

# Constructing a Social Safety Net in Africa: An Institutionalist Analysis of Colonial Rule and State Social Policies in Ghana and Côte d'Ivoire\*

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This article attempts to explain why, despite nearly identical cultural and economic landscapes and the potentially homogenizing pressures of globalization, social policies differ in Ghana and Côte d'Ivoire, two neighboring countries in West Africa. In Ghana, the government has generally attempted to strengthen the informal social welfare systems of the extended family and community through a more decentralized social policy, whereas the government in Côte d'Ivoire has tried to replace these informal social networks with the centralized arm of the bureaucracy. The article shows how different legacies of colonial rule produce these divergent social policies in a complex and iterative process over time. While domestic institutions do mediate the effects of globalization, the domestic factors highlighted in this article are not the formal political institutions cited in most studies. Rather, the analysis reveals the critical role of informal institutions, or normative frameworks, that existed under colonial rule and continue to endure in the post-colonial state. The article also contributes to current theories of institutions by showing how formal and informal institutions dynamically interact in the construction of the state and the African family.

## **Introduction: The Interaction between Norms and Formal Institutions in the Development of Divergent Social Policies in Ghana and Côte d'Ivoire**

**W**hy do state social policies differ in Ghana and Côte d'Ivoire? Given their tremendous similarity economically, culturally, and socially, we might expect their social policies to be very similar. Particularly when one considers the potentially homogenizing pressure of globalization, and the adop-

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tion of similar World Bank-advocated structural adjustment programs, the differences in state institutions for social welfare in the neighboring countries are remarkable. In Ghana, the government has attempted to strengthen the indigenous social welfare systems of the extended family and community through a more decentralized social policy, whereas in Côte d'Ivoire, the government has tried to replace these social support networks with the centralized arm of the bureaucracy. What explains these differences?

Scholars analyzing the impacts of globalization on social policy have not provided complete answers to this question. While studies based largely on the experience of Organization for Economic Cooperation and Development (OECD) countries do not seem to indicate a convergence towards neoliberalism in a "race to the bottom" (Garrett 1998; Pierson 1996), the evidence from developing countries appears more mixed. While Kaufman and Segura-Ubiergo (2001) present evidence supporting the convergence hypothesis, finding that increasing trade integration negatively affects aggregate social spending, Rudra and Haggard (2001) conclude the reverse, finding that the effects of globalization are mediated by domestic politics. The domestic political institutions that are often credited with mitigating the negative effects of globalization on social spending in Europe, such as democratic regimes, left-based party systems, or powerful labor organizations, do not necessarily operate or even exist in the same manner in many developing countries. The multi-party democracies in Ghana and Côte d'Ivoire are at best relatively new and incomplete; nascent party systems are riven with other non-partisan cleavages based on ethnic, regional, and religious identifications;<sup>1</sup> and only a minority of the population take part in relatively weak union organizations.<sup>2</sup> Given the weakness of these domestic political institutions, how can social policy divergence be explained?

To solve this puzzle, the article focuses on the role of *informal* institutions over time, and, in particular, the long-term legacies of colonial normative frameworks on the current orientation and delivery of social policy. Beginning under colonial rule, contrasting informal institutions or norms regarding the appropriate role of the state, family, and community led to the development of different types of formal state institutions, and ultimately different social policies, in a complex iterative process over time (See Table 1). In colonial Ghana, the British perceived the state as a decentralized authority, overseeing diverse ethnic communities characterized by extended families. Political institutions created by the British reinforced pre-colonial institutions of chieftancy, thereby promoting an indirect relationship between the state and extended families or ethnic communities. These evolving norms influenced the formulation of a relatively limited and decentralized colonial social policy aimed at supplementing preexisting social support systems.

In contrast, French authorities in Côte d'Ivoire conceptualized the state as a centralized bureaucracy that directed its administrative policies toward the individual citizen and the nuclear family. The political institutions established by the French displaced pre-colonial institutions of chieftancy, emphasizing a direct connection between the state and individuals, in particular the head of the nuclear family household. These particular normative foundations resulted in the development of a more centralized colonial social policy that aimed to

**Table 1**  
**Divergent Normative Frameworks of British and French Colonial Rule**

<b>Normative Viewpoints</b>	<b>British in Ghana</b>	<b>French in Côte d'Ivoire</b>
Role of state in economy	Liberal	Statist
Organization of state	Decentralized	Centralized
Nature of society to be governed	Ethnic communities	Individual subjects/potential citizens
Nature of family	Extended family system	Nuclear family system
Relationship between state and informal social welfare system	Strengthen informal system through policies	Replace informal system through bureaucratic extension

provide public services to nuclear families rather than the traditional extended family.

The feedback between norms and state institutions continued throughout the post-colonial period in both countries. In the contemporary period of the 1980s and 1990s, these different conceptualizations of the state, family, and community explain the varied implementation of decentralization in Ghana and Côte d'Ivoire. The process of political and administrative reform during the post-colonial period, much like the initial period of state building, involves a renegotiation of the relations between the state and its citizens. Thus, the disparate paths of political reform influence the original normative frameworks, which then reshape the orientation and implementation of social policy reform under structural adjustment. In Ghana, social policy aspires to be more community based and sensitive to the needs of specific vulnerable groups, whereas in Côte d'Ivoire, social policy continues to be oriented towards the nuclear family and more centralized. This article concludes that these differences are ultimately due to the divergent formal and informal institutional legacies that British and French colonial rule initiated.

### **How Informal Institutions Influence the Effects of Globalization on Social Policy**

This article deepens the debate about the impact of globalization on social policy in four ways: (1) it enriches the sample of empirical cases by including a controlled comparative case study of two developing countries; (2) it examines the orientation and delivery of social services rather than simply aggregate social spending; (3) it highlights the role of colonial rule through historical analysis that extends back to the 1880s, well beyond previous research to the mid-1970s; and (4) it emphasizes the previously understudied role of informal institutions or norms in the process of state formation and consolidation.

First, this article builds on the current trend of including developing countries in the analysis of the impacts of globalization on social policy. Until recently, this literature focused mainly on OECD countries. While several recent

large-N statistical studies (Kaufman and Segura-Ubierno 2001; Rudra and Haggard 2001) have responded to Garrett's appeal for an expanded global sample to test the feasibility of rival hypotheses, this carefully controlled comparison of two cases contributes to the understanding of the causal mechanisms underlying these hypotheses.<sup>3</sup>

Second, a case study facilitates in-depth analysis of social policy, not just aggregate social spending levels. Earlier studies have demonstrated the utility of disaggregating social expenditures to reveal the political goals that motivate different categories of social spending—for example, pension payments to union members versus health facilities that benefit a broader section of the population. But even this kind of analysis can prove limited because relatively equal spending levels can mask inequitable delivery of services. This article focuses, then, on the orientation and delivery of particular social services.

Third, this article highlights the continuing legacies of colonial rule regarding policy formulation in post-colonial settings in the developing world. While other recent studies do analyze change over time, they usually begin their time series in the mid-1970s. The inclusion of qualitative methods such as archival research and oral histories permits an analysis of evolving social welfare policies as early as the 1880s.

Finally, in analyzing the construction of “the welfare state” in a developing context, this article highlights the role of informal institutions. Much of the literature on institutions analyzes formal institutions such as constitutions, property rights, or contracts, while informal institutions are relatively neglected.<sup>4</sup> This study defines informal institutions as norms of behavior, or as a set of unwritten rules commonly understood to govern interaction in a particular group or community. These norms are revealed indirectly in an analysis of which formal institutions get selected, as well as more directly in an analysis of the official and public discourse regarding these institutions.

