. This was seen most starkly in the retrenchment of government workers; the introduction of 'cost-sharing' in health and education; and the reduction of social policy to interventions that were merely a salve for the worst social and economic impacts of the reforms. Again, the government used the exigencies of the reforms and donor schedules to ignore opposition to the reforms and to cut out processes of participation or even consultation with citizens (Aryeetey & Goldstein, 2000).

The expectation was that fixing the macro-economy would produce a 'trickle-down' effect that would address poverty and other privations. This did not happen and the introduction of the Programme of Actions to Mitigate the Social Costs of Adjustment (PAMSCAD) in 1988 was a response to the widespread hardship that came with structural adjustment. The target of various components of PAMSCAD (which will be discussed in more detail in the section on social security) is an indication of what the government and aid donors considered to be the hardest-hit populations: retrenched workers, farmers, rural households in northern Ghana, low-income unemployed persons, children, women, and small-scale miners (see Aryeetey and

Goldstein, 2000; Baah-Boateng, 2017; Hutchful, 2002). Despite this evidence of the extent of hardship, the various initiatives under the PAMSCAD were narrowly remedial, offering the blueprint for the reductive social policy discourse and practice that we see in contemporary Ghana.

Finally, the periods of military rule between 1966 and 1992 are an important part of the history of social policymaking in Ghana that has been under-explored (see Appendix A for a list of military regimes.) This may be in part because the short-lived nature of most military governments and the dearth of literature on social policy during military rule make an analysis challenging. However, we offer three notes on periods of military rule that should also suggest why this is an area of useful further research. First, the economy and the well-being of citizens were often the stated reasons for military coups and often the case was made that the welfare of the military and citizens are intertwined (Japhet, 1978). For instance, the 1979 coup under Flight Lieutenant Jerry John Rawlings was explained with reference to "growing corruption and deteriorating conditions of service, the severe economic crisis and reduced military budgets, and the mismanagement of both the Armed Forces and the national government" (Hutchful 1997, p. 251). Second, while the political ideology of military coups were inconsistent and often disruptive of social policy structures and processes established by civilian administrations, the historical institutionalist perspective we use in this report suggests that such regimes will of necessity be influenced by existing structures. Indeed, Agyeman-Duah (1987) remarks that, while "'revolution' [became] the rallying cry of military leaders…they have often quickly been content just to 'take over', and not to transform, the previous civilian regime" (p. 613). Conversely, the legacies that these regimes lead will influence successive governments. An clear example that is discussed later in the education section is the pre-tertiary school reforms undertaken by the National Democratic Congress (NDC) was inspired by a report commissioned under the National Redemption Council in 1974.

Education

In the education sector, an immediate effect of the abrupt and violent change from the first civilian government to a military regime was on school enrolments. From a figure of 1.137 million in the 1965-1966 academic year, primary enrolment fell to 1.116 million in a year, and then to 975,628 in the two subsequent years (McWilliam and Kwamena-Poh, 1975). Subsequently, the education system was greatly impacted by the combination of a downturn in the economy, political uncertainty, decreased funding for education, and the exodus of trained teachers from Ghana from the late 1970s to the 1980s.

There were attempts to grapple with the challenges of the educational sector. However, the revolving door of elected governments and military regimes, and the economic decline, meant that many of these were never fully implemented. Nonetheless, earlier governments left blueprints for later policies. In particular, the Dzobo Committee Report of 1974, which aimed to reduce the duration of pre-tertiary schooling and to put emphasis on employable skills through technical and vocational training (Ministry of Education, 1974), was the inspiration for the pre-tertiary reforms of the 1980s. Another precursor to later policies was the stark reversal in education policy by the K. A. Busia government (1969-1972), which accepted the IMF's recommendation for the introduction of fees in higher education through the student-loan scheme. This was a shift towards making education an individual investment, rather than a public good, which came into full effect in the 1980s. Busia's administration also sought the expansion of the school curriculum to include technical and 'practical' courses such as

commerce, agriculture and domestic science. This emphasis on practical skills through technical and vocational training, to meet the development needs of the country, was echoed in the Dzobo Committee Report of 1974.

In 1987, the Rawlings (military) government introduced the Education Reform Programme which was the most widespread reform of the educational system since independence. The reforms also coincided with and were heavily influenced by neoliberal ideologies of market-led social provisioning. Under the structural adjustment programme, the reforms were aimed first at financial rationalising, with the introduction of a cost-sharing element. The reforms were influenced by the idea, proposed in human capital research, that the individual and societal returns on investment in education could be calculated. Thus, the World Bank based its recommendations on studies that showed primary education as yielding higher societal returns to education (in terms of human resources for economic growth) than investment in secondary and tertiary education (e.g. Psacharaopoulos, 1973; Unterhalter, 2009). Thus, the government was advised to skew investment to pre-tertiary education, leaving tertiary to those who could afford to pay for it. The under-investment in—or, in effect, the defunding of this level of education—greatly damaged the higher education sector (Manuh, Gariba and Budu, 2007; Mkandawire and Soludo, 1999).

Again, in line with the liberalisation of social provisioning, 'cost-recovery' through 'cost-sharing' was introduced, which meant an increase in individual and 'community' payments for education. For an already impoverished population, high utility costs and user-pay systems for education and other basic social services, amid labour retrenchment and high unemployment resulted in predictable outcomes—dramatic drops in enrolment, retention and completion, the impact of which was disproportionately felt by girls and the poor (Reimers, 1994; also SAPRIN, 2001).

The report of the government commission set up to review basic and secondary schools, the Education Report on Basic and Secondary Education (1987/1988) emphasised the instrumentality of education as a means of building human resource for development. It drew on the1974 Dzobo Report in emphasising a skill-based curriculum and also in shortening the years of pre-tertiary education from 17 to 12 years to improve quality and affordability (Ministry of Education, 1986; SAPRIN, 2001).

External aid/loans propped up the education system through the reforms of the 1990s. For instance, at the end of the period under discussion, from 1991 to 1996, the World Bank was Ghana's biggest external contributor to the education budget, lending a total of $170 million to the country (Akyeampong et al., 2009). The dominant presence of donors in the sector has implications for the independence and relevance of educational policies for the country's needs.

Health

Ghana's economic prospects began to appear gloomy by the mid-1960s. This was exacerbated in the 1970s with the global commodities crisis, resulting in decline in demand for the country's primary products on the world market. This situation coincided with the ascendancy of neoliberal paradigm that launched an attack on the state-led development of the early post-colonial years and advocated private sector solutions for public sector problems. With the backing of powerful transnational actors such as the World Bank and the IMF, policymakers were compelled to initiate policies and programmes that reflect the new development paradigm. Consequently, the government began in 1983 to offload public services to private sector actors through policy instruments such as privatisation and outsourcing, among others.

Thus, reforms in the health sector witnessed the introduction of an out-of-pocket payment (user fee) for services they received at all public and private health facilities in the country, a system that was popularly known as 'cash-and carry.' By 1985, a regulation was introduced that required health service providers to collect user charges for services (Owusu, Kala and Afutu-Kotey 2012). This policy shift signalled the end of the era of healthcare provision on the basis of social citizenship that existed in the early post-colonial period (Kpessa, 2018; Kpessa & Beland, 2013). The introduction of the Hospital Registration Fee policy provided benchmarks by which prices for health services at public and private health facilities could be determined.[7] As such, notwithstanding the fact that the reforms was necessitated by the crises that bedevilled the healthcare system at the time (Asenso-Okyere, Anum, Akoto, & Adukonu, 1998), the choice of out-of-pocket payments was grounded in the neo-liberal values of the minimal involvement of the state in the development processes, as advocated by the World Bank and the IMF (Botchwey, 1993).

By the close of the 1980s, what started as a tightly regulated privatised health financing policy with various exemptions for categories of the vulnerable, had grown into a fully deregulated and decentralised health financing policy that granted complete autonomy to healthcare-providing facilities to charge fees at their discretion. In theory, the central government retained the power to regulate fees charged at health facilities for the purposes of equity and fairness, but in reality, that power was ceded to individual health administrators at the facilities. In their desire to make profit, some health facilities unilaterally increased user fees for services (Asenso-Okyere, Osei-Akoto, Anum, & Adukonu, 1999) and extended the fee-paying policy to persons and services that were exempted in the original design of the policy. In essence, the government reduced funding of healthcare by the state in line with the neoliberal logic. In its place, the provision of healthcare services was privatised so that, by the end of the 1990s, fees were charged in both public and private health facilities. The era also witnessed a decline in government investment in building health facilities and a rise in private healthcare facilities. In sum, the defining characteristic of healthcare policy during this era was that health risks were individualised, and the provision of care was commodified in a manner that pushed the cost of care beyond the reach of ordinary people.

Research on the impact of the policy shows that a significant number of Ghanaians who could not afford to raise funds to pay for their healthcare resorted to self-medication, while hospitals and health facilities took advantage of the government's inability to monitor the programme to impose illegal fees (Asenso-Okyere et al., 1999). As Wahab (2008) has also observed, the cash-and-carry policy privileged the rich and disadvantaged the majority poor who "could not afford to pay the required fees at the points of delivery…[and] avoided going to hospitals and health centres," instead, resorting to self-medication (pp. 9-10). As the opposition to the cash-and-carry policy grew, some communities and religious missions introduced "insurance schemes jointly managed by the facility and the community as a strategy to avoid the problems associated with paying for service at the point of care" (Sulzbach, Garshong, & Owusu-Banahene, 2005, p. 3).

