

GENDER EQUITABLE AND TRANSFORMATIVE SOCIAL POLICY FOR POST COVID-19 AFRICA: A SYNTHESIS PAPER OF GUINEA, LIBERIA AND SIERRA LEONE (3 MANO RIVER UNION COUNTRIES)

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Executive Summary

The COVID-19 outbreak has revealed gaps in social policy world-wide, as lockdowns, job losses and other constraints have exacerbated poverty and gender inequality. Despite these gaps, an understanding of the history of social policy development, the current ways in which social policy is implemented, the weaknesses and importantly, the implications on gender relations, are all important as a foundation for advocating for change. Given the gendered dimensions of the COVID-19 pandemic and its inordinate implications on women in particular, a focus on gender equitable and transformative social policy becomes imperative.

Sierra Leone, Liberia and Guinea-Mano River Union countries provide an interesting case study to examine these issues. The three countries have many things in common as well as differences in terms of colonial, political, social and cultural history as well as geography, that could help explain and understand the types of social policies implemented and their consequences. For example, while all three countries belong to the Mano River Union, with certain ethnic groups common to all three, Guinea and Sierra Leone are former French and British colonies, with different ideologies, while Liberia was never colonised but influenced heavily by the United State of America, all helping to shape social policies.

Derived from the individual country papers developed for Guinea, Liberia and Sierra Leone on gender equitable transformative social policy in post COVID-19 Africa from colonialism to the present day, with particular focus on the education, health, labour, employment and agriculture sectors, the synthesis paper was developed to provide a comparative analysis that highlights similarities across the countries but also important differences, by using the sectors as examples to show or support the nature or character of social policy making in each period. It was also important to bring out the ways in which gender has featured in social policy making over time, while highlighting significant changes that have occurred within a period or country.

Irrespective of whether a country was colonised or not, and the ideologies of the colonisers, the primary motivation of social policy appeared to be in the interest of the colonising country, or in the case of Liberia, of the newly arrived Africans or for a small elite minority favoured by colonial powers or for the benefit of the metropole citizens. For example, the aim of education was to provide administrators to help the colonists govern the colonies, while agricultural production, construction of roads and railways were to provide raw materials and evacuate them to the seaports for shipment overseas to feed the industries of the colonisers.

The policy informed the provision of health care and employment.

Gender discrimination and disparities were accentuated during the colonial era, a legacy that has persisted even to date. Colonial education emphasised men and boys in leadership positions, with women and girls playing supporting roles. By deliberately neglecting the education of women and girls and food crops grown by women or teaching boys administration, agriculture and technical skills and girls home management, sewing, embroidery, childcare and nutrition, because the colonialist governments considered women tertiary to their colonial project, the seed of gender inequality was sown in these countries. Thus, colonial policies and the colonial economy reinforced the historical appropriation and marginalisation of female labour.

The transition to independence and the early post-independence era across these countries and sectors were marked by growing state intervention in the economy, with liberation leaders

advocating for the developmental state as a way to grow their countries to development. With independence, there were attempts to address many of the limitations and shortcomings of the colonial era, and that nationalism included a reflection on, and a rejection of the injustices of the colonial past, including the adoption of norms around social justice and rights, all suggesting a greater attention to questions of social policy. However, while States could be seen as wanting to increase social investments, funding imperatives did not always allow for this to be done effectively. There was dependence on the colonial powers for financial and technical resources for post-independence development. But these assistances were not without conditionalities, which further undermined the autonomy and independence of these countries. Thus, while in principle, the transition from colonialism should have reflected social policies that were more concerned with qualitatively changing citizens' realities, in practice, both periods were characterised by limited social policy that did little to fundamentally improve citizens' lives. Gender inequality was even further entrenched.

The Structural Adjustment Programmes and its stringent conditionalities imposed on all three countries due to global economic crises-the oil crisis, debt crisis, multiple depressions and stagflation- in the 1970s-1980s, resulted in drastic cut down in expenditure and investment in both the social and productive sectors, including education, health, employment and agriculture in these countries. Instead of helping the recovery of the economy, it did more harm than good, as it brought untold suffering to the masses, especially women, youth and children. Jobs were lost due to retrenchment and redundancies as businesses closed or downsized. The rebel war in Liberia and Sierra Leone and coups and military takeovers in Guinea during this period, further exacerbated economic hardship of the already impoverished population. Gendered analyses of the impact of SAPs revealed that women and children were more susceptible to the shocks of the SAP policies than men, given the reduction of social sector expenditures as well as rising prices of food and other household items.