This article further contributes to current theories of institutions by illustrating the dynamic feedback between formal and informal institutions during the ongoing process of state formation. The study traces the mechanisms that reproduce divergent trajectories of development—the essential links in path dependency. The evidence put forth in this article illustrates the role of norms, in particular the expectations about the roles of state and family, in the positive feedback processes detailed by Pierson (2000), rather than the “reactive sequences” explained by Mahoney (2001).

This article traces the iterative process outlined earlier by examining, in the first section, the normative foundations for state formation in colonial Ghana and Côte d'Ivoire. The second section shows how different social policies are formulated in the later stages of the colonial period, differences that reflect contrasting and evolving normative frameworks. Finally, in the third, fourth, and fifth sections, the article reveals how these divergent patterns in institutions for governance and social policy continue today despite pressures to decentralize and adopt structural adjustment programs.

The study is based on 18 months of intensive field research in two culturally and economically matched sub-regions on either side of a shared border in West Africa.<sup>5</sup> This research design affords an invaluable opportunity to con-

trol many potential explanatory variables such as levels of wealth, economic development, social infrastructure, inheritance systems, etc. In this particular area, one large ethnic group with similar pre-colonial experiences of state formation was split by the French/British boundary. The study combined quantitative and qualitative methods including a survey, focus groups, in-depth interviews, and oral histories in each of the four field-site villages. In addition to local fieldwork, I conducted extensive interviews with government officials in the district, regional, and national capitals, and completed archival research in Accra, Abidjan, Dakar, Paris, and London.

### **Pre-Colonial State Building: Similar Norms and Institutions from the Ashanti Kingdom in Ghana and Côte d'Ivoire**

State building in Africa did not begin with European colonialism. Nor were the underlying norms of the state, family, and community established then. A long history of empire building predates the colonial presence. For instance, the Ashanti kingdom in Ghana was involved in countless wars provoked by various sub-groups attempting to enlarge their borders and consolidate power. Indeed, conflicts in the 17<sup>th</sup> century caused several groups to flee from what is now the central part of Ghana to the more western part of Ghana and eastern Côte d'Ivoire.

Since the colonial rulers drew the current borders of the African state somewhat arbitrarily, pre-colonial experiences with state building were highly varied within each country. The frontiers of pre-colonial states did not coincide with colonial territories; in fact, many kingdoms, political alliances, and ethnic groups stretched across the new boundaries. This is precisely the case in the regions of Ghana and Côte d'Ivoire where the research for this article was conducted. In both areas, residents belong to the overarching Akan ethnic group and trace their origins back to the Ashanti empire, having fled conflict in search of a peaceful territory to settle. The migrant groups that settled in each country then established a centralized kingdom based on a hierarchy of chieftancy, both maintaining some form of loose political alliance with the Ashanti kingdom, which continues even today. The selection of these sites for study thus affords an invaluable opportunity to control for pre-colonial political history and concentrate on more recent political developments. Even though little is known about pre-colonial norms of the state, family, and community in these areas, because the cultural and historical backgrounds of the two groups were similar up until the colonial period, their norms were probably relatively analogous.<sup>6</sup>

### **Colonial State Building: Anglophone and Francophone Approaches to Governance**

With the onset of the colonial era, which began in the 1880s and lasted until the late 1950s, differences in state-established political institutions began to emerge in the two cases. This article argues that these different sets of governance institutions originated in the contrasting normative frameworks held by British and French colonial officials. While the British promoted a more indi-

rect, socially mediated relationship between the citizen and the state, the French advocated a direct relationship.<sup>7</sup> While these differences are inadequately described by the classic typology of “indirect” and “direct” rule in Anglophone and Francophone Africa, respectively, it is an equally unsatisfactory oversimplification to conclude that since both the British and the French relied on chiefs, the systems were virtually the same. The goals of the systems were conceptualized differently by the colonial rulers and experienced differently by African societies (Firmin-Sellers 2000). Furthermore, the different ways that the two states taxed their subjects parallel their different approaches to the chieftancy, reflecting the fundamental contrasts in the British and French colonial conceptions of the state and citizenship.

In general, in the colonial Gold Coast (heretofore referred to as Ghana), the British authorities began to build certain political institutions on the existing structure and authority of chieftancy. The British goal was to establish a colonial system that was able to “adapt as far as possible the indigenous African institutions,” i.e., chieftancy, for administrative goals (Ghana National Archives 1938). Oral histories reveal that many of the local people thought of their village chiefs during the colonial period as “powerful”<sup>8</sup> “leaders [and] spokesmen for the people...the chiefs *were* the local government.”<sup>9</sup> In Ghana, methods of taxation also remained highly decentralized and “customary” through the chief’s management of “native treasuries.” Even when chiefs and commoners came into conflict over land rights or the use of native treasuries, Ghanaians continued to look to the local political institutions of chieftancy to resolve these issues.

In Côte d’Ivoire, the French also worked with chiefs, but the latter served primarily as a mouthpiece for the new administration, not as functioning sovereigns with their own base of authority. The objective of the colonial authorities was to use chiefs as “representatives of French sovereignty” or “indispensable auxiliaries” to spread the influence of the central government (French National Archives 1932-47; Crowder 1970: 64). The consequences of this different perspective are reflected in the oral histories collected in field-site villages where many older inhabitants characterized the chief during this time as “the representative of the state here,” who convened meetings to disseminate information from the central government.<sup>10</sup> Guided by the same principles, French authorities implemented a system of direct taxation whereby individuals paid a personal tax directly to the central state representative.

Thus, the colonial period reveals how different conceptualizations of the African state and society initiated the development of contrasting political institutions for governance in Ghana and Côte d’Ivoire. This study also shows how the varied experiences of state formation already transformed what had been similar pre-colonial norms held by local Africans. Thus, the article attempts to reveal the causal mechanisms for the enduring impact of colonial rule on African societies, providing a new perspective in an important ongoing dialogue in the Africanist literature.<sup>11</sup> The next section develops how these early political institutions reshaped the existing norms, framing the conceptualization of need and capacity, and forging divergent colonial social policies.

**Contrasts in Colonial Social Policy:  
Supplementing the “Traditional Communal System” in Ghana versus  
Expanding State Services to Nuclear Families in Côte d’Ivoire**

The different patterns of state formation established in the early part of the colonial era result in contrasting social policies in Ghana and Côte d’Ivoire that continue through today. Since divergent institutional configurations produced different sets of experiences among state and societal actors, state actors had differing views of local needs, as well as contrasting perspectives on the existing local capacity to fulfill those needs. These different assessments of need and capacity framed the development of colonial social policy in each of the cases. Social policy in colonial Ghana was seen as supplementing the “traditional” systems of social welfare in the community, while in Côte d’Ivoire, administrators aimed to supplant these “inadequate” systems with more activist policies for individuals.

*British Efforts to Build on an Informal System of Social Security*

In Ghana, British colonial authorities expended considerable effort to characterize and understand what they termed the “traditional communal system” (British Public Records Office 1943). They believed that “an effective social security system (existed) under the custom of the village group” but that this system was breaking down due to the pressures of modernization. The British authorities saw their task as “(adapting) and (building) upon this communal machinery for social security...[thus] (supplementing) the tribal or village organization.”<sup>12</sup> This decentralized approach to social services reflected the British goal of colonial self-sufficiency: the colonies had to pay their own social service expenditures from revenues they generated.<sup>13</sup> When the British began to directly finance some social services later, in the 1940s and 1950s, financing often took the form of loans or matching grants. Interviews with villagers confirm that during the colonial period there were few hospitals and schools, and few numbers of people using either. Evidently, minimal fees were charged at hospitals, clinics, and schools, but were frequently waived for “paupers” (Ghana National Archives Kumasi 1931).