[7] Mindful of the impact of the economic challenges on the vulnerable in society, policymakers granted exemptions, at least in principle, to persons suffering from tuberculosis, leprosy and other illness and who for one reason or the other were unable to engage in wage employment. For such individuals, provision was made under the policy to enable them access health service without paying the cost from their own resources. Similarly, persons with conditions such as meningitis, tetanus and schistosomiasis were permitted to receive free health services such as consultation and surgery when the need arose but had to pay for prescription drugs from their own means (Coleman, 1997).

Work and Employment

Through the period of crisis from the mid-1960s to the mid-1980s, and despite abrupt changes in government, development was state-led for the most part. The state also continued to be the biggest provider of formal employment. By 1985, public sector jobs represented 86% of formal employment (Baah-Boateng, 2017). As part of the economic reforms pushed by the IMF and World Bank as conditionalities for support, there was widespread retrenchment of public sector workers, mostly at the lower tiers of the public service (Boateng 2001, cited in Baah-Boateng, 2017). The economic reforms had an effect on the private formal sector. Employment in formal enterprises, with 30 or more workers, declined from 464,000 in 1985 to 186,000 in 1991 (Hutchful, 2002). Even against this backdrop of a contracting job market, the problem of youth unemployment loomed especially large. The World Bank, the primary architect of the economic reform programme, acknowledged that in the 1991-1992 school year, "Only about 15% of approximately 250,000 young people coming out of the school system would find regular paid employment" (World Bank 1993, p. 25, quoted in Hutchful, 2002). Both those who lost their jobs in the formal sector and new entrants into the labour market found their way into informal agriculture and trade, further swelling the informal economy (Baah-Boateng, 2017; Meagher, 1995; Fine and Boateng, 2000).

Not only did the SAPs affect people's ability to obtain or keep their jobs but it also affected conditions for those who could find work. The privileging of the market meant that the government was discouraged from 'interfering' in labour relations between employer and employee, to the detriment of workers (Tsikata, 2009; Tsikata & Kerr, 2000). Thus, the accelerated process of informalisation that occurred in this period was not only in regard to the entry of more workers into the informal sector but also the informalisation of labour relationships even within the so-called formal sector by limiting security of tenure, lowering wages, limiting benefits and protections, among others (see Anyidoho & Adomako, 2017; Brydon and Legge, 1996; Overa, 2007). These processes of informalisation have a disproportionately detrimental impact on the lives and livelihoods of women (Nisonnoff, Duggan & Wiegersma, 2011; Tsikata, 2009; Tsikata & Darkwah, 2011).

The SAPs had other gendered impacts, including deepening the feminisation of poverty in Ghana and other African countries (Tsikata, 1995). Among many reasons why women were more adversely impacted by the SAPs, Manuh (1994) points out the fact that investments made into the economy were in areas that had limited employment opportunities for women, such as mining, timber extraction, transport and communications. The 'small state' character of structural adjustment shifted some of the burdens of social provisioning previously borne by the state to families and communities, overstretching women's unpaid labour (1995).

Social Security

Starting from the late 1970s, Ghana's economy experienced severe recessions that had significantly adverse implications for both the provident fund social security scheme for workers as well as the workfare training programmes for persons with disability. Despite their popularity at the time of inception, the weaknesses of the provident funds as a scheme for income replacement were exposed by inflation and general macroeconomic instability. For instance, the provident funds lacked redistributive and intergenerational transfer mechanism, and the "eventual benefit is the product of aggregate of contributions paid on behalf of the individual member plus interest in such contributions" which proved insufficient to provide the basis for adequate social protection in respect of loss of income on termination of employment"

(Dei, 1997, p. 64). In addition, the value and purchasing power of financial resources saved by contributors in the provident funds were significantly reduced by inflation in this period which, in some instances, exceeded the interest rates of the funds (Dei, 1997). In this period, income per capita and real wages reduced by 30% and 80% respectively. Around the same time, the production and earnings from the country's primary export commodities such as cocoa, gold, timber, and bauxite witnessed a sharp decline. Cocoa production, for instance, dropped from 413,000 tons to 150,000 tons in the 1970s, and similar developments shaped the experiences of production and revenue relating to the other products (Kraus, 1987). Taken together, these and other developments pushed inflation (Dorkenoo, 2006; Konadu-Agyemang, 2001) to high levels never experienced in the country's history, and the provident funds that were designed to promote individual savings for income replacement at old age were rendered unsuitable for protection and social security. The challenges imposed on the provident funds by the economic crises were worsened by policy measures that devalued the country's national currency. On the basis of the national consumer price index, lump-sum benefits paid to pensioners lasted for 9.94 months on the average in 1977, dropping to a mere 1.65 months by 1984 (Dei, 1997).

As the adverse economic conditions weakened the viability of the provident pension scheme, it also reduced the government's financial commitment to several social programmes, including the workfare training programmes designed for persons with disability. As though the implications of the economic crises for social security were not grave enough, government policies from the late 1970s, and more especially from the early 1980s, curtailed social expenditure in favour of market-based provisioning, in line with neo-liberal economic management principles. The implementation of neo-liberal policies, collectively framed as Structural Adjustment Programmes (SAPs), reduced state spending not only social policies such as education and health, but also compelled the retrenchment of public sectors workers. The combined effect of this was a great cost to human wellbeing as lost sources of income.

The government's response to this social security crisis came in three forms. First, PAMSCAD, targeted at poverty alleviation, was introduced in 1988. PAMSCAD was designed to target specific groups of the populations that fall into the following categories: (a) retrenched workers, which consisted mainly of employees laid off from the civil service, state-owned enterprises, and others that were classified as the new poor due to the social cost by the structural adjustment policies, (b) vulnerable groups, mostly made up of low income urban dwellers faced with unemployment, underemployed, as well as those whose lives and livelihoods have been adversely impacted by increases in prices of basic necessities and devaluation of the national currency, and (c) the structural poor which comprised mainly the rural poor with limited access to land, income-generating opportunities and basic necessities, and have been further burdened by the introduction of cost recovery policies in social policies such as education and healthcare.

The PAMSCAD initiative had three components: community initiative projects, employment generation projects, and basic needs projects. Each of these projects subsumed a number of smaller interventions. The community initiative projects focused on mobilising local communities to develop or renovate social support systems such as roads, bridges, schools, health centres, latrines, and repair of existing community infrastructure. The income generation projects were designed to empower and provide alternative means of livelihood for persons whose employment with the state had come to an end due to the implementation of the structural adjustment policies. The specific activities involved in this were engagement in public work projects, establishment of credit scheme to provide business support, as well as other food-for-work initiatives. The basic needs projects concerned themselves with the provision of basic amenities such as water, primary healthcare such as deworming of school

children, provision of essential medicines, supplementary feeding, nutritional education, and supply of learning materials to schools, among others. The overall verdict on PAMSCAD is that it had minimal impact and generally failed to respond to the crisis of human wellbeing imposed by the structural adjustment policies (Lynne Brydon & Karen Legge, 1996). Nonetheless, PAMSCAD marked a significant shift from the view of social policy as investment in human wellbeing to a protectionist perspective on social policy that merely attempts to cope with poverty. It is this latter view that was dominant in the post-adjustment attempt to reintegrate the 'social' into public policies in the country.

The second strategy towards social security provision was the passage of laws and social regulatory policies to protect the citizenry from exploitation in accessing some commodified services. As illustrated in Table 4, these regulations included statutory regulation of rent pricing, provision of legal aid, especially to the poor, mobilisation and protection of indigenous business interest, land title reforms, regulations relating to natural resources extraction, employee injury compensation policies, and women and families' property rights, among others. The extent to which these social regulations were enforced or effective remains an open debate, but their impact on the wellbeing of the population appears negligible.

The third strategy was the conversion of the Provident Fund Pension Scheme into National Social Insurance. As noted by Dei (1997), beyond the impact of inflation and other economic factors on the provident funds, the conversion was also necessitated by the fact that the scheme "proved inefficient to provide the basis for adequate social protection in respect of loss of income on termination of employment" (p. 64) due to the restriction of benefits to lump-sum benefits. Thus, the shift to social insurance was mainly to establish a scheme that permitted periodic payment of old-age income support based on formal sector work history. Deliberations towards the shift to social insurance pension scheme were completed in 1983, but relations between the government and the social partners had deteriorated and stalled the actual implementation. However, in the period leading to the return to democracy, the government announced its readiness to return the conversion to the policy agenda. Subsequently, the provident fund policy was abandoned and replaced with a social insurance scheme in February 1991 (Dorkenoo, 2006).