Critical events and issues that characterised the post-structural adjustment era (mid 1990s to 2018), included post-conflict recovery and reconstruction in Liberia and Sierra Leone at the end of the rebel war, as well as coups, corruption, poor accountability and transparency and mismanagement of all three countries resources during the Ebola virus outbreak. The countries also developed Poverty Reduction Strategy Papers to make them eligible for debt relief through the Highly Indebted Poor Countries (HIPC) Initiative. Agriculture, food security and nutrition were at the heart of the Papers and even during post-Ebola recovery. These programmes enjoyed huge government and donor financial, technical and moral support so as to create a strong foundation for the recovery of the economy and progress in the agriculture, mining and service sectors. However, the steady growth recorded was not commensurate with expected achievements of job creation and increased food production due to mismanagement, limited institutional capacity, unsustainable donor funding, weak political will and lack of sound policy reforms, poor infrastructure, especially in rural areas, small farm sizes and lack of value addition. Like in the SAP and crisis era, post-conflict and Ebola recovery efforts continued the relegation of women to their traditional inferior status and unpaid family labour for reproductive, productive and community development roles, despite a disproportionate effect of these efforts on women and girls. For example, Ebola Response activities lacked any gender sensitivity as most of the personnel in the Ebola Response Command structures were males. Male dominated structures tended to either ignore, trivialise, or overlook the needs and dimensions of women and girls in the planning, implementation and monitoring of the epidemic. The flood and mudslide disaster in Sierra Leone in 2017 only furthered the suffering of women and girls.

As the three countries were recovering from the Ebola Virus Disease infection, natural disasters took place in the case of Sierra Leone, specifically. Covid-19 also struck between 2019-2020, and stalled all development processes. Containment measures for the disease affected in varying degrees all the four sectors under review. Patients were turned down, some privately-owned clinics closed and there was a shortage of healthcare personnel and limited medical supplies, all of which led to loss of citizens' lives. Government restrictions to prevent COVID-19 from spreading through the closure of education institutions heightened GBV cases against women and girls leading to unwanted pregnancies and untimely deaths due to unsafe abortion and complicated birth, in the absence of adequate access to emergency care.

Livelihood activities of most people came to a halt, through lock downs, suspension or reduced working hours or activities of some businesses, resulting in temporary or permanent job losses as well as reduced/dwindling income as vulnerable households were thrust into poverty. The uncertainty created by COVID-19 also delayed the inflow of foreign direct investment into the economy. COVID-19 responses in the three countries were highly donor dependent, focused on vulnerable groups and one-off relief type measures that are less transformative and not focused on people's strategic and long-term needs, especially women and girls.

Salient recommendations are made to ensure that social policies in the three countries address inequalities- gender, spatial and class, in a more coherent, sustained and holistic manner.

Comparative analysis of patterns and trends in social policy over time

The COVID-19 outbreak has revealed gaps in social policy world-wide, as lockdowns, job losses and other constraints have exacerbated poverty and increased the numbers of those living on less than a dollar a day. While the (health) impact of the outbreak has been less dire than many had predicted in countries in the global south, economic vulnerability has been sharp (Appiah, 2021), in countries where social safety nets are often underdeveloped. Despite the fewer (at least officially) numbers recorded, social policies in many of these countries have also shown themselves to be inadequate to meet the task of ensuring that the vast majority of citizens are able to receive the help that they need. Instead, the outbreak has shown that social policies are ill-suited to address the issues that the outbreak has brought to light, with policies not only being inadequate, but even having clear adverse implications for both health and livelihoods of ordinary citizens.

While COVID-19 has revealed the shortcomings of social policy, it is important to note that these shortcomings did not emerge overnight. To take full advantage of the opportunity that COVID-19 presents to build back better, an understanding of the history of social policy development, the current ways in which social policy is implemented, the weaknesses and importantly, the implications on gender relations, are all important as a foundation for advocating for change.