Only in 1939 did the British colonial authorities introduce the Colonial Development and Welfare Act and create a new Department of Social Services. Worried about the threat of labor unrest, primarily in the urban areas, the British developed legislation promising a wider role for the government in improving social welfare.<sup>14</sup> The contentious process leading to approval of the policy highlights the reluctance of British colonial authorities to view social welfare as the dominion of their administration. The British tended to see only a few categories of “detribalized” urban Africans, outside the traditional safety net of the extended family in the villages, as possibly needing some type of assistance.

Still, the Colonial Development and Welfare Act languished for several years during World War II, due to a lack of resources for any substantive implementation. The Beveridge Report in 1942 sparked further debate, and by the mid-

1940s, British colonial authorities concluded that the government should not implement a centrally organized social insurance system but, instead, focus on making social services more available and affordable at the local level. For the British, any future government activity with regard to social welfare should not be “stereotyped,” but designed to fit into the particular local social and political structure (Ghana National Archives Kumasi 1948). In 1945, the Colonial Social Welfare Advisory Committee recommended a policy of collaboration between public and private institutions and the creation of local committees to encourage community cooperation (Yimam 1990: 38). Even the mass education program begun in 1952 emphasized local leadership, voluntary effort, and self-help (Asamoah and Nortey 1987: 25). One British official dismissed the idea of a generalized social security plan saying, “the time has not come for old age pensions or the dole” (Ghana National Archives 1945). Colonial documents clearly indicate the view that social welfare should be promoted in collaboration with the private sector, including churches, voluntary societies, and members of the local communities.

The British also concluded that since they lacked sufficient resources (and information) to provide social security for every individual, the government should additionally develop general economic policies to safeguard peasant producers against wide price fluctuations, particularly in the cocoa sector (Ghana National Archives 1945). Thus, the British strategy was to increase Africans’ standard of living to enable them to support themselves and their extended families rather than to provide a public social safety net.

### *French Colonial Authorities Take Activist Bureaucratic Role*

Meanwhile, in Côte d’Ivoire, the French authorities took a more activist role in providing social welfare. While the British were more concerned about protecting the extended family, the French essentially applauded its dissolution, viewing the demise of the “traditional” collectivity as the liberation of the individual. One colonial official writes:

The disaggregation of the traditional family corresponds to emancipation, a liberation of its members that one can’t complain about. The African man (and now the African woman) becomes, thanks to the action of the Administrative Power, a person existing by and for himself (and not for the Collectivity...). It is not visionary to think that, in the near future, the extended Collectivities (often tyrannical) of the past, founded on the primacy of their own existence, will be replaced by smaller communities (but more human) based on respect for the individual. The extended family will be succeeded by the household (and even the monogamous household), established on reciprocal consent between spouses... And the African Collectivity, organized and protected by French public power, will be able, in turn, to assure total and effective protection to the family and to the child. (French National Archives 1951-52)

Since the French viewed the “traditional family” as inadequate, the central government used the revenues from direct taxation to provide a broader level of social infrastructure in Côte d’Ivoire. The French metropole also subsidized



social services in the colonies directly through the Fonds d'Investissement pour le Développement Économique et Sociale (Investment Funds for Economic and Social Development) as early as 1928 (Yimam 1990: 37). Public schools and clinics were constructed in various regions of the country, and most medical care was offered free.<sup>16</sup> Civil servants and salaried workers were particularly well provided for by the state early on, receiving pensions, family allowances, workmen's compensation, sick leave, and pregnancy leave.<sup>17</sup> Côte d'Ivoire was the first French colony to attempt to coordinate social services by organizing a special government department in 1950. Again, when the colonial government described its mission of reinforcing family ties, the ideal family was conceptualized as a nuclear unit of parents and their children.

As early as 1936, some Africans conceived the delivery of social services to be the responsibility of the French colonial government. In a letter to the Minister for the Colonies, an indigenous group living in the field research area demanded more public services. However, they complained of the overly centralized and European character of institutions, requesting accommodation of local needs—for instance, changing the school schedule to allow children to help their families in the fields (Ivoirian National Archives 1936). This change in attitudes also extended to the “traditional” obligations due to the village community. In the early 1930s, the colonial authorities noted local resistance to communal labor. Having paid their taxes to the central government, Ivoirians did not feel they owed anything further (Ivoirian National Archives 1905-1933).

In addition to expanded social services, the French government discussed the need for a broader social insurance system as early as 1910 (French National Archives 1911). One French colonial official from Dahomey (now Benin) suggested that since the indigenous “*tontines*,” or rotating credit groups, were often rife with cheating, the government should replace them with more formal savings accounts (French National Archives 1911). A few years later, in 1916, the French government established Provident Societies in Côte d'Ivoire. The French funded these societies to provide tools to African farmers; encourage the storage of seed reserves for future planting; provide aid to members facing natural disaster or personal crises, such as accident or illness; and disburse mutual loans for agricultural development.

The manner of establishing these “voluntary” societies was perhaps more instructive than their success or failure. In 1910, the French decreed from Paris that these societies should be created in all of French West Africa. After several years of slow progress, the colonial authorities revised the policy slightly to promote the creation of these societies only in regions where local administrators deemed it feasible. Nevertheless, once a society was created in the administrative unit of the “*cercle*,” the French admonished that “all the indigenous farmers and herders living in that area will have to belong” (Ivoirian National Archives 1915). The French authorities noted that “the societies do not establish themselves, and...only prosper on the initiative and prompting of the Administrators” (Ivoirian National Archives 1915). The legislation outlined precisely how the societies were to be organized and how French administrators could intervene to suspend, revoke, and exclude members who did not behave appropriately. Many Africans critiqued this top-down approach harshly,

suggesting that this “*société des commandants de cercle*” should either be managed by Africans or, better yet, dissolved (Ivoirian National Archives 1936). This rare opportunity to hear the voices of African dissent reveals the struggle involved in the construction of state institutions for social welfare based on the hegemonic normative framework of the French.

This section demonstrated how the colonial governments in Ghana and Côte d’Ivoire diverged in their approach to social policy. The next section briefly explains how and why this variation continues in the post-colonial period, despite the homogenizing pressure of globalization.

### **Continued Divergence in Post-Colonial State Building**

As in the colonial period, divergent informal institutions or norms are reflected in contrasting state institutions for governance in the contemporary period of the 1980s and 1990s. Since the colonial period, political regimes in both Ghana and Côte d’Ivoire have changed radically several times, yet the very different patterns of institution building have remained relatively constant. The next subsection analyzes how, despite shared official objectives of decentralization in both countries, political institutions tend to remain more decentralized and socially mediated in Ghana, while remaining relatively centralized and bureaucratic in Côte d’Ivoire.

#### *Varied Implementation of Decentralization*

In both Ghana and Côte d’Ivoire, the state has pursued an official policy of decentralization since the 1980s.<sup>17</sup> They share a common rhetoric that espouses the creation of new institutions that more effectively link state and society, empowering people to make decisions and promote community planning and development at the local level. These reform initiatives coincided with donor pressure to adopt structural adjustment programs in order to improve governance and accountability. This simultaneous move toward political liberalization,<sup>18</sup> begun in the late 1980s, also served to reinforce this effort at decentralizing the state apparatus. Despite these common objectives and pressures, however, the design and implementation of decentralization varied significantly in the two countries.