The management of the social insurance scheme was entrusted to the care of an agency known as the Social Security and National Insurance Trust (SSNIT). The scheme prioritised workers or employees in the formal sectors whose contributions were deducted from their salaries. It was a defined benefit scheme financed through employer-employee contributions, which paid lump-sum benefits upon retirement at the statutory retirement age and subsequently paid monthly benefits. Contingencies covered by the scheme include income replacement at old age, disability and survivor or dependents benefits. The association of participation in the scheme heavily with formal sector work meant that workers in the informal sector constituting about 85% of the total labour force could not contribute and enjoy old-age income security rights granted to their colleagues in the formal sector.

Table 4. Regulatory Social Policy Measures during the PNDC Era

PNDC LAW	ACT	PURPOSE
138	RENT CONTROL ACT, 1986	The act was framed to protect the relationship between tenants and property owners, especially the exploitation of tenants by property owners. It is set to regulate rent and to provide for the registration of leases and tenancies, recovery of possessions and ejectment complaints filed by landlords.
ACT 542	LEGAL AID SCHEME ACT, 1997	The overall aim of the act is to provide legal services to persons who earn minimum wages or less and in need of legal representation in criminal or civil matters. This act was to re-enact the Legal Aid Scheme Law, 1987 (P.N.D.C.L. 184) to ensure the effective operation of the Scheme; to bring the provisions in respect of the Scheme in consonance with the Constitution. The amendment was to enable the scheme develop and administer comprehensive legal aid programmes throughout the country to meet the needs of each geographic space. It was also to empower the scheme to purposively select lawyers to participate in the legal aid programme.
312	COUNCIL OF INDIGENOUS BUSINESS ASSOCIATIONS ACT	An act to establish a Council to oversee the affairs of indigenous business associations. The Council is required to monitor operations of registered associations, provide information on matters of interest and act as the representative of member associations in negotiations with government.
219	PRECIOUS MINERALS MARKETING CORPORATION ACT, 1989	An act to establish a precious minerals marketing corporation was to give the entity the mandate to take commercially viable decisions and activities regarding Ghana's minerals for the benefit of the state. This gives a corporate identity to the organisation; it may sue and be sued and for its performance of functions, acquire and hold property or enter into a contract. This act ensures the Corporation may process and trade in precious minerals, perform functions conferred upon it by the Diamond Act 1972; 2(2) may operate in an incidental or conductive manner to attain its objectives.
152	LAND TITLE REGISTRATION ACT, 1986	The main aim of the act was to ensure the predictability of land ownership and minimise, to the barest minimum, conflict and difficulties associated with land acquisition and ownership. It was also to ensure the establishment of land title registry that serves as central point for all lands under the territorial confines of the state. Together with the survey department, the institution was mandated under the act to direct the processes of demarcating the boundaries of all lands in the country.

187	WORKMEN'S COMPENSATION ACT, 1987	This act was crafted to serve as a protective instrument for employees who may suffer adversely in the performance of their duty. It provided for the payment of compensation to employees employed by the Republic as well as private persons except persons in the Armed Forces. Employers' liability for compensation include cases where employees sustain personal injury except under the influence or drinks or drugs at the time of the accident, in the course of employment, which may or may not render him/her incapable of continuing his/her duties.
111	INTESTATE SUCCESSION ACT, 1985	The act was to protect the sanctity of families, especially the welfare of women and children when the male-spouse dies intestate. It is meant to provide for the surviving parent, spouse or child of an individual who dies intestate. Each party is entitled to a particular portion of the estate and the remaining shall devolve according to customary law.
114	HEAD OF FAMILY (ACCOUNTABILITY) ACT, 1985	This act is meant to ensure the transparent hold of trusteeship of family properties and their use with the hope that all members will have either a fair access to such family properties or benefit thereof from it fairly. It was to ensure the person appointed to possess, control, or have in custody any family property, is accountable and must file an inventory of the family property transparently.
122	ADDITIONAL PROFIT TAX ACT, 1951	This act was enacted to provide for the imposition of a 25% tax on the value of carry-forward cash balance by individuals as at the last day of each year of assessment. It was primarily to ensure that private persons did not make abnormal or supernormal profit at the expense of others. The provision was to discourage business practices that did not sync with the values of society. The provisions empowered the Internal Revenue Service (now Ghana Revenue Authority) to administer the imposition of the tax and related issues.

Compiled by authors

Beyond Adjustment (mid-1990s to 2020)

Two things happened during this period that are significant for social policy in Ghana. First, the country returned to constitutional rule in 1992 and, by 2001, had undergone a successful transition in government from one political party to another, through elections. The erstwhile Provisional National Defence Council (PNDC), now the National Democratic Congress (NDC) was surprisingly defeated in the 2000 presidential and parliamentary elections after almost two decades of combined military and civilian rule (van Walraven, 2002). The simple fact of changing government through the ballot box and citizens' readiness to use the democratic system to reward and to punish political parties, set the expectation that political actors would be more responsive to their constituents in making social policy.

One of the major developments in the democratic space has been the emergence and growth of private media in Ghana since the early 1990s as an important forum for public discussion of government policy and performance as well an informal conduit to channel citizens' concerns to the government. The hardships of the adjustment period meant that there was much conversation to be had between government and citizens about how to improve the conditions of the people. For instance, in the period leading to presidential and parliamentary elections in 2000, the two major political parties, the NDC and the New Patriotic Party (NPP), made social policy issues—notably health access and financing—a major theme of their manifestos, notwithstanding their differences in ideological positioning. For instance, the NPP, which espoused a more neo-liberal philosophy than the NDC, promised to replace the cash-and-carry system with a more socially inclined health policy, which it eventually did in 2003 (Agyepong, & Adjei, 2008; Kpessa-Whyte, 2018; Wireko, Beland & Kpessa, 2020). Undoubtedly, democracy reconfigured the policy space and compelled policymakers to more carefully negotiate between neo-liberal philosophies that pervaded the policy space and the expressed needs of people (voters) for social provisioning to improve their well-being. Thus, the NPP administrations, which came into power, moderated the neo-liberal ethos of development with social democratic values, albeit in a narrow sense.

The second factor that has hugely impacted the policy context during this period is the fact that, after a decade of structural adjustment, neoliberalism underwent a mutation following its failure to deliver on the promises that economic growth would translate into improved human well-being. It was replaced by what came to be known as the Post-Washington Consensus, which was an effort to save the neoliberal project and institutionalise it by toning down on its market fundamentalism. This mutated form of neoliberalism maintained the neoliberal logic but accommodated the social dimensions that were previously ignored. Thus, at the close of the 1990s, the Washington Consensus, the inspiration for structural adjustment, was questioned by both policymakers and researchers, especially with regard to the "social cost its implementation visited on ordinary people" (Kpessa-Whyte, 2018, p. 16).

Thus, central to global policy discourses during this period is a deliberate emphasis on 'social inclusion,' although economic growth continues to be the primary concern (Craig & Porter, 2003, 2004, 2006). One manifestation of the shift in neoliberal discourse were the Poverty Reduction Strategy Papers (PRSPs) developed at the global level and rolled out in the late 1990s into the 2000s as a guide for policymaking in developing countries. Olukoshi (2007) observed that as "successor to the structural adjustment programmes of the 1980s and 1990s, the PRSPs were supposed, by definition, to be more socially sensitive, combining an attack against poverty with increased social expenditures, particularly on health and education" (p. 96).

The PRSPs were framed as a blueprint for comprehensive development. They placed strong emphasis on the interconnectedness of all dimensions of human endeavours—the social,

structural, human, economic, environmental, and financial—and advocated long-term development strategies (Craig & Porter, 2003, 2004, 2006). The PRSPs also called for campaign for empowerment, participation, and economic security of the citizens. Further, in developing the PRSPs, neoliberal advocates admit their error about the role of the state in development and called for the return of the state to the business of promoting wellbeing.

Contrary to the earlier adjustment policies and their focus on structural concerns of economies, the PRSP were framed as pro-poor (Craig & Porter, 2004). As Olukoshi (2007) argues, focus on poverty is a reductive approach to social policy:

> These initiatives represent a new, determined effort in the donor community, including especially the bilaterals, to move away from approaches that appear to downplay poverty in the policy process. And yet, as is becoming increasingly obvious from the experience of the last decade, the problem of poverty as a manifestation of social exclusion cannot be properly tackled outside of a comprehensive social policy framework that is located at the heart of the project of development itself (p. 95).

The focus on poverty as the main hindrance to human well-being and, therefore, the primary subject of social policy also found expression in the Millennium Development Goals (MDGs) in 2000. The MDGs were replaced with the relatively more expansive Sustainable Development Goals from 2015 that paid greater attention to questions of inclusion, equality, and sustainable funding of social programmes.

Ghana's commitment to the MDGs and SDGs, and the roll out of the Livelihood Empowerment Against Poverty (LEAP) programme—a social protection programme featuring cash transfers to the poor—illustrate the deepening influence of 'development partners' and global development discourse in social policymaking in this period.