The paper proceeds in three parts: firstly, a comparative analysis of patterns and trends in social policy over time, with a focus on four specific time periods: the late colonial era; the early Post-Independence Era (Late 1950s -1960s); The Era of Crisis and Adjustment (1970s-mid1990s) and beyond adjustment and post COVID-19 is provided. Within each period, the four social policies listed above are used to illustrate the central character of social policy making within this time period incorporating both national and global dynamics that underpin social policy making. This includes ideologies, norms and values, interests and institutional actors, and how these interact to produce the social policies noted. Gender dimensions and other indicators of inequality are also examined.

Secondly, the issues are expanded on by providing a thematic analysis of social policymaking over time, examining the ways in which factors such as colonial legacies, ideologies, values and norms, gender and other inequity dimensions have helped to shape social policy making over time. We then conclude with an overall critique of social policy making as well as potential opportunities for transformative social policy; specifically looking at how social policy can be made to be more responsive to the needs of citizens in the examined countries.

The Mano River Union Area – Similarities and Differences.

Before going further, it is important to note the potential similarities and differences within our case studies that could help explain the types of social policies implemented. Moreover, while the periodisation will closely follow the time periods noted above, there are some differences based on the actual realities of the three countries. For example, the colonial and post-colonial dichotomy does not necessarily make sense for a country like Liberia that was never colonised. However, although Liberia did not have colonialism per se, the American Colonization Society (ACS) sent freed slaves to Liberia in the early 19th century and they established a government which mirrored that of the United States of America, with the effect felt across many social sectors in Liberia. While not a typical colonising power, the United States nevertheless exerted considerable influence in Liberia's history, influencing social policy approach and decisions. Early leaders were American nationals who introduced American-style values and beliefs to the country (Guannu, 1985). The settlers were named "Americo-Liberians" by the ACS to give them a form of higher social class identification setting them apart from the native Africans they met in the country (Parkins, 2019; Santana, 2012; Sharpe, 2012). Thus, the perceptions of a preferred and inferior class that marked the relationship between the protectorate and the metropole could also be seen here as the country was characterised by settlement patterns of an outside force living among so-called indigenes. According to Guannu (1985), this influence is visible in the governance structure and the constitution, which was modelled on the American constitution, even though Liberia was established as a unitary state. Liberia was declared a sovereign and independent state on July 26, 1847 after 25 years of administration by the American Colonisation Society (Guannu, 1985). In lieu of the colonial periodisation, we use the years from 1840-1920s during which the American Colonisation Society (ACS) played an instrumental role in the country's development

For the two countries that were colonised, the colonial power was different, with Britain colonising Sierra Leone, and France, Guinea. Scholars such as Horvath (1972), Lloyd et al. (2013), and Veracini (2013) have all pointed out that colonies were far from homogenous. Different colonial powers resulted in different trajectories, with the type of European settlement (Engerman 2000; Acemoglu et al. 2002), indigenous structures, and direct versus indirect rule among other factors, all helping to shape the types of policies in place. However, others have argued that the use of historical analysis to understand contemporary social policy is too limited, and utilising a division between francophone and anglophone models of rule to understand contemporary policy, unhelpful. For example, scholars like Ahadzie, Lund, Devereux and Macauslan have warned that in dealing with social policies, the distinctions among categories of Francophone and Anglophone are less clear in colonial and post-colonial relief policy. Various forms of informal social protection and relief were common before colonisation and these practices have continued to be influential after independence; and that various sources of vulnerabilities (such as conflict and epidemics) have generated distinct policy responses that do not bear any clear relation to the colonial heritage. Such differences will be further examined in section two of this synthesis paper. In the subsequent sections, we explain methods before identifying trends within social policy in the time periods under

consideration and use our case studies to illustrate the extent to which these trends are evident in practice.