In Ghana, decentralization began in earnest in 1988-89 with the creation of 110 District Assemblies. The District Assembly constitutes the political body for each district and meets two to three times a year to discuss local revenue collection, the allocation of the District Assembly Common Fund, and other projects. The local population elects 70 percent of the District Assembly membership while the ruling government, in consultation with the traditional authorities and other interest groups, appoints 30 percent.

Beginning in 1998, the state created an even more locally oriented institution, the unit committee. Unit committees are composed of village (or neighborhood, in the urban areas) residents. Again, the ruling government appoints one-third of the representatives, while the rest are popularly elected. The committee usually meets twice a month to deliberate and decide local community

development issues. Villagers can also request a meeting to review a particular case or urgent problem.

One of the responsibilities of the unit committee is to organize communal labor to maintain and develop community infrastructure. The mobilization of communal labor formerly was the sole privilege of the chief, but now some unit committees use the “gong-gong,” a traditional bell-like instrument, to call groups to work early in the morning. These public announcements usually begin by naming the village chief—a way of recognizing his enduring authority in the community. The unit committee also mobilizes the local people to pay their taxes. While village chiefs historically levied fines, the central government has experienced perennial difficulties with tax collection, and thus aims to increase compliance through the unit committee. Overall, despite some limitations and handicaps (Morris MacLean 1999), Ghana’s decentralization program is much further advanced than that in Côte d’Ivoire.

In contrast to Ghana, in Côte d’Ivoire, no electoral representation exists at the village level. Despite official rhetoric, “decentralization” is closer to deconcentration, consisting primarily of extending the central bureaucracy to new areas, with little change in the mechanisms for popular participation. The first part of the government’s two-pronged initiative is to create more *sous-préfectures* (an administrative unit equivalent to a county in the U.S.) to lessen the distance between each village and the administrative capital. Currently, some villagers may spend all day at considerable personal expense traveling to and from, and the *sous-préfet* is only able to tour each village perhaps once a year. The second part is a program of rural “communalization” where a council would be elected to deliberate the concerns of all of the villages in the commune. The president of this council would not be elected but rather appointed by the *sous-préfet*, himself an appointed civil servant. Furthermore, the rural commune would still encompass a sizable population and geographic area with only 10-15 members as elected representatives.

Both of these initiatives were moving rather slowly at the time of the fieldwork. Most authorities explained that the process was “too expensive,” as each new *sous-préfecture* required office buildings, residences, telephone connections, etc. Furthermore, it takes time to “create more civil servants” at the local level.<sup>19</sup> Several government officials admitted that the decentralization program had not “descended to the villages,” and that, as of yet, no big change had occurred.<sup>20</sup>

While decentralization did not bring new village institutions in Côte d’Ivoire as it did in Ghana, neither has the existing village authority of chieftancy been revitalized. Following the legacies of the past, the chief today in Côte d’Ivoire is both less autonomous and less integral to state government than in Ghana. State civil servants continue to consider village chiefs to be “the auxiliaries of the administration,”<sup>21</sup> and villagers report that because the current chief “doesn’t take decisions by himself,” but defers to the central government authorities in Abengourou, he “loses dignity.”<sup>22</sup> In contrast, in Ghana, local and national government continue to consult chiefly authority before making decisions, and many disputes continue to be resolved in the traditional court of the village chief.

In summary, during the decentralization campaign in Ghana, new institutions created at the local level facilitate community-level decision-making and political participation. Meanwhile, in Côte d'Ivoire, the state has managed only a partial and reluctant deconcentration of the central government to the local level. This article argues that this considerable variation in the political institutions for governance reveals key differences in the underlying normative order established during the colonial period that continue to dictate differences in social policy in Ghana and Côte d'Ivoire in the post-colonial period.

**Colonial Patterns Reproduced:  
Social Policy in the Post-Independence Period (1960-1980)**

The patterns in social policy established during colonial times continued along similar lines throughout the post-colonial period. While the nature of social policy in the contemporary period (1980-present) is the article's primary focus, the next section demonstrates briefly how three key elements of British and French colonial legacies were reproduced in the first two decades after independence: (1) a tendency to target the needy in Ghana versus attempting to provide more generalized social coverage in Côte d'Ivoire; (2) a greater incorporation of private social service providers in Ghana than in Côte d'Ivoire; and (3) a more decentralized delivery system in Ghana than in Côte d'Ivoire.

First, in Ghana, from 1957 until 1966, while President Nkrumah made health and education services increasingly available and affordable to a broader section of the population, the focus remained on meeting the needs of the growing urban areas.<sup>23</sup> The targeting of "detrribalized" Africans, a policy initiated by the British, essentially continued with Nkrumah's focus on the new urban masses who had left their rural homes and social networks to seek industrial jobs in the cities. Thus, the Nkrumah government identified one of its top priorities as the need for urban housing. During the early 1970s, the urban emphasis of Ghanaian social policy shifted to a more general targeting of the poor, including the rural poor. This shift in policy explains the Busia government's (1969-72) investment in rural feeder roads, rural electrification and water projects, rural housing, and an expansion in health centers. The Acheampong military regime that followed in 1972 tried to link urban and rural interests by attempting rather unsuccessfully to increase food production with Operation Feed Yourself and Operation Feed the Nation. By the late 1970s, the Five Year Development Plan (1975-80) again primarily focused social welfare activities on those groups believed to be suffering from the breakdown of traditional social systems in the growing urban areas.

Meanwhile, the newly independent Ivoirian government reproduced earlier French colonial patterns in social policy. Led after independence for over 30 years by President Houphouët-Boigny, the government of Côte d'Ivoire was able to provide a more generalized public social service system that consistently functioned at a much higher level of quality and accessibility than that in Ghana. Health care was provided essentially free of charge to all Ivoirians until the mid-1970s, at which point the fees were kept low. The quality of the public hospital system was the envy of West Africa. Education was also heavily

subsidized by the central government, with enrollments increasing dramatically between 1960 and 1980. The central government provided free lodging in addition to generous scholarships to many secondary school and university students. While health and education services continued to be more generalized in Côte d'Ivoire than in Ghana, most other social security measures were aimed at formal sector workers. Still, a more elaborate social insurance system was developed for the formal sector, and in particular government employees, in Côte d'Ivoire than in Ghana. In 1964, the Mutual Fund of Government Employees was created to reduce the costs of pharmaceuticals, dental care, and eye care; in 1968, the Caisse Nationale de Prévoyance Sociale (CNPS) was established to coordinate social security initiatives; and in 1973, a mutual insurance company was established to help cover health care costs for government employees.

Second, while public financing of the health and education sectors was dominant in both countries, the supplementary role of private service provision continued to be relatively more important in Ghana than in Côte d'Ivoire. Churches continued to play a larger role in providing both primary and secondary school education and health care facilities in Ghana. Government regulation of these private providers was relatively *laissez-faire*, as well. Even under the seven-year plan (1963-70) when the Ghanaian government began to increase public expenditure on education, spending was focused on secondary and technical schools; thus, the central government continued to pressure local governments and voluntary organizations to support primary and middle schools. Throughout the 1970s as well, local communities in Ghana were frequently encouraged to support social services by supplying building materials, communal labor, and special financial collections. Also, as early as 1971, the Ghanaian government began to collect user fees for health services, although these were minimal until the adoption of structural adjustment in the 1980s. These types of self-help initiatives are never mentioned in descriptions of Ivoirian social service development. Instead, the emphasis is on the central government's ability to finance the construction and operation of hospitals and schools. Another example of the greater role of private resources emerges from a comparison of social security in both countries. In Ghana, following the Social Security Act of 1965, a system of provident funds was established in 1972 whereby employers and employees contributed a certain percentage of the worker's salary into the Social Security and National Insurance Trust (SSNIT) fund.<sup>24</sup> In contrast, in Côte d'Ivoire, the central government followed the French example by providing social insurance pensions and other social security programs directly for those who qualified.<sup>25</sup>