Education

The post-Adjustment period has not seen large-scale reform but, instead, a reinforcement of the neo-liberal ethos in the educational system. There has been continuing privatisation of education, both through the increasing numbers of private providers of education and in the commercialisation of programmes in public institutions, in particular in higher education (Anyidoho & Asante, 2014). Paradoxically, during this time, government had also expanded social provisioning of education through the Free Compulsory Universal Basic Education (FCUBE) programme in 1996 and the Free Senior High School ('Free SHS') programme in 2017, both universal programmes guaranteeing tuition-free education. The School Feeding Programme which provides daily nutritional meals for eligible school children and the Capitation Grant Scheme that provides subsidies for low-income children are more targeted forms of social provisioning.

The current iteration of a universal education programme, the Free Compulsory Universal Basic Education (FCUBE), was introduced in 1995 with the aim of providing more equitable access to primary and junior secondary education (which make up 'basic' education). In line with this goal, the Girls Education Unit of the Ghana Education Service (GES) was set up in 1997 to increase girls' enrolment in and completion of basic education. Further, the FCUBE sought to increase the number of schools, reduce school costs, improve supervision, management, and the quality of infrastructure. The capitation grant to all public basic schools, inclusion of pre-school education (4 to 5 years old) as part of compulsory basic education, and the introduction

of a school feeding programme all have, as one of their objectives, to close the gap in access to education (UNICEF, 2007). And, indeed, the introduction of the capitation grant, along with the abolition of fees, accounts for some of the increases in enrolment in the past decade (World Bank, 2010). Nonetheless, residual direct fees are still a significant barrier for some families, particularly in poor households that have disproportionately more 'school-deprived' children (Boakye-Yiadom, 2011; Ministry of Education, 2010). Further, there is the critique that in expanding access without commensurate expansion of resources, "FCUBE…left schools with a hole in revenue for basic school learning inputs, and created conditions that increased the gap in quality provision between urban and rural areas" (Akyeampong, 2009, p. 182).

The goals of educational policy, and in particular those concerning gender equity, have been greatly influenced by the agendas of "development partners" and by global development discourses and compacts, in particular the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs), both of which emphasize universal primary education and gender parity. As another effort at gender equity in education, the Girls' Take-Home Ration programme aimed to keep girls in school from primary through JHS by providing food rations as an incentive. This programme, started in 1998, was targeted at the three northern regions and thus addressed both gender-based and spatial inequalities.

There are some limitations to the attempts at equity. First, the target of these policies and programmes are primary and basic education. There has been much less attention to inequities at the secondary and tertiary levels. Second, inequity in learning outcomes is a more intractable challenge than equity in access (World Bank, 2010), with low-test scores and attrition being a greater problem for females and students in rural areas and 'deprived' districts. Moreover, the gap widens from pre-school to tertiary education, which suggests that the challenges for disadvantaged groups are compounded as they advance through the educational system. Yet equity issues in Ghanaian public policy have often been limited to increasing enrolment rates. The evidence of drop-out rates, repetition of students, and low completion and transition rates to secondary school suggest that the real problem may be what occurs *after* students enroll in school.

While the programme to provide free primary and secondary education use the language of equity by universalising public provisioning of education, they also show continuity with policies of the structural adjustment period. For instance, the FCUBE, while affirming basic education as a right of every child as enshrined in the 1992 Constitution, echoes the rationale and objectives of the 1987 education reforms in regard to efficiency, decentralisation of management of the education sector, and human capital formation and employable skills, among other goals (Adu-Gyamfi, 2016; Ministry of Education, 2002).

From 2000 onwards, policymaking on primary education appears to have been stable and consistent with past trends. However, secondary as well as tertiary education has suffered from partisan politicking. In 2016, Akufo-Addo government (2017 to present) introduced a Free Senior High School ('Free SHS') programme on the strength of a campaign promise. In its 2012 manifesto, Akufo-Addo's party, the New Patriotic Party (NPP), had promised to extend free basic education to senior high school, stating unambiguously, "By free SHS we mean free tuition, admission, textbook, library, science centre, computer, examination, utilities, boarding and meals" (NPP, n.d.). Akufo-Addo announced the Free SHS programme in his very first year, beginning in the 2017/2018 academic year, in the first year of the administration. The general public received the announcement with excitement while educationists and researchers were a little more cautious about the implication for the quality of education of such a dramatic expansion of access, given that the human and physical resources would not be expanded to a

commensurate degree.[8] There were also concerns that the policy did not address questions of equity since tuition-free education would be offered to all students, regardless of need, rather than targeting disadvantaged students. [9] These cautions were not heeded, and the program was rolled out in the 2017/2018 academic year. By 2018, the government had announced a decision to implement a 'double-track' system where the student population was divided into two tracks that alternated between being school and begin on vacation. This was a tacit admission that the numbers of students have overwhelmed the available infrastructure, not only affecting learning but putting students at physical risk. [10]

Policies for tertiary education have been relatively less dramatic but also partly politically motivated. The period has been characterised by the expansion of public universities through the conversion of technical schools into universities and the establishment of new universities in different regions of the country.

Health

In the early 2000s, policymakers in Ghana introduced a national health insurance scheme policy to replace the cash-and-carry programme. The design of this scheme was based on the principles of collectivisation of risk and pooling of resources (Agyepong, & Adjei, 2008). Act 650 of 2003 establishing the National Health Insurance Scheme (NHIS) originally made provisions for a three-pillar program that consisted of (i) a national health insurance scheme, (ii) community mutual health insurance scheme and (iii) private commercial health insurance scheme. When the NHIS was first introduced, the first tier was structured to operate a semi-autonomous District Mutual Health Insurance Schemes (DMHIS) that allowed individuals to join the NHIS through registration in a DMHIS. This was replaced with a centralised operational structure in 2012 to allow citizens to use their subscription to access healthcare anywhere in the country instead of limiting access to their districts of residence (see, *National Health Insurance Regulations 2004* and National Health Insurance Act, 2012 Act 852). This has effectively reduced the pillars of the healthcare financing arrangement to two instead of the original three.

The policy is presented as a mandatory scheme for the healthcare needs of all Ghanaians.[11] In other words, under the NHIS policy, every resident is to subscribe to either the state-managed health insurance scheme or a private insurance scheme. Under the first pillar, citizens working in the informal sector are expected to maintain regular annual premium payments to benefit from the scheme, while formal sector workers are automatically subscribed through monthly salary deductions through the Social Security and National Insurance Trust (SSNIT). Persons

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[8] Anti, P.P. (2017, February 9). Access, equity, quality of Free SHS: Farce or reality? *Joy Online.* Retrieved from https://www.myjoyonline.com/opinion/2017/september-2nd/access-equity-quality-of-free-shs-farce-or-reality.php; (2018, July 31). STOPPING THE SHIFT SYSTEM MASQUERADING AS DOUBLE-TRACK IN ITS TRACKS. *The Ghanaian Chronicle*, Retrieved from http://thechronicle.com.gh/index.php/2018/07/31/stopping-the-shift-system-masquerading-as-double-track-in-its-tracks/;

[9] Anti, P.P. (2017, February 9). Access, equity, quality of Free SHS: Farce or reality? *Joy Online.* Retrieved from https://www.myjoyonline.com/opinion/2017/september-2nd/access-equity-quality-of-free-shs-farce-or-reality.php;

[10] Nyavor, G. (2018, July 28). Parents poorly briefed on free SHS challenges – Baako wants government to admit. *Joy 99.7FM*, Available from https://www.myjoyonline.com/news/2018/July-28th/parents-poorly-briefed-on-free-shs-challenges-baako-wants-govt-to-admit.php; ((2018, July 31). Awiah, M. (2018, July 23). Report on free SHS shows overcrowding in schools. *Daily Graphic*, Retrieved from https://www.graphic.com.gh/news/education/report-on-free-shs-shows-overcrowding-in-schools.html?template=ghananews&is_preview=on

[11] The exceptions are members of the the Ghana Armed Forces and the Ghana Police Service that subscribe to different schemes.

above 70 years and those below18 whose parents subscribe to the scheme are covered under the first pillar of the scheme but exempted from the payment of premiums. Additionally, ‘indigents’[12] are covered and exempted from the payment of premiums.

The second pillar of the health financing arrangement consists mainly of the Private Commercial Health Insurance Scheme (PCHIS) which operates as business venture based on market principles. These types of schemes have long existed in Ghana hence the reforms that established the NHIS opted to regularise them and fit them into the new arrangement. Private insurance schemes satisfy the private sector logic that continues to underpin social policy in the post-adjustment years.

Work and Employment

Ghana’s Structural Adjustment Programme technically ended in the early 1990s with an improvement to economic growth but without any significant increase in employment creation and with the structure of the economy fundamentally unchanged. The informal economy continued to be the largest site of employment, agriculture continued to be the largest sector of the economy, and self-employment was the most common employment status (Tsikata & Darkwah, 2013). Moreover, the growth of the economy was in the extractive industry rather than in sectors with high absorptive capacity for employment—manufacturing, agriculture, tourism and export (Aryeetey & Baah-Boateng, 2007).