Methodology

The synthesis paper for the MRU was derived from the individual country papers developed for Guinea, Liberia and Sierra Leone. These country papers used qualitative research to collect data from both primary (Key Informant Interviews) and secondary (literature review) sources. The focus was on education, labour/employment, health and agriculture, given the centrality of these sectors in socio-economic development, with gender as a cross-cutting theme. Questions considered in the study included: How far reaching are the social policies? How have they affected the needs of vulnerable groups? Are the policies gender sensitive? Has gender analysis been conducted prior to the policy development and following? In what ways (if at all) are economic implications taken into account? What are the corresponding economic policies that have been developed? How are they linked with social policy? Taken together, to what extent do they contribute to structural transformation as measured by indicators such as gender relations, and the production structure of society?

Out of these three country papers, the synthesis paper was developed to provide a comparative analysis that highlights similarities across the countries but also important differences, by using the sectors as examples to show or support the nature or character of social policy making in each period.

Late Colonial Era 1940's to Late 1950s

It is often believed that colonisation of African countries continues to pose a challenge to post-independent Africa, with colonial policies and legacies having a lasting influence on social policy initiatives and paradigms. Using this frame, the limitations of social policy within many African states are tied to the trajectory of colonialism. Although this varied depending on the particular colonial power, in general, social policies under colonialism focused less on the welfare of citizens and instead, were guided more by understanding the extent to which social policy benefited the colonial state. The ability of the colonial (and now, post-colonial) state to fund social policy also affects the type and scope of policies in place. As Mkandawire has noted, where the tax basis is low, and poverty high, it is difficult to implement comprehensive welfare programs with insufficient resources (Mkandawire, 2010). High tax economies were more prevalent within colonies with white settlers, underlining the perception that the focus of social protection schemes were more for metropole-based citizens or white settlers (Iliffe, 1987). For the remainder, social protection policies were outside the domain of the state, with a focus on familial sources, self-help, and wealthy /generous benefactors rather than institutional sources, in keeping with the prevalent pre-colonial forms of social protection (Iliffe, 1987) where the family was among the principal sources for support.

Others have noted that social policies also reflect thinking within the colonial metropole, shaping how people in the global south are regarded, with implications on the policies implemented. One example that illustrates this well is Britain's New Poor Law of 1834, a variation of which was adopted in many colonies. This was a law that was grounded in the colonial project, and was not only steeped in racial thinking that helped to identify who was deserving and who was not, but also, by embracing a male breadwinner model, couched women as dependents, with implications on gender relations and the role of women even today (O'Connell, 2009).

The countries across this cluster illustrate these various concerns about colonialism's impact on social policy in various ways across the sectors observed for the study. In all three countries, the tax base was low. Sierra Leone and Guinea were primarily cash crop economies and similarly did not have much by way of revenue to invest in substantive social protection policies. While the low tax base meant that social policy was limited across all these countries, at the same time, settlement patterns did show somewhat better social policies for metropole-based citizens, even where white settlers were not present. This is true even in Liberia.

We noted that across all countries, the primary motivation of social policy appeared to be social policy in the interest of the colonising country, or in the case of Liberia, of the newly arrived Africans. In Sierra Leone for example, there was a dichotomy made by colonial powers between the Colony (Freetown), occupied by the liberated African slaves and the Protectorate (the hinterland, occupied by those denoted as indigenes). An initial emphasis on the colony as more important, played an instrumental role in shaping the approaches adopted in the development of these two entities in terms of land rights, education, employment, and social protection. These legacies have persisted with repercussions in the present time, including around generating conflict and perpetuating inequalities that subsequent governments have tried to address in various ways.

The focus of policies in the interest of the colonising power, or for a small elite minority favoured by colonial powers or seen as their inheritors manifested itself in different ways, from health social policy that protected colonisers and ensured their safety and wellbeing to education policies that assured them of workers that could help rule and advance their economic interests. The central actors in the development of social policy were the colonising power, with political considerations that took the interests of the colonising country as paramount. Notwithstanding the slightly better social policies for a subset of the population in both Liberia and Sierra Leone, social policies overall during colonialism revealed that social policy was largely developed with the benefit of the metropole in mind. In Liberia, while social policies were intended to improve the living conditions of the population, basic amenities such as access to education, rural health and sanitation were not extended to the indigenes. Below we provide examples of what this looked like in practice, focusing on the sectors of education, health, agriculture and labour.