Third, as with the public-private mix detailed earlier, the Ghanaian government continued to pursue a relatively more decentralized approach to social service delivery than the Ivoirian government. Throughout the 1960s and 1970s, the Ghanaian government emphasized working with local communities to address their social needs more efficiently and effectively. Following the colonial notion of "self-sufficiency," the continued emphasis on local participation in social service provision was similarly articulated in Nkrumah's policy of "self-reliance" in the 1960s, and in terms of self-help and community develop-

ment in the 1970s. In contrast, in Côte d'Ivoire throughout this period of the 1960s and 1970s, the vast majority of social services were provided by the state through a highly centralized state system. The health care system was strongly biased towards curative rather than preventive care, with the majority of public expenditure allocated toward the government hospitals in the capital and a few other urban areas. In education, universities and teacher training institutions continued to be modeled after the French system and clustered in Abidjan, with one secondary university in Bouake<sup>26</sup> and three “*grandes écoles*” in Yamoussoukro (Houphouët-Boigny's hometown).

After a relatively brief “honeymoon” period under Nkrumah, state-provided social services began to decline seriously in Ghana. The economy was debilitated by the political instability created by a rapid series of coup d'états and military governments, and by the end of the cocoa boom in the mid-1970s. Between 1976 and 1983, government expenditures on education fell from 6.4 percent of GDP to 1.4 percent (World Bank 1996). A shortage of foreign exchange meant that most medical equipment, medicine, textbooks, and school supplies were simply unavailable. Hospitals and school buildings deteriorated, and a mass exodus of health and education professionals left the country poorly staffed. Although government health and educational facilities were officially free or very low cost, in conditions of severe shortage and endemic political and economic crisis, most Ghanaians were pressured to make side payments to obtain any available public services. By the early 1980s in Ghana, the state social services system was in virtual collapse.

The “good times” in Côte d'Ivoire, largely financed by almost two decades of high growth (averaging 7.5 percent in the 1970s) in the cocoa industry, did not last forever either, and ended by the late 1970s. The steep drop in coffee and cocoa prices in 1978, the oil shocks, and the debt crisis all combined to produce a rapid financial decline, and by 1981, the “Ivoirian miracle” was in recession.

### **Continued Colonial Legacies in Social Policy: Divergent Implementation of Structural Adjustment in the Contemporary Period (1981-1999)**

Many of the social policy changes implemented in the 1980s and 1990s were part of larger structural adjustment programs designed by the World Bank; thus, the reforms advocated in Ghana and Côte d'Ivoire were very similar. For example, in both countries cost recovery became a major concern in the early 1980s. While formerly fees for services were negligible, under the structural adjustment program, fees increased dramatically to foster an ethic of citizen participation and to recover a higher percentage of the costs of social service delivery. In health care, Ghanaians and Ivoirians began to pay up-front for required medicines, consultations, and medical procedures. In education, schools began to charge school fees, Parent-Teacher association fees, and textbook user fees.<sup>27</sup>

Ironically, both nominal and real government expenditures on health and education actually appeared to have increased during the period of structural adjustment (Demery 1994; Leechor 1994) in both countries. Furthermore, the share of total government expenditure allocated to these social service sectors

appears to have grown.<sup>28</sup> However, similar trends in expenditure data do not necessarily signify similar social service *delivery*.

In fact, despite these similarities, significant differences in the orientation and implementation of social policy remain. First, the Ghanaian government aims at building on informal social support systems, such as the network of the extended family, village, or other community. While government officials in Côte D'Ivoire admit that "traditional" institutions such as the extended family play a role currently, their future goal is to create new, formal bureaucratic structures, especially in the rural areas.

Second, the *implementation* of similar reforms has differed in Ghana and Côte d'Ivoire, particularly with regard to the timing of reform and the treatment of vulnerable groups. In general, the government of Ghana began to introduce social policy reforms earlier than the government of Côte d'Ivoire. For example, in Ghana, the "cash and carry" system in health care was introduced by the mid-1980s, while primary schools began to charge school and textbook fees in 1987. In contrast, the Ivoirian government only started to require payment for medicines in 1991, and this policy was not generalized to services in hospitals and clinics until around 1994.

The different implementation of reform in Ghana is further illustrated by the fact that the Ghanaian government exempts certain vulnerable groups from health care fees whereas all groups must pay for care at government facilities in Côte d'Ivoire. Since the Ghanaian government implemented cost recovery earlier, they have been able to respond to domestic and international criticisms of greatly reduced access to services by the poor, the notion of "adjustment with a human face," with a second round of reforms. Because the Ivoirian government implemented reforms later, this idea of a softer structural adjustment was well publicized, and the various options regarding targeting and poverty alleviation were commonly known. Still, the Ivoirian government has pursued reform differently. This article concludes that these differences are not accidents, but rather reflect normative differences in the conceptualization of the state role vis-à-vis its citizens.

It should be noted here that while the available statistics are limited, it does not appear that the Ghanaian government turned to the informal social welfare system simply because it was less able to provide wider formal sector coverage than the government of Côte d'Ivoire. An analysis of aggregate social expenditures indicates that both the governments of Ghana and Côte d'Ivoire spend 1.4 percent of GDP on health.<sup>29</sup> When adjusted for purchasing power parity, this total expenditure amounts to approximately \$53 per capita in Ghana and \$66 in Côte d'Ivoire for the period between 1990-97. This difference does not seem very significant when health expenditures per capita in sub-Saharan Africa range from \$6 in Nigeria to \$571 in South Africa.

The different normative underpinnings in the orientation and implementation of social policy reform will be analyzed in each of the following seven subsections: (1) educational reform, (2) pauper policies in health care, (3) the approach to the family, (4) relations with non-governmental and community groups, (5) the exemption of vulnerable groups, (6) poverty alleviation programs, and (7) national health insurance initiatives. The latter three subsec-

tions represent the most recent round of reforms where normative differences persist in efforts to soften structural adjustment.

### *Educational Reform*

The Ghanaian government attempted in 1987 to implement reforms in the educational sector that would adapt further the British-style system to local needs. While the hasty implementation of these reforms has been frequently criticized, rarely are the stated objectives.<sup>30</sup> The Ghanaian government intended to shorten the pre-university education track and tailor the junior secondary school curriculum to local labor markets. Since many children were unable to continue education at higher levels, the reforms were intended to develop more practical, vocational skills that would increase local employment rather than increasing a brain drain or, worse, create a growing group of frustrated and unemployed school dropouts. In contrast to the health sector, government spending on education was relatively equitable, particularly spending on primary education (Demery et al. 1995). Still, despite some positive trends, major disparities continue to exist in the quality of schooling in certain regions, and in rural areas overall. These inequalities are further demonstrated by the growth of private schools, primarily in larger, urban areas.

In Côte d'Ivoire, educational reform consisted primarily of changes in financing. Teacher salaries continued to constitute a disproportionately large percentage of the public sector wage bill, suggesting that rising education expenditures may have been focused on salaries and not necessarily other investments (i.e., building schools, providing books, etc.) (Demery 1994). The character of the school system continued to be highly centralized and hierarchical, based directly on the French system initiated during the colonial period. For instance, not until the late 1980s did the government begin producing its own textbooks in order to reflect local culture instead of purchasing them from France.