The problem of ‘jobless growth’ which characterised many African countries coming out of these economic reforms (Mkandawire & Soludo, 1999) was worsened by the global financial crisis at the end of the 2000s, with its effects on employment being felt most in the developing economies (ILO, 2013, 2014). Young people were disproportionately impacted and this was a further catalyst for attention to youth employment, which, as we have discussed, has consistently featured in the policy discourse. In Ghana, as in other parts of the continent, policy narratives about youth employment combine different themes, including the necessity of tackling the perceived national threat of masses of unemployed youth and, more positively, the benefits of harnessing the energies of young people for national development (Anyidoho et al., 2012). The policy narrative of youth un/employment coincided with the reinstatement of agriculture as the engine of growth, with governments making commitments to increase investment in this sector (AGRA, 2013; Sumberg et al., 2014). One strand of the youth employment discourse, therefore, sought to encourage young people to stay with or enter into agriculture as a way to address both the need of young people for employment and the need of agriculture to attract young people’s energies to work in agriculture in order to sustain the sector (Anyidoho et al. 2012; Filmer et al., 2014; Sumberg et al., 2012, 2014). From the 2000s, governments rolled out programmes ostensibly to tackle youth unemployment. These youth employment programmes would integrate policy themes that were dominant at the time and/or of interest to the respective funders of the programmes such as agricultural sustainability and food security, youth entrepreneurship, skills training and capacity building, and graduate employability, among others. A non-exhaustive list of these youth employment initiatives includes the National Youth Employment Programme (NYEP) from 2006 to 2009, the Ghana Youth Employment and Entrepreneurial Development Agency (GYEEDA) which was set up

[12] The term, ‘indigent’ is used to describe persons who (i) are unemployed and have no visible means of earning, (ii) do not have an easily identifiable place of residence, (iii) do not live with a person employed who has an identifiable place of residence, and (iv) do not have any regular source of support from any person (Witter & Garshong, 2009; Blanchet, Fink, & Osei-Akoto, 2012).

in 2012 and which morphed into the Youth Employment Agency (YEA) in 2015. These programmes were short-lived and largely ineffectual in addressing the problem of youth employment. As Tsikata and Darkwah (2014) conclude, "youth employment programmes…cannot be substitutes for economic policies which promote growth in decent jobs and strengthen productive capacities within the wider economy" (p. 169).

Social Security

A number of reforms were taken when the formal end of 'structural adjustment' had failed to deliver on its promise that economic growth would 'trickle down' and improve the economic circumstances of ordinary people. In what can be described as 'inclusive neoliberalism,' policies were rolled out that were intended to 'empower' the poor so they can live meaningful lives by being productive participants in the market. The policy instruments used included cash transfer schemes, skills development, employment subsidies, entrepreneurial support, business start-up credits, and public works, among others.

In the post-structural adjustment period, a social protectionist view of social security continues to serve as the basic reference point for the provision of social security in Ghana. Overall, this era has witnessed fragmentation in the design and implementation of social security schemes aligned to the protectionist logic. Thus, instead of a comprehensive social policy framework that aims to improve the well-being of the entire population, Ghana has a social protection regime that identifies three main vulnerability categories around which its policies revolve:

- The *chronically poor* such as the severely disabled; terminally ill; rural unemployed; urban unemployed; and subsistence smallholders;
- The *economically at risk*: including food crop farmers, persons on the street, refugees and internally displaced persons, orphans, informal sector workers, widows, older persons and migrants;
- The *socially vulnerable:* comprising, tuberculosis sufferers, victims of domestic violence, homeless persons, people living on the street, internally displaced persons and female-headed households, among others.

Table 6 provides an overview of existing social protections programmes in Ghana. Some social protection programmes have been abandoned or replaced with others. For instance, in the early 2000s, the government introduced Ghana Youth Employment and Entrepreneurial Development Agency (GYEEDA) to provide skills and employment opportunities for the country's youth. However, the programme was fraught with many challenges, including lack of legal and proper institutional framework, resulting in abuse and corruption and had to be replaced with initiatives under the current Youth Employment Agency (YEA). An earlier programme, Local Enterprises and Skills Development Programme (LESDEP), designed as public-private initiative to support skills-development in communities across the fashioned was also unsuccessful.

Beyond the above initiatives, there have been reforms in Ghana's social insurance scheme managed by SSNIT, shifting it from a single pillar provider of old age income security to a three-tier system that transfers portions of contributions towards retirement income security to private sector management. The insertion of private pension fund management into the retirement income security system reduced the extent of risk pooling, especially given that the two private pillars added to the scheme are based on defined contribution principles. The introduction of the second and third tiers birthed the development of a regulatory agency known as the National Pensions Regulatory Agency (NPRA) to provide oversight of the operations of all pension schemes in the country. According to this agency's records, several private and

occupational entities have registered and are operating supplementary pension programmes in Ghana using portions of workers' deferred income. Table 6 provides the category and numbers of schemes involved in retirement income security management in Ghana.

Overall, the defining element or characteristic of social security in the post-adjustment era is that policymakers have been fixated on targeting based on a narrow protectionist view. Thus, while the pension scheme continues to heavily serve the interest of formal sector workers (although the policy does not necessarily bar informal sector workers), other social security, programmes, as noted earlier, focused largely on those considered the deserving poor.

*Table 5. **Regional Distribution of Public Health Facilities in Ghana***

Regions	CHPS	Clinic	District Hospital	Health Centre	Hospital	Maternity Home	Regional Hospital	Teaching Hospital	Grand Total
Ahafo Region	130	18	3	20	7	7	0	0	185
Ashanti Region	1113	185	24	152	127	70	1	1	1672
Bono Region	300	67	6	59	11	19	0	0	463
Bono East	274	34	3	39	12	5	0	0	367
Central Region	425	106	3	68	27	35	0	1	665
Eastern Region	842	90	10	129	29	27	1	0	1128
Greater Accra Region	695	460	1	33	118	91	1	1	1400
North East Region	96	9	2	19	2	0	0		128
Northern Region	312	53	9	59	18	7	0	1	459
Oti Region	172	11	2	36	6	2	0	0	229
Savannah Region	117	16	3	26	0	2	0	0	164
Upper East	363	55	2	60	8	2	1	0	491
Upper West	324	21	2	70	10	5	1	0	433
Volta Region	316	45	8	118	19	11	0	1	518
Western	402	131	4	54	30	16	1	0	638
Western North	250	39	5	26	12	21	0	0	353
Total	**6131**	**1340**	**87**	**968**	**436**	**320**	**6**	**5**	**9293**

Table 6. Social Protection Policies and Programmes in Ghana Since the Early 2000s

Policy	Programme	Orientation	Vulnerability Targeted
Public Works	Labour Intensive Public Works (LIPW)	To create employment opportunities for the rural poor, and climate change mitigation, through the rehabilitation of community assets, including feeder roads, small earth dams and dugouts	Unemployment
Micro-Credit	Microfinance and Small Loans Centre (MASLOC)	Provide, manage and regulate on fiduciary basis, approved funds for microfinance and small-scale credit schemes and programmes and also serve as the apex body of the microfinance sub sector	Unemployment
Skills Training	Ghana Skills Development Initiative (GSDI)	Builds capacity in the informal sector and assists trade associations to improve the traditional apprenticeship system with a view to standardising training and coping with technological developments.	Unemployment
Educational Supplies	The Education Capitation Grant & Other Supplies	To provide funding for non-salary expenditure in public schools on the basis of enrolment. It was intended to remove tuition and fee requirements. This also includes distributions of textbooks and uniforms to children from poor backgrounds.	Poor Childhood Development
Exemptions	National Health Insurance Exemptions	Excludes categories of the citizenry with stated vulnerabilities from premium payment, and it is intended to ensure equity in healthcare coverage; enhance access by the poor to services; and protect the poor and vulnerable against financial risk.	Cost of Healthcare
Cash Transfers	Livelihoods Empowerment Against Poverty (LEAP)	A cash transfer programme for extremely poor and vulnerable households which have the (a) orphaned and vulnerable children (OVC), (b) persons with severe disability without any productive capacity and (c) elderly persons who are 65 years and above in abject poverty.	Poverty and destitution
Entrepreneurial Support	Youth Employment Agency	Support youth between the ages of 18 to 35 years to transit from a situation of unemployment to employment through skills training and internship modules.	Unemployment
Subsidies	Food and Agriculture Sector Initiatives	Targets vulnerable and at-risk people through various interventions that can strengthen social protection including, provision of fertilizer and seed subsidies; extension services, and access to inputs, among others.	Low Productivity
Feeding Support	The Ghana School Feeding Programme	Provide social assistance, promote school enrolment and attendance, enhance nutrition and promote local production.	Malnutrition & Poor school enrolment

Compiled by authors

Table 7 Categories of Schemes and total under operating under tiers one and two in operation