Across all countries we see that the needs of the colonising country were the primary motivation of both the location of schools as well as the content of education. In the area of education, we see for example, that in Sierra Leone, education did not favour either equity or equality concerns, prioritising instead, the needs of the colonial power (Banya, 1993; Ojukutu-Macauley, 2002). The colonial power catered for western and grammar school type of education for the Colony, while the Protectorate was largely left to cater for their own educational needs. In the Colony, the capital Freetown was home to the first university in sub-Saharan Africa, Fourah Bay College (1827), the first all boys' school in West Africa, the Grammar School (1845), and the first all girls' school, the Annie Walsh Memorial Secondary School (1849). It was not until 1906 that the first secondary school, the Bo School, was started in the Protectorate. Even then, it was only for the sons and nominees of Chiefs. The first school in the Protectorate for common folk was only established in 1953, 100 years after the first school in the Colony, and only 8 years before Independence in 1961.

Similarly, in Liberia, there was an educational power dynamic system where widespread discrimination in access to schools was practised, with education limited primarily to Americo Liberians. The settlers discriminated on the basis of names of students who required admission

to primary, secondary and tertiary institutions and enrolled only children of the freed slaves and their wards who used their family names, leaving the so-called “natives” to attend the local ‘bush’ school. The latter were identified by their ‘African’ names and refused entry to public schools since the freed slaves considered themselves superior (Carlson, 1975; Lanier, 1961). In 1912, when the Department of Public Instruction otherwise known as the Centralized Education system was established, discrimination continued as the primary and secondary schools were exclusively for children and wards of settlers. That same year (1912) the National Legislature passed a Primary Compulsory Law, but the free component of the law was not available therefore, compulsory education was not enforced nor achieved.

Likewise, in Guinea, education was for the elite, with education geared toward colonial needs. French school policy in Francophone West Africa was an integral part of the “civilizing mission” (Autra, 1956; Moumouni, 1964; Désalmand, 1983; and de Capelle, 1990) and the first French schools in Guinea were the work of missionaries concerned above all with spreading the good word. Thus, the Fathers of the Holy Spirit created the first school in Boffa in 1876, and it was only in 1890 that the former superior of Boffa, Father Rainbault, founded a school in Conakry. An embryo of a national school system was gradually put in place from the end of the nineteenth century within the French colonial empire, with the upper elementary school created in 1907. However, the expansion of education outside the Guinean coast was always aimed at the elite, and the children of the heads of cantons in particular. It was under the pressure of certain factors (the need to fight against English influence and anticlericalism in vogue in France in particular) that the administration was led to create secular schools whose legal texts were not drawn up and published until 1903 (Alpha Mamadou Diallo and Coll, 1999, p. 15).

Even so, educational policies in the colonial era were not particularly ambitious and responded to the needs of the colonial power to “roughen” the greatest number within the modest limits of the budgets of the “territories”. The objective was to train an elite of intermediaries, including monitors, interpreters etc. (Paul Désalmand, 1983, p. 165) needed by the colonial system, providing them with minimum skills that would serve the colonial administration in the defence of their interests.

Equally, in Sierra Leone, education was modelled on the British system and used as a mechanism for social control and control of social change (Sierra Leone Ministry of Education, 2007). The establishment of Fourah Bay College, “the Athens of West Africa,” similarly had the goal of training elite Africans with a curriculum modelled to that in the UK, and degrees were jointly conferred with the University of Durham. Content-wise, education focused on producing labour with skills that would serve the colonial government. The goal was to train citizens to help them govern the Western area (colony) as well as expand control into the Protectorate. Education was a means to access government employment, an objective that continued through to the early post-colonial era (Banya, 1993).

Education played a similar role in both Guinea and Liberia. In Liberia, most of the private schools between 1847 (after independence) and 1980 were American replicated (Guannu, 1985) with little “African” content, mainly because the ACS and the first group of settlers believed that was the best form of education (Guannu, 1985). The founding fathers mainly focused on liberal arts disciplines and completely omitted scientific, technical and vocational forms of learning until the presidency of Charles C. D. B. King who brought in the first Agricultural and Vocational school, The Booker T. Washington Agricultural and Industrial Institute (BWI), in 1929. This discrimination continued until 1980 when the coup d’état by an

indigenous group of military personnel overthrew the President William Tolbert regime, and a majority of the Americo-Liberians fled the country when the public execution of the ruling class began (Okolo, 1981; Liebenow, 1987).