### *Pauper Policies in Health Care*

The Ghanaian government recognized early on the need to help those who simply do not have the resources to pay for certain services. When a needy patient requires medical treatment, a social worker from the hospital initially tries to determine if there are any resources available from the extended family. If the family is reluctant despite entreaties from the government official, the patient is then treated for free, or released on the promise to pay in installments. Unfortunately, only 4.5 percent of Ghanaian respondents interviewed were aware of any such policies to waive, reduce, or arrange payments for fees. In comparison, 33 percent of Ghanaian respondents reported that the government provides free care for certain exempted groups, in particular the elderly, while nine percent described government educational scholarships, in particular for the children of cocoa farmers.

While the pauper policy is not as widely publicized or implemented in Ghana as is perhaps necessary,<sup>31</sup> a similar policy in Côte d'Ivoire remains almost



exclusively on paper and is nearly non-existent in practice. As in Ghana, when a person is unable to pay for health care, a Social Services officer from the health facility is supposed to assess other available resources. The Ivoirian social service officers not only seek the aid of family members, but also, at times, the assistance of the mayor's office or an embassy. Unfortunately, due to budget cuts, many regional hospitals (CHR) and clinics do not have staff to carry out these policies. Furthermore, the larger urban hospitals (CHU) do not receive an allocation for such cases from the national budget; thus, social workers feel pressure to limit the number of social cases in order to keep costs down.

### *Approach to Support of the Family*

Several officials in Ghana explained that social policy strategies "are all ways to keep the family together," and that this is the first goal of state action. Officials emphasized that they intended social policy to build on "existing structures" and "strengthen existing institutions at the local level," particularly the family. It is important to note that when the family is discussed in Ghana, the unit most often referred to remains the extended family system.

Several policies implemented in Ghana encourage families to take care of needy relatives. The government organized a "Celebration of the International Year of the Family" in May 1999 to promote reciprocity within the extended family. In education, the government is encouraging community-supported schools where parents work with teachers to improve the quality of instruction, for example, privately supplementing teacher salaries in return for additional work. In health, the government provides tax credits to caretakers of elderly family members in order to strengthen families and make nursing homes unnecessary.<sup>32</sup>

In Côte d'Ivoire, a new ministry created in 1994 is dedicated to women and the family; however, the focus of policies is clearly on the nuclear family, rather than the extended family as in Ghana. Government officials rarely speak of strengthening the extended family system, but rather of rehabilitating the nuclear family in order to fight poverty, particularly in urban settings. The extended family system is more often referred to as a burden that hinders the proper economic development of nuclear families.

World Bank representatives in Ghana also acknowledged that, while the support of the extended family was not as easily gained as in the past, this informal institution is the "basic social safety net that exists in Ghana."<sup>33</sup> In contrast, World Bank officials in Côte d'Ivoire discussed the fiscal limitations of the state and consequent need for reforms in interviews, but the informal social safety net was never mentioned.

### *Relations with Non-Governmental and Community Groups*

In addition to trying to strengthen the extended family system, the government of Ghana collaborates with international and local non-governmental organizations (NGOs), local clubs, and community associations to help the needy

“indirectly.”<sup>34</sup> Officials often noted that these groups frequently helped solve problems at the local level without relying on the central government bureaucracy. These local organizations actively support community infrastructure and services, for example, the creation and maintenance of water sources, schools, and markets, etc.<sup>35</sup> In the health care field, NGOs finance 12 percent of all expenditures on health, almost one-third of what the government spends.<sup>36</sup> In addition to direct health spending, NGOs also work on health education and outreach. One recently founded organization in the field site region, Care-Elderly, actively recruited elderly members in order to improve their access to free health care under the exemption policy, and advocate for increased government support of the aged. The Ghanaian government has also recognized the important role of individuals, such as traditional healers and traditional birth attendants. The government is trying to support and, to a certain extent, regulate their services as alternatives to government-run facilities.

In Côte d’Ivoire, government officials speak of working with community groups in terms of “*encadrement*.”<sup>37</sup> This conceptualization calls for a more activist role by the state than the Ghanaian-style of collaboration with existing local initiatives. For instance, the government itself creates management committees for health clinics and schools. Most government officials admit that these committees have had limited success. In the field-site region, many local residents and health officials reported that suspected embezzlement activities by the management committee had led to loss of community trust and infrequent meetings. The Ivoirian government has tried to follow the lead of Ghana in one area: the training and support of traditional birth attendants. This policy has not yet been extended to traditional healers, however, even though they appear to be quite numerous and active in the field site villages.

### *Exemption of Vulnerable Groups from Cost Recovery*

In response to growing domestic and international criticism after several years of structural adjustment, Ghanaian policymakers began to implement a second round of reforms. The Ghanaian government recognized that certain groups would not be able to access social services as readily due to the higher costs associated with cost recovery. The government has expended significant effort in trying to identify the vulnerable sectors of the population and develop appropriate policies for these targeted groups. For instance, over the past several years, several intersectoral commissions have studied the problems confronting children,<sup>38</sup> the aged,<sup>39</sup> and the urban poor. These commissions are composed of a diverse group of representatives from several government ministries, universities, and religious and other NGOs to facilitate information gathering and coordinate action.

Based partially on the recommendations of these commissions, policies have been developed to exempt several vulnerable groups from health and education fees. Since October 1997, children under five years of age, pre- and post-natal women, and the elderly should receive free health care services as needed.<sup>40</sup> The government allocates a certain section of the national Ministry

of Health budget to provide care for these exempted categories. The problem with this targeting mechanism is that the truly poor may not even go to the hospital when sick, either due to the barrier of transportation costs or a lack of knowledge of these exemption policies. District officials reported a low rate of participation in these exemption programs such that budget allocations were not exhausted. Other studies (Demery et al. 1995) have also confirmed low use of the health system in Ghana as well as an increasingly regressive character to actual government spending on health.

In education, the Ghanaian government implemented the F-cube program in 1996 to address problems in the 1987 educational reforms that hindered access to basic education.<sup>41</sup> The government also attempted to decentralize the financing and planning for education by creating District Education Planning teams. These policies reflect the historical tendency of the Ghanaian government to identify, research, and fill gaps, rather than provide universal coverage. While the Ghanaian government's efforts to target the poor and vulnerable do not always yield successful results, this does not mean that targeting as a policy tool is useless, but rather, that the mechanisms of targeting need to be more carefully considered and implemented.

In contrast, little has been done in Côte d'Ivoire to recognize or address the needs of vulnerable groups. Despite a greater awareness of the options available, no targeting policy exists. There are only a few specific services that are provided free, for example, immunizations for children and childbirth kits for pregnant women. Instead, most social welfare policy focuses on formal sector workers such as teachers or civil servants, who make up at most 10 percent of the total population. For these workers, Ivoirian social policy continues to be more extensive and substantial than the minimal benefits offered by the state in Ghana. The primary way that the Ivoirian government has attempted to increase access to health facilities is by building new rural health clinics. While this initiative does lower travel costs, it does not resolve the problem for the poor who are unable to pay anything at all. The different responses to appeals for a more "human" adjustment reflect continued normative differences in understanding of the state's role.

### *Other Poverty Alleviation Programs*

In addition to these exemptions to existing social policies in health and education, several new programs in each country focus explicitly on poverty alleviation. The orientation and implementation of these poverty alleviation programs differ, even though the original program designers are often the same external donors. Ghana was one of the first African countries to implement a poverty reduction scheme. In 1988, the Ghanaian government introduced the Programme of Actions to Mitigate the Social Costs of Adjustment (PAMSCAD). The intent of the program was to target financial assistance and employment opportunities for the poor and vulnerable throughout the country. Similarly, while the PAMSCAD program reproduced earlier patterns by attempting to work with existing private institutions and communities, the inputs elicited from beneficiaries were often overly burdensome, creating barriers to participation rather

than poverty alleviation (Kwadzo and Kumekpor 1994). Again, while the impact of the PAMSCAD program was less than anticipated, no such program was even attempted in Côte d'Ivoire.