SCHEMES	TIERS	DESCRIPTION OF SCHEMES	No. in OPERATION
Employer Sponsored Occupational Pension Scheme (ESOPS)	2nd Tier	A defined contribution plan. Mandatory for all workers employed in the formal sector of the economy. Often established by the employer (sponsor); participation is usually restricted to persons working in the employer’s company. Benefits are in the form of lump sum.	83
Master Trust Occupational Pension Scheme (MTOPS)	2nd Tier	This type of scheme is usually established by corporate trustees as sponsors, and opened to employees from different organisations and companies. It is defined contribution, hence benefits are paid in lump sum. Often it is the scheme of choice for employees without employer-sponsored scheme in meeting the mandatory requirements	. 50
Employer-Sponsored Provident Fund Scheme (ESPFS)	3rd Tier	This is a voluntary contribution scheme targeted at formal sector workers. Often it is established by employers who intend to provide additional retirement income support for their employees.	55
Master Trust Provident Fund Scheme (MTPFS)	3rd Tier	This is a voluntary contribution plan established by corporate bodies, and opened to employees from multiple entities to provide further retirement saving opportunities for both formal and informal sector workers.	35
Group Personal Pension Scheme (GPPS)	3rd Tier	A voluntary pension scheme formed by individual persons mostly self-employed with shared identity who come together as group to make contributions by the membership for the purposes of providing retirement benefits for the members. It usually operates as defined contribution scheme.	10
Personal Pension Scheme (PPS)	3rd Tier	These are also voluntary pension schemes that target the self-employed, particularly in the informal sector. It is funded through individual contributions and offers lump sum benefits as well as periodic benefits where possible.	22

Source: NPRA 201

The Era of COVID-19 (2020 Onwards)

What we are calling the era of COVID-19 is a continuation of the post-structural adjustment era in that the underlying ethos of policymaking stays the same, except that the pandemic exacerbated challenges to human well-being and made stark the gaps in social policy. The government in Ghana relied on the existing social protection arrangements in responding to the crisis but it has become obvious that the neoliberal version of social policy is inadequate to address the multiple crises brought on by the pandemic in education, work and livelihoods, health, housing, and so on.

COVID-19 is human, economic and social crisis but, more than anything else, it is a crisis of care. It has exposed the vulnerabilities of the existing social institutions designed to mitigate multi-dimensional effects that have severe adverse implication for human wellbeing. As Foli & Ohemeng (2022) observe:

> "The effects of the coronavirus disease (COVID-19) pandemic cuts across every facet of a nation's life. The near collapse of economies with the attendant job losses has brought forth the need for effective social policies, particularly in developing countries, that can serve citizens in dire need" (p. 1).

Ghana's first case of COVID-19 was reported on 12 March, 2020. By the end of the month, the country's reported cases had increased to over 135 persons. The government responded by announcing a policy whose objective was to "limit and stop the importation of the virus; contain its spread; provide adequate care for the sick; limit the impact of the virus on social and economic life and inspire the expansion of our domestic capability and deepen our self-reliance" (Ofori-Atta 2020, p. 2). Subsequently, parliament passed a law, the Imposition of Restrictions Act (Act 1012), which granted the executive significant powers to curtail the movement of people in the country, enforce a three-week partial lockdown of two major cities—Accra and Kumasi—and place a ban on public gatherings. Air and land borders were shut for a period and then re-opened conditionally.

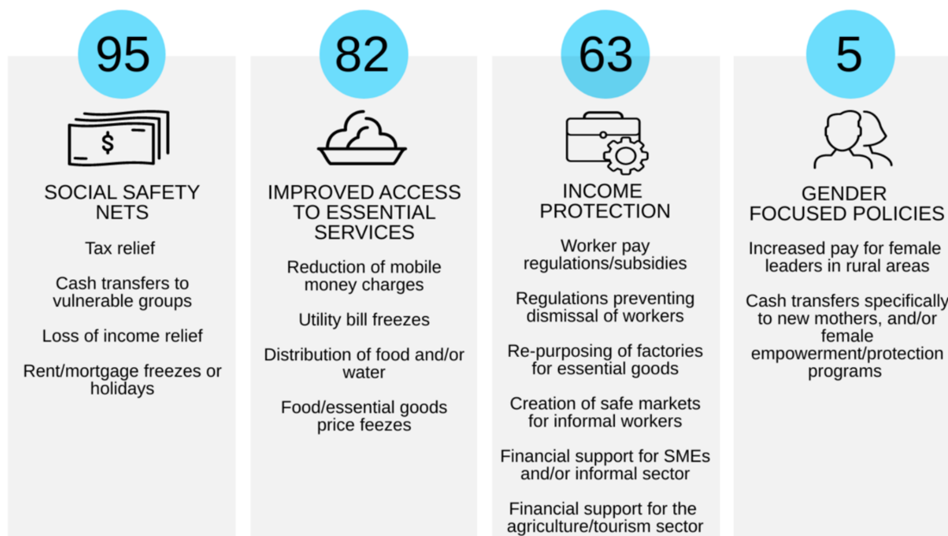
It will need years of further research to fully understand the impact of the pandemic and government responses, but emerging findings point to a deepening of inequalities in education, health, work and employment, and social security, among other areas of social policy. This situation is not only the result of the pandemic but also because interventions to address the fallouts of these were inequitable both in design and in impact. We illustrate this point in three areas that have significant implications for gender-equitable policymaking: gender-based violence, care work and the home space.

Indications across the world are that gender-based violence has increased during the pandemic (UN Women, 2020). The economic pressures and other anxieties that families have endured during the pandemic, and the forced isolation of household and family members are among the factors contributing to increased violence. In one study, Ghanaian women reported higher incidences of both intimate partner and non-partner violence during the COVID-19 period compared to the period prior to the pandemic (Ogum Alangea and Ohemeng, 2021).

Women also report increases in domestic and care work during the pandemic that increased their experience of stress (Ogum Alangea and Ohemeng, 2021). This care work was done in the home space, which became a site of not only production and consumption (as conventionally understood) but became also a classroom. Having so many people in enforced isolation in their homes, performing all forms of work in closer proximity with others, reinforced the importance of the home space to human well-being and, by extension, to social

policy. This highlights the need for greater attention to this arena of policymaking, to provide more (affordable) housing and also to more strictly enforce housing regulations.

The COVID-19 pandemic presents an opportunity for a paradigm shift from the dogged adherence to neoliberal philosophies that individualise social and economic risks toward policies that prioritise individual and collective wellbeing. However, while there has been discursive space created to try to reframe social policy (the GETSPA project being one example of this), in practice, interventions by African governments have been limited to social protection and, even then, have been mostly restricted to short-term social assistance that is targeted, needs-based and time-limited (Figure 1). The response of the government of Ghana to increased hardship as a result of lost work or income fell within the two categories of social safety nets and improved services in Figure 1. These included expanded cash transfers, being a temporary expansion of the existing Livelihood Empowerment against Poverty (LEAP) programme; freezes or subsidies on utilities; and food relief. Some forms of business support were instituted but these were aimed more directly at protecting businesses rather than protecting workers and their jobs, and in practice marginalised informal enterprises and workers.



Source: Development Reimagined (2020). Retrieved from developmentreimagined.com

Figure 2 Categories of social and economic policies implemented by African countries in response to COVID-19

In what follows, we illustrate the nature of social policy responses to the COVID-19 pandemic in education, health, work and employment, and social security.

Education

In the aftermath of the detection of COVID-19 in March 2020, the government of Ghana announced a closure of schools that ultimately lasted till January 2021. The shutdown affected close to 10 million students across all the levels of education (Table 1).

Table 8 Distribution of learners affected by school closures, by school type and sex

School Type	Females	Males	Total
Pre-primary	913,460	938,568	1,852,028
Primary	2,243,694	2,306,181	4,549,875
Secondary	1,393,783	1,457,377	2,851,160
Tertiary	187,466	256,227	443,693
Total	**4,738,403**	**4,958,353**	**9,696,756**

Sources: Derived from UNESCO (2020). https://en.unesco.org/covid19/educationresponse; Owusu et al. (2021).

The school shutdowns affected teaching and learning and also had implications for other aspects of the well-being of children, their families and employees of schools, such as food security, access to social services, and the ability to earn income.

To begin with, the shutdown of schools meant a pause in Ghana's School Feeding Programme, which was started in 2005 to provide meals to school students in selected parts of the country in order to reduce hunger and malnutrition and to increase school attendance. The implication is that school closures led to food insecurity and hunger for poor children. Again, as we have already discussed, the school closures and restrictions resulted in families and households spending longer periods of time together under stressful economic and psychological circumstances, conditions that increased the risk of violence against children, particularly girls (UNICEF, 2021).

As in all parts of the world, there was a rapid expansion of remote learning through the internet, radio, and television. However, these facilities were not widely or evenly distributed because access to the infrastructure for remote learning (electricity, access to the internet, internet-ready devices, television, and radio, as well as personal textbooks, learning spaces, and support from caregivers or tutors) varied by income and location, among other factors (World Bank, 2020). A study by Innovations for Poverty Action (2021) found that private primary school students had better access to these learning resources and individualised teaching compared to students in public schools, most of which directed students to participate in government-developed educational programming delivered through radio and television. Another study, employing an intersectional approach that took account of gender, location and socioeconomic status (SES), showed that low SES learners in rural areas were the most limited in access to resources for remote learning during the lockdown (Sosu, 2021). Furthermore, by comparing grades before and after the school closures, the study found that low SES girls in rural locations showed the least improvement in performance while high SES urban girls showed the highest improvement, even better than high SES urban boys.