Regional disparities were further compounded by gendered discrimination. Colonial education emphasised men in leadership positions, with women playing a supporting role. As Ojukutu-Macauley has argued, “colonial education policies, implemented according to Victorian notions of gender destroyed pre-colonial traditions... because the government considered women tertiary to their colonial project, it deliberately neglected educating them, thereby sowing the seeds of gender inequality in that country” (2002, pp. 3–4). In all countries, girl’s schools appeared only after those for boys, with curriculum that emphasised domestic skills as Pessima (2012) has written about girl’s education in Sierra Leone. This further disenfranchised girls as boys were being taught agricultural and technical skills that were more useful for employment and income generation (Pessima, 2012).

Similar practices in discrimination can be noted in health, where health policy and services prioritised the health of either colonisers or those they favoured. In Sierra Leone, health policies during the colonial era were designed to keep colonial officers safe. As early as 1905-1922, Cole (2015) has argued that colonial powers did little to attend to the health needs of the local populace. The emphasis was on disease prevention, as can be seen in one of the earliest policies on health, the Public Health Ordinance of 1960. The act contained sections on the prevention, notification and treatment of diseases as well as slaughterhouse regulations, drainage and water supply (Act No. 23 1960 Public Health Ordinance, 1960). This reflects concerns about Africans as vectors of disease transmission (Boyce, 1911) as epidemics and diseases like malaria and yellow fever plagued colonial transplants in the country, and the Act focused heavily on preventing disease rather than an expansion of health care access. In addition, health care facilities tended to be clustered around administrative centres. The effects of this continue in the post-independence era, with rural communities still facing difficulties in accessing health care, with facilities far away and difficult to reach, especially given poor road networks (Logan, 1985). The same was noted in Guinea where health-related social policies were also limited and oriented toward the colonising power: from 1940-1950, policies focused on the fight against major epidemics to protect the colonists, their employees and finally the population. This period was also marked by the creation of hospitals in the major cities and at the level of the mining and agricultural enterprises.

In Liberia access to health was initially largely limited to the Americo-Liberian settler population. Although the settlers in Liberia had no trained medical personnel from their arrival in 1820 (Sawyer, 1992, p. 99; Shick, 1971), they largely shunned local cures, especially indigenous medicine and similar practices which were deemed ineffective (Patterson, 1974). Access to medical personnel only came in 1834, with the arrival of Colonial Apothecary James Brown, one of the first African Americans to receive formal health science training in the United States (Bond, 2018). His arrival was welcomed by the small population of Americo-Liberians, who mainly had access to his medical expertise. He joined the group of elites who strongly discriminated against the indigenous locals. Bond (2018) in his paper detailing the life of the Colonist Apothecary-turned politician in Liberia, describes Brown as hostile and contemptuous to natives in Liberia. After the overthrow of the Tolbert regime by an indigenous group of military personnel, healthcare became more accessible to the population as a majority of the Americo-Liberians fled the country, with the 1980 Coup d’état.

In agriculture, the emphasis of the colonial government's agricultural policies was less on domestic self-sufficiency and more on the cultivation of cash crops that could help support the metropole. In Sierra Leone, this was manifested in the emphasis on the cultivation of export crops, particularly tree crops (cocoa, coffee, palm kernel and cassava), and the construction of railway and feeder roads between 1896 and the 1920s from the provinces to Freetown for the export of these crops (Kargbo, 2009, p. 17). This was at the expense of food crops, which were the preserve of women, in the colonial agriculture policy until after the Anti-Syrian Riot of 1919 (See A.J.G. Wyse, 'The 1919 Strike- a Krio Plot?' in Kargbo, 2009) with implications on food self-sufficiency. Further, the introduction of cash crops in the 19th century continued women's marginalisation as it reinforced the perception of the colonial wage economy as a male economy, with women associated with subsistence or food crops, further institutionalising gender inequality and reinforcing women's status as inferior as also seen within the educational system. The entrenchment of access to land, valuable for the cultivation of cash crops, in the hands of male chiefs and leaders further consolidated women's marginalisation and exclusion (Hill, 1963). Thus, colonial policies and the colonial economy reinforced the historical appropriation and marginalisation of female labour.