In more recent years in Ghana, even though the World Bank played a large role in designing and financing the Village Infrastructure Project, the program's focus on supporting local capacity building to maintain the community's social infrastructure paralleled the traditional orientation of government policy.<sup>42</sup> Yet again, no such program existed in Côte d'Ivoire at the time of field research.

While both countries have initiated several micro-credit programs to promote income generation for the poor, program design has differed, resulting in a higher level of repayment problems in Côte d'Ivoire than in Ghana. Repayment problems are exacerbated when lending is made through international donors or central government agencies that may be ignorant of local seasonality issues critical for successful loan disbursement.<sup>43</sup> Interestingly, after an earlier unsuccessful experience with an IFAD program, the Ghanaian government is now distributing the new Poverty Alleviation fund micro-credit loans through local rural banks in collaboration with district assemblymen. Introduced in 1998, this program also requires each district to allocate the loans evenly across the entire administrative area. While the decentralization of disbursement does not eliminate the influence of party politics or necessarily guarantee that the "deserving poor" receive opportunity, it does appear to improve repayment. In contrast, the Ivoirian government continues to manage the credit schemes through the regional offices of various central government agencies.<sup>44</sup> This appears to bias the allocation of loans toward the urban centers and to perpetuate the notion that the loan is actually a "gift" from the government, thus hindering repayment.

### *National Health Insurance Initiatives*

Lastly, both the governments of Ghana and Côte d'Ivoire have been considering the possibility of a national health insurance program. Again, the legacies of past formal and informal institutions are evident in the varied method of evaluation and the orientation of the proposed programs. In Ghana, the government was evaluating several pilot schemes at the time of fieldwork, all but one of which were previously existing local-level initiatives, such as the Nkoranza Insurance scheme in the Brong-Ahafo region.<sup>45</sup> Several government officials expressed the desire to identify existing local associations to organize the health insurance schemes, for example, the GPRTU, churches, or community associations.

In contrast, the Minister of Health in Côte d'Ivoire appointed a highly centralized committee based in Abidjan to consider options for health insurance. Supported financially by the World Bank, the African Development Bank, and French Cooperation, pilot schemes will be launched in two districts of the country. While the committee proposes basing the scheme on the idea of a mutual assistance organization, it appears that the Ivoirian government would play an active role in organizing and regulating these organizations. Furthermore, the

organization would cover an entire administrative area, a relatively large unit for an "informal" organization. Despite the government's assertion that it "(does) not want a system that comes from Abidjan ...[but rather] from the grassroots,"<sup>46</sup> all indicators are that, to date, this initiative is being pursued in a highly centralized, top-down fashion.

In summary, the national health insurance initiatives, like the other aspects of social policy reviewed earlier, differ in terms of their orientation and implementation. Thus, during the contemporary post-colonial era, with both the Ghanaian and Ivoirian governments under pressure from the World Bank and other donors to reform their social policies in conjunction with broader structural adjustment programs, the results are surprisingly different.

### **Conclusion**

To conclude, despite pressures to implement similar neoliberal structural adjustment programs, the orientation and implementation of social policy varies in Ghana and Côte d'Ivoire, in ways that strikingly parallel initial policymaking during the colonial era. In Ghana, the government wants to decentralize social service management and build on the existing informal social support systems of the extended family and community. In Côte d'Ivoire, the government tends to organize new institutions, where possible, through the arm of the central government. This article thus lends support to the divergence hypothesis. Globalization does not necessarily and automatically lead to a neoliberal convergence. The study finds that domestic factors do matter, but they are not the usual list of formal political institutions. The analysis of the orientation and delivery of social services in a developing context reveals the critical role of informal institutions, or normative frameworks, under colonial rule and continuing in the post-colonial state.

This article argues that the fundamental normative differences of British and French colonial officials in the conceptualization of the role of the state, family, and community led to the construction of different institutions of governance during the colonial period. The interactions between citizens and the state within this institutional configuration subsequently framed the conceptualization of what types of social policy were both desirable and feasible.

The article traces the mechanisms for reproduction of different path-dependent trajectories of development by illuminating the dynamic feedback between formal and informal institutions. Thus, the first section on colonial state building demonstrated how the Ghanaian state more frequently devolved authority and responsibility to the local level, relying on a colonial pattern of a socially mediated relationship between state and citizen. This legacy of a more decentralized state-society relationship in Ghana facilitated the development of a social policy that attempts to strengthen existing informal institutions outside the state realm. Thus, the Ghanaian government's current desire to reduce its role and promote an augmented responsibility for local government, NGOs, and the private sector in providing social services is not simply a result of the hegemony of the neoliberal development paradigm, but rather a more long-term legacy of colonial social policy in the post-independence era. It must be

noted, however, that just because these patterns appear to persist does not imply that the institutional outcomes are necessarily effective. It is possible that the Ghanaian government's assessment of local needs and capacity is overly optimistic, and that devolving authority for social service provision to "the informal" essentially enables the state to reduce its responsibilities without direct accountability.

In Côte d'Ivoire, this type of social policy is practically impossible to imagine. Colonial social policy focused on the idea of the individual receiving social welfare benefits from a provident state. Local organization of the extended family and community were either ignored or taken over by the state. Even though the central government seems to acknowledge that it can no longer provide all social services needed, the legacy of state dominance in the provision of social services obscures the possibility of working with "informal" actors at the local level in the current period. It is possible that the local capacity to carry out this type of policy exists, but state officials are wholly unaware of the strengths or weaknesses of the informal social support system.

The above analysis thus begs another important question: what are the consequences of these two different approaches to social policy? In particular, how do the divergent formal institutions of the state influence the informal institutions of social welfare at the local level, the norms of family and community solidarity in the villages? Until these informal institutions are compared systematically, the actual results of the two types of social policy are unknown. It remains to be seen whether or not Ghana's efforts to strengthen the informal system of social welfare, or Côte d'Ivoire's attempts to extend the centralized state, are effective or equitable at the local level.

## Notes

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1. Rudra and Haggard (2001) make this point when describing the difficulty of defining partisan orientations in developing countries.
2. Rudra (forthcoming) finds that labor is generally not strong enough to counter the negative effects of globalization.
3. While the literature that systematically analyzes the effects of globalization on social policy in developing countries is relatively limited, there is a growing body of literature examining the nature of social welfare systems in general in the developing world. The work on "social security" by von Benda-Beckmann et al. (1988) is particularly valuable in its approach, as is a case study on the Philippines by Frank Hirtz (1995). Midgley (1984, 1994) has emphasized the need to recognize the indigenous as well as the statutory social security systems in a range of developing country contexts. MacPherson (1982) also highlights the role of colonial legacies in other developing country cases during an earlier time period. Additional work by Dixon (1999, 1987) provides useful background material on a range of countries, including Ghana and Côte d'Ivoire.
4. Several of the new institutional economists highlight the role of informal constraints or rules, but the theoretical emphasis remains on formal institutional change. See Douglass North (1990) and Jack Knight (1992). Several historical institutionalist scholars have emphasized the role of "ideas," but the causal mechanisms remain less clear (Sikkink 1991; Hall 1993).