A United Nations report suggests that learners with disability do not benefit from remote learning as much as other learners (United Nations, 2020). In Ghana, learners with disability were disadvantaged in that some channels of remote learning were not accessible to them. For instance, learners with hearing or visual impairments would not be able to participate in distance education programming delivered via radio and television. Moreover, the fact that girls and women bear a greater burden of domestic and care work suggests that female learners would have had more disruption or distractions to learning while at home. In sum, the indications are that differential access to infrastructure and other supports for remote learning may have widened the achievement gap among sub-groups of learners, by gender, income, location and dis/ability.

The closure of schools not only affected children but also teachers, employees and even vendors who rely on schools for income. While employees of public schools continued to earn salaries even when schools closed, there is evidence that many private schools either laid off workers or suspended or cut down their pay. [13]

Health

Ghana's government is credited with instituting a swift and effective response to the COVID-19 pandemic, primarily to minimise the spread of the disease. Within days of the confirmation of the first case on 12 March 2020, the country's air and land borders had been closed down and partial lockdowns instituted in a few cities in southern Ghana in which cases had been detected, including the capital Accra. In addition, large gatherings were banned and the spaces that hosted them (schools, sporting facilities, open markets, churches and mosques) closed down. Containment protocols included the distribution of personal protective equipment (PPEs), the institution of a mask mandate, as well as a system testing, contact tracing, and treatment. Eventually, in March 2021, Ghana received the first doses of a vaccine under a World Health Organization (WHO) programme to support countries with limited means to purchase them on the open market. Ghana's vaccination programme prioritised areas with high incidence of COVID-19 infections, as well as at-risk groups such as frontline workers, persons over years, and those with underlying conditions.

These responses had widespread implications for education, work and social protection, as we will discuss. However, this section will only analyse the government's epidemiological response which, in some ways, highlighted and deepened inequalities in access to health services. The perceived urgency of fighting the pandemic meant that human and other resources were shifted to preventing or treating COVID-19 infection. This further reduced health services to under-served communities (SEND-Ghana, 2022) and compromised routine services to children (UNICEF, 2020). And while there is no available data on the distribution of vaccines, it is reasonable to assume that access was similarly correlated with income, social and geographical location. Overall, the health policy responses in Ghana overstretched the existing health architecture and did not in any way transform the healthcare system to be more responsive and equitable..

Work and Employment

The lockdown and subsequent restrictions damaged work and livelihoods and highlighted the inequalities and inadequacies in existing social policy arrangements. While the partial

[13] https://isser.ug.edu.gh/latest-news/covid-19-and-plight-private-school-teachers-ghana

lockdown and restrictions of movement affected workers across the economy, it was especially detrimental to many workers in the informal economy who subsisted on daily wages.

A survey by the Business Tracker showed that the three-week partial lockdown and other restrictions resulted in job losses in about half (46%) of the sampled firms, with the affected workers making up 26% of employees. These figures do not adequately describe the loss of jobs or income at the time across sectors and different types of employment spaces, nor did they capture the informal economy, in which the majority of Ghanaians work (Table 2).

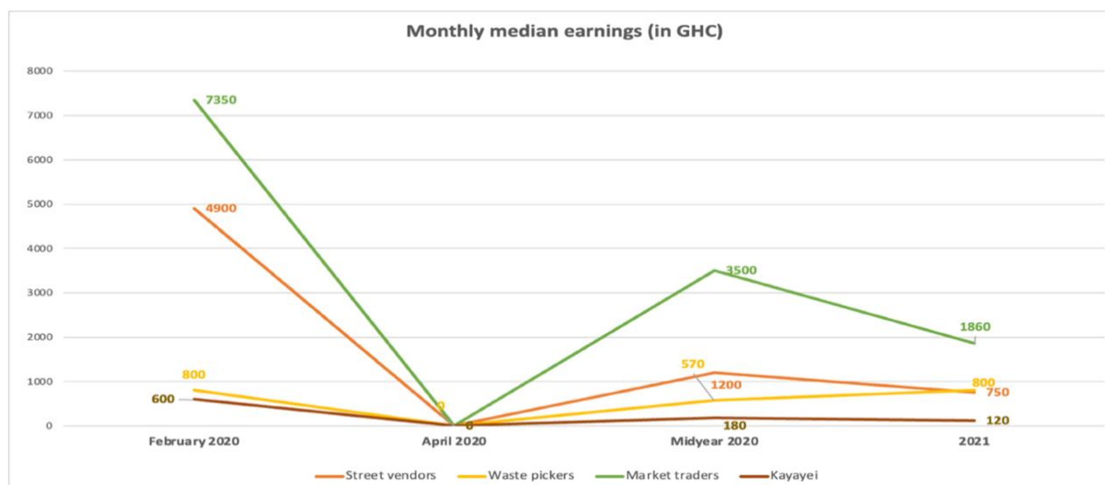
There is a higher proportion of women than men in the informal economy, mainly in agriculture and trade (Table 9). Many female informal workers are also low-income, putting them among a group of workers whose livelihoods were particularly at risk in the economic downturn of the pandemic (Knott/Voice of America 2020; IPA 2020).

Table 9 Table of informal employment by sex in Ghana

Numbers and per cent (in parentheses)	Total employment Women	Total employment Men	Total employment
Greater Accra	733,915 (86.6)	578,463 (79.1)	1,312,378 (83.2)
Urban Ghana	2,230,612 (88.0)	1,596,246 (78.0)	3,826,858 (83.5)
Ghana National	4,317,937 (91.8)	3,521,453 (86.4)	7,839,390 (89.2)

Source: Table 2, WIEGO 2020

At the height of the pandemic in 2020, the research and advocacy organisation, Women in Informal Employment: Globalising and Organising (WIEGO) conducted a study of female informal urban-based workers (street vendors, market traders, waste pictures and *kayaye* or female head porters) in the Greater Accra Region, in which the capital Accra is located. Female workers reported a sharp decrease in income during the lockdown (WIEGO, 2021). Figure 3 indicates that income rebounded for a time and then dipped again in 2021. In 2022, WIEGO again reported, "Informal workers in Accra are working fewer days and earning less than before the pandemic (and) 92% were unable to rebuild at least half of savings lost" (WIEGO 2022, p. 2).



Source: WIEGO, 2022)

Figure 3 Daily earnings of informal workers

In response to the significant negative impact of the pandemic on work, the government made a number of interventions to support work and employment, mainly targeting businesses rather than workers and focusing on the formal sector to the relative neglect of the informal. Among these was the Coronavirus Alleviation Programme for Business Support Scheme (CAP-BuSS) and the *Nkosuo* programme which provided soft loans to micro to medium scale businesses. While the programme affirmed the need to support women-ran businesses, by its eligibility requirements (including a tax identification number, a bank account, employment of workers, and records showing the impact of COVID-19 on the business), it discriminated against the many own-account informal enterprises ran by women (Oduro and Tsikata, 2020). This situation recalls Figure 2 which shows that gender-based policies have not featured in any meaningful way in the African government’s policy responses to COVID-19.

Social Security

The global outbreak of COVID-19 exposed the porous and fragile nature of Ghana’s social security policy architecture. First, because a large majority of the population make their livelihoods in the informal economy, COVID-19 posed a grave danger to this category of the population and by extension to everyone given the interdependences between the formal and informal economies. Second, some policies and decisions taken by the government during the pandemic to restrict human movement and other activities had adverse implications for the well-being of the population, in the absence of robust social security arrangements. For instance, lockdown policies and restrictions on human movement intensified insecurities relating to employment, healthcare, education, housing and access to basic necessities such as water and other utilities. Most informal economy activities are characterised by marketplaces where thousands of people engaged in close transactional exchanges of locally produced and imported commodities. Such spaces are not only densely populated but also defined by the accommodation of shops and open trading activities involving intense human interaction (Asante & Mill, 2020). These informal spaces could facilitate its spread among the population. Yet, by their very nature, such informal centres especially the marketplaces are difficult to shut down because they provide important goods and services (African Centre for Cities, 2015; Asante and Helbrecht, 2020). In addition, the informal economy also sustains the livelihood of a majority of urban dwellers and serves as the primary source of revenue for local government authorities (Asante & Mills, 2020; WIEGO, 2020). For these reasons, the population that works in the formal economy experienced a number of human insecurities imposed by the COVID-19 pandemic; some suffered job losses and others were confronted with escalating food and commodity prices.

It was obvious that the existing social security system based on the three-tier pension system and the various social protection programmes targeted at segments of the population were inadequate in insulating Ghanaians against the insecurities resulting from the pandemic. World Bank estimated that more than 770,000 Ghanaian workers suffered wage reductions between March and June 2020 due to the pandemic and about 42,000 workers lost their jobs for the same reason (Hudson, 2021). Due to the inability of the existing social security arrangement to mitigate the effects of the pandemic, government policy was limited to contain through regulatory policies and a few poorly coordinated redistributive measures aimed at reaching the

most vulnerable among the population. Some of the major social security measures albeit regulatory, taken in this direction include:

a. Improving hygienic conditions of public places such as schools, offices and marketplaces through disinfection.
b. Development and enforcement of protocols such as handwashing and regular temperature taking.
c. Closure down schools, markets, and other public gathering to enforce social distancing among the citizens.
d. The imposition of a lockdown that compelled all citizens to stay at home as a measure to decongest densely populated areas.