5. Fieldwork was conducted from April-August 1997 and from October 1998-October 1999 in two similar villages in Tano District in the Brong-Ahafo region of Ghana, and in two similar villages in the Abengourou region of Côte d'Ivoire. Fictional names are used for these villages in the endnotes to protect the anonymity of the sources.
6. There are a few anthropological studies that attempt to analyze the pre-colonial structures of state power, but rarely do they discuss state formation in terms of norms. See, for example, Claude Perrot (1982) on the Agni in Côte d'Ivoire, and K. A. Busia (1951) and the original works of R. S. Rattray (1923, 1929) on the Ashanti in Ghana.
7. The study could probe endlessly backwards to locate the origins of these colonial norms in prior social structures or institutions in the metropole. For the purpose of this project, it is sufficient to say that these divergent normative frameworks were shaped by the particular social and political histories of each colonial power.
8. Interview (anonymous) by author. Barima, Ghana, 12 February 1999.
9. Interview (anonymous) by author. Barima, Ghana, 7 February 1999.
10. Interviews (anonymous) by author. Kyere, Côte d'Ivoire, 14 July 1999.
11. While many contemporary scholars would acknowledge the social, economic, and political impact of colonialism on African societies, there is a range of views on how these processes unfolded, in particular with regard to the degree of African agency vis-à-vis the colonial state project (Ekeh 1975; Berry 1993; Isaacman and Roberts 1995; Cooper 1996; Young 1994). While many scholars emphasize the economic, political, and administrative structures imposed by the colonial state, this article attempts to show the important relationship between normative frameworks and state formation.
12. In health and education, the government often provided financial assistance to religious mission schools and hospitals. For instance, in 1931, there were only 19 government primary schools but 328 mission-assisted schools (Ghana National Archives 1931).
13. Revenues from Native Treasuries were intended to support the development of services in education, health, agriculture, etc. Communal service (promoted largely by the chiefs) was also intended to support community development since direct income taxation had not been implemented.
14. Cooper (1996) argues that this was primarily to justify the continuation of imperialism.
15. All doctor visits and care provided at clinics and maternities were free. Only hospitalization required some payment, except for indigent cases (French National Archives 1951-52).
16. Pensions for higher-level civil servants were established as early as 1924 and extended to all civil servants in 1928 and 1946. Workmen's compensation was introduced in the early 1930s. Family allowances were established in 1955 (French National Archives 1951-52).
17. This is not the first time that the state has attempted to decentralize in Ghana or Côte d'Ivoire. Ghana has a long history of decentralization attempts (Ayeé 1993) dating from colonial times, which were more or less successful.
18. After independence, in Ghana in 1957 and in Côte d'Ivoire in 1960, a one-party state was quickly established. In Ghana, the authority of the Convention People's Party (CPP) was more quickly challenged, overthrown, and followed by a series of republics and juntas, ending with the authoritarian rule of Flight Lieutenant Jerry Rawlings in the 1980s. Especially during the early 1980s, Rawlings espoused a populist rhetoric and encouraged popular participation and self-government in local committees. In contrast, in Côte d'Ivoire, the Democratic Party of Côte d'Ivoire (PDCI), led by President Houphouët-Boigny, designated party chairmen at every level down to the smallest village and maintained power practically unchallenged throughout the 1980s. These different types of authoritarian regimes began to liberalize in the late 1980s due to a combination of domestic pressures and international events (Widner 1994; Bratton and Van de Walle 1992). In Ghana, Rawlings's National Democratic Congress defeated the opposition in multi-party elections in 1992 and again in 1996, but then lost and transferred power relatively smoothly and peacefully to the opposition in 2000. In Côte d'Ivoire, the PDCI defeated the opposition in a multi-party system until December 1999 when the military took over, scuttling plans for an election in the fall of 2000 and precipitating almost two years of instability.
19. Interview (anonymous) by author. Abengourou, Côte d'Ivoire, 5 August 1999.
20. Ministry of Interior, DGCT, interview by author. Abidjan, Côte d'Ivoire, 18 June 1999.

21. Interview (anonymous) by author. Abengourou, Côte d'Ivoire, 5 August 1999.
22. Interview (anonymous) by author. Kyere, Côte d'Ivoire, 12 July 1999.
23. During this period, social services and infrastructure were expanded until 1963, when Nkrumah's Seven-Year Development Plan shifted emphasis toward promoting economic growth in the "productive sectors" (Fadayomi 1991).
24. While the recipient receives contributions plus at least three percent interest, these benefits are not indexed for inflation and are quickly exhausted.
25. For civil servants, the central government finances pensions. For other formal sector employees, employers and employees contribute to the pension fund, and benefits are based on average earnings and the number of years working.
26. Bouaké is practically the center of the country and is known as the capital of the Baoule, Houphouët-Boigny's ethnic group.
27. In Ghana, school tuition fees are no longer officially charged at the primary school level; however, districts often levy an educational fund fee that is said to cover sports and cultural activities but is perceived by parents as a tuition fee. Textbook user fees have now been eliminated from the primary school level in Ghana, but other school supplies, including required uniforms, must now be provided by parents and can be costly, particularly in rural areas. In Côte d'Ivoire, cost recovery at the primary school level was abandoned in 1995, but minimal registration fees (500 CFA or \$.83) are often charged in the first year. As in Ghana, a more burdensome cost for parents is that of textbooks, school supplies, and uniforms, which can total 30,000 CFA or approximately \$50 per student. In certain areas, however, textbooks are free for girls at the primary level.
28. While it is troubling that the share may be declining in more recent years from an earlier peak, it remains higher than prior to adjustment (Aryeetey and Goldstein 2000).
29. Similar statistics were unavailable for the educational sector (World Bank 2001: 318).
30. In fact, a similar proposal had been suggested in 1974 but never implemented. The political party in opposition to the Rawlings regime basically concurred with the objectives but differed regarding the preparation needed and timeline of implementation.
31. The Department of Social Welfare in Tano District records only 13 cases in 1998 (Government of Ghana 1998).
32. While this tax exemption is not well publicized and only applies to the relatively small percentage of formal sector workers, the point remains that the Ghanaian government is actively seeking new ways to strengthen existing forms of private social support, in particular, the extended family.
33. World Bank, interview by author. Accra, Ghana, 29 October 1998.
34. Department of Social Welfare, interviews by author. Accra and Bechem, Ghana, October 1998 and 16 February 1999.
35. In Tano District, Brong-Ahafo region in Ghana, where the field research was conducted, several local NGOs worked with district officials to support social infrastructure, for example, BRUM in water management and CEDEP in school improvement.
36. The government covers 37 percent, and private spending accounts for 51 percent of the total expenditure on health (Demery et al. 1995).
37. In French, "*encadrer*" is to frame, to surround or flank, to train and supervise, or to officer (in the military sense).
38. One example is the Ghana National Commission on Children.
39. The National Aging Committee is formulating a framework for a comprehensive National Aging Policy.
40. In addition, in Ghana, patients who are identified as suffering from tuberculosis, leprosy, or mental illness are supposed to be exempt from fees.
41. The goal of the F-Cube program is to ensure "Free, Compulsory, Universal Basic Education."
42. This program had not yet been initiated at the time of research in 1999.
43. For instance, many farmers complained that previous loans had been disbursed well after the planting season and after their need for funds had passed. They were therefore unable to invest the money to develop their farms, did not reap the profits of expanded production, and were later unable to pay back the loan with interest at the designated time.
44. The Fight Against Poverty Program was under discussion at the time of research in 1999 but had not yet been implemented. Previously, the Ivoirian government had provided small loans



- to individuals and groups through the Social Funds program and then the Development Funds for Professional Training program.
45. The one pilot program initiated by the Ghanaian government was disorganized and barely implemented due to bureaucratic tangles as of May 1999.
  46. Ministry of Health, interview by author. Abidjan, Côte d'Ivoire, 16 June 1999.

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