Information on redistributive policy responses to COVID-19 in Ghana is incomplete; there were some attempts at distribution of prepared meals to segments of the population, as well as rebates on utility bills, especially on water and electricity. At the height of the lockdown in March and April 2020, the government provided about 400,000 hot meals to vulnerable individuals, especially in Accra and Kumasi and dry packed foodstuff to about 470,000 families (Sarkodie et al., 2020). In the case of rebate on utility bills, the president of Ghana announced, "Government will absorb the water bills for all Ghanaians for the next three months, i.e. April, May, and June. All water tankers, publicly and privately-owned, are also going to be mobilised to ensure the supply of water to all vulnerable communities." Although this was commended by many Ghanaians, the prevalence of water insecurity in some parts of the country, especially among the poor and marginalized in Ghana, raised questions about the effectiveness of this policy. Generally, Ghana does not have reliable data on the poor and vulnerable household opening these interventions to error of inclusion and exclusion as well as undue politicisation.

In summary, social security, which is expected to be based on universal human rights for protecting citizens and their families against risks associated with labour market and unexpected emergencies such as the COVID-19 pandemic, is not only turned upside down in Ghana, it has also been reduced to a patchwork of narrow-minded handouts; and its ability to guarantee the security of dignified life for all remains a distant dream for most people.

Conclusion

Colonial rule introduced Western-styled social policy arrangements without replacing the indigenous social policy systems. As such, Ghana like most African countries, is characterised by dual (formal and informal) social policy arrangements. While the former refers to the systems introduced and inherited from the colonial administration, the informal refers to the multiple indigenous social policy programmes. Paradoxically, with the exception of education and healthcare that have relative higher levels of coverage for the population (although characterised by inequality in provision), most formal social policy programmes cover less than 30% of the country’s population, while informal social policy regimes continue to serve as the default arrangement in times of adversity and insecurity. This report focused mainly on the formal social policies with particular illustrations from education, healthcare, social security and employment or work policies.

The experience of social policy in Ghana has ranged from neglect in the colonial era; optimism in the early post-colonial era; despondency in the crisis and adjustment period; and cautious optimism in the post-Adjustment era. In the colonial era, formal social policy arrangements tended to reflect what exists in the colonial metropolis. As Midgley (1998) has noted, “Health care replicated curative, hospital-based treatment; education was modelled on Western notions of schooling; and social welfare depended extensively on the provision of residential services and Western-style curative social work” (p. 43). This policy misfit continues to define formal social policy programmes in Ghana. In addition, most social policy programmes in Ghana cater for the needs of just a small percentage of the population. The initial practice of limiting social welfare programmes to just a small fraction of the population, especially Europeans and later Africans working in the colonial service, has reinforced a situation where formal policies (perhaps with the exception of education and health) have tended to focus on only those whose economic activity takes place in the formal labour market. Consequently, social policy programmes in Ghana are characterised by fragmentation and inequality. For instance, notwithstanding several reforms since the colonial era, social security and especially old age income support, has remained largely exclusive to formal wage earners, “ignoring the needs of the bulk of the population who work in subsistence occupations in agrarian settings and in the so-called urban informal sector” (Midgley 1998, p. 44). Even education and healthcare, which early post-independence policy makers intended to use as instruments for nation-building were practically inaccessible to sections of the population. Subsequently, the vision of making these services universal in practice as well as in intent was put aside when structural adjustment policies commodified social services and cut back their budgetary allocations.

During the period of structural adjustment, there was a disregard for social policy expenditure as wasteful and consumptive. Admittedly, apart from the early post-colonial period when policymakers were alive to the symbiotic relationship between economic and social policies, subsequent governments prioritised economic policy. However, this ideology was more extreme in the 1980s when government spending on all social services—education, health, housing, social security, water, and sanitation, etc—was reduced and the responsibility for social provisioning largely privatised.

Even after the formal end to structural adjustment, the logic of neoliberalism has not been discarded. Rather, the assumption appears to be that cosmetic reforms to existing policies can help address the excesses of neoliberalism. Thus, the social programmes that have subsequently emerged are not only narrow in scope, they reflect a minimalist social policy agenda in regard to production and reproduction, redistribution and social cohesion. Rather than transforming the social policy space, they merely try to fill in the shortfall between the promises and the reality of a neo-liberalism. Employment schemes (especially for the increasing number of

young people) are initiated to produce jobs that neoliberal reforms failed to provide; cash transfers are designed to support livelihoods because neoliberal policies have failed to promote human well-being; microcredit scheme spring up to give impetus to entrepreneurial efforts; public work programmes are introduced to give people a sense of work, even if it is unsustainable; and school feeding programmes are created to ameliorate the situation of hunger and food insecurity in poor homes.

The COVID-19 pandemic has highlighted the inequalities inherent in Ghana's social policy regime and shown that far more remains to be done to adequately ensure security of life, health, work, income, care, place of dwelling and other aspects of well-being for all citizens across gender, generational, income and spatial categories. The quest to build comprehensive gender-equitable transformative social policy in Ghana must start from an appreciation of the complexities and inequities associated with existing social policies and the interactions between formal and informal social policy arrangements.

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APPENDICES

Appendix A: Administrations in Ghana from 1957 to 2022

Year	Event	Basic Law	Legislative Body	Executive Body	Head of State
6th March 1957	Independence (Convention People's Party)	Independence Constitution	Parliament	Queen + Prime Minister + Cabinet	Kwame Nkrumah
1960 (January-30th June)	Inauguration of Prime Minister and Constituent Assembly (Convention People's Party [CPP])	Independence Constitution	Constituent Assembly	Queen + Prime Minister + Cabinet	Kwame Nkrumah
1960 (1st July 1960)	1st Republic (CPP)	1st Republican Constitution	Parliament	President + Cabinet	Kwame Nkrumah
1966 (24th February)	1st Coup d'etat (National Liberation Council [NLC])	National Liberation Council (Establishment) Proclamation	National Liberation Council (NLC)	National Liberation Council (NLC)	Joseph Ankrah (1966-1969) & Akwasi A. Afrifa (1969)
1969 (2nd April? 1 October?)	Inauguration of democratically-elected prime minister (Progress Party)	2nd Republican Constitution	Parliament	President + Prime Minister + Cabinet	Kofi B. Busia (Prime Minister) & Edward Akufo-Addo (President) [1970]
1972 (13th January)	2nd Coup d'etat (National Redemption Council (NRC)	National Redemption Council (Establishment Proclamation)	National Redemption Council (NRC)	National Redemption Council (NRC)	Ignatius K. Acheampong
1975	Revised Composition into the Supreme Military Council (SMC)	Supreme Military Council (SMC) (Establishment Proclamation)	Supreme Military Council (SMC)	Supreme Military Council (SMC)	Ignatius K. Acheampong
1978 (6th July)	'Palace Coup'	-Ditto-	-Ditto-	-Ditto-	Frederick W. K. Akuffo
1979 (4th June)	Military 'Uprising' (Armed Forces Revolutionary Council [AFRC])	Armed Forces Revolutionary Council (Establishment) Proclamation	Armed Forces Revolutionar y Council (AFRC)	Armed Forces Revolutionary Council (AFRC)	Jerry John Rawlings
1979 (24th September)	3rd Republic (Peoples National Party [PNP])	3rd Republican Constitution	Parliament	President + Cabinet	Hilla Limann
1981 (31st December)	'Revolution' (4th Coup d'etat) (Provisional National Defense Council) [PNDC]) Government)	Provisional National Defence Council (Establishment) Proclamation	Provisional National Defence Council (PNDC)	Provisional National Defence Council (PNDC)	Headed by Jerry John Rawlings
1993 (7th January)	Handover to democratically elected government (National Democratic Congress [NDC]	4th Republican Constitution	1st Parliament of the 4th Republic	President + Cabinet	Jerry John Rawlings
1997 (7th January)	Handover to democratically elected government (NDC)	4th Republican Constitution	2nd Parliament of the 4th Republic	President + Cabinet	Jerry John Rawlings

2001 (7th January)	Handover to democratically elected government (New Patriotic Party [NPP])	4th Republican Constitution	3rd Parliament of the 4th Republic	President + Cabinet	John K. A. Kufuor
2005 (7th January)	Handover to democratically elected government	4th Republican Constitution	4th Parliament of the 4th Republic	President + Cabinet	John K. A. Kufuor
2009 (7th January)	Handover to democratically elected government	4th Republican Constitution	5th Parliament of the 4th Republic	President + Cabinet	John E. F. A. Mills
2013 (7th January)	Handover to democratically elected government	4th Republican Constitution	6th Parliament of the 4th Republic	President + Cabinet	John D. Mahama
2017 (7th January)	Handover to democratically elected government	4th Republican Constitution	7th Parliament of the 4th Republic	President + Cabinet	Nana Addo Dankwa. Akufo-Addo
2021 (7th January)	Handover to democratically elected government	4th Republican Constitution	8th Parliament of the 4th Republic	President + Cabinet	Nana Addo Dankwa Akufo-Addo

Source: Adapted and updated from Ziorklui (1993)