In agriculture, Guinea was also subject to some of the imperatives of growing food for export. By the end of the 1920s, the French administration was looking for a country that could replace Indochina in the supply of rice to the deficit countries of French West Africa (AOF). Initially self-sufficient in rice (and even slightly exporting), Guinea was seen by the colonial administrator of the time as the future "rice granary" of AOF. Less subject to the imperatives of developing export crops than the neighbouring countries of the AOF (coffee, cocoa, groundnuts, and palm oil), Guinea was in the mid-1950s one of the main granaries of the AOF, which at the time accounted for 43% of rice production and 14% of maize production, and 13% of the population (Doré, 1986).

In Liberia, while the details were different, the pattern of exclusion at the expense of the favoured group and the focus on cash crops can also be seen. Prior to the arrival of settlers, Liberia was known as the Pepper Coast, Grain Coast or Melegueta Coast because of the cultivation of a certain species of pepper that was highly sought out by European traders (Harten, 1970). However, upon arrival, the ACS obtained and distributed land to families according to their sizes and those who went directly into cultivation of sugarcane and coffee, became prosperous producers of coffee and other tree crops (Allen, 2004). The ascendancy to power by the settlers and their control of natural resources in the country provided them an economic edge over the indigenous majority who became their servants (Omasamjuwa & Phebean, 2020; Santana, 2012; Johnson, 2004). Although agricultural trade had historically largely been in the hands of indigenous Africans, settler Africans moved into this space increasingly with the realisation that agricultural trade was profitable. They engaged more in the sale of agricultural produce to European seafarers, rather than the perceived drudgery of agriculture given their experiences as slaves in the United States. As Putnam (2006:237) stated, "...the Liberia of the nineteenth century was divided into two classes-a settler society that interacted with European traders and a native African population that produced many of the goods that were bought and sold by more recent immigrants..."

Regarding employment and labour, again, colonial influence was limited. According to Iliffe, social policy institutions created during this colonial era were largely influenced by the "traditions, preconceptions, concerns and circumstances" of their countries (Iliffe, 1987, p. 193). Institutions did not take into consideration gender differentiation in reproductive, productive and community maintenance work and the differential impact on participation in

the labour market. Unlike the French, social security before independence in British colonies, was limited mainly to schemes covering occupational injury, instituted in the 1940s at employers' expense (Iliffe, 1987). "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" (Morris MacLean, 2002, p. 71). It was not until after independence that compulsory social security was instituted.

Prior to independence, institutionalised forms of relief were rare. In Sierra Leone, for example, there was some government out-relief in the 19th century, following the British model. Relief was organised through the Freetown Poor Society from 1810, and supported by private benefactors, but the principal mode of social protection was through self-help groups. African immigrants from the US and Britain founded mutual savings groups after their arrival in 1787, while the indigenous Africans operated similar systems. Citizens in the Protectorate or non-white settlers would continue to use the traditional form of social security of family, self-help, *osusu* or mutual savings groups clubs to take the place of the lack of social safety nets provided by the state. Similarly, in Liberia, long before the passage of Workmen's Compensation Act (1941 – 42) on the 22nd of December 1949, under the presidency of William V. S. Tubman, Liberians practised local savings and family help schemes. Liberia tradition assimilate close and extended family members, so they help each other morally and financially in the event of an emergency. Clearly then, both Liberia and Sierra Leone illustrate limitations in social policy during the colonial era, with an eye to benefits that would accrue to the colonial power. Moreover, there was some level of internal discrimination based on settlement patterns that slightly mimicked European and African divisions.

With Guinea being a Francophone country, we considered whether differences that scholars have noted in terms of social policy ideology based on the colonising country were present in light of arguments in the literature. Scholars have argued that in terms of social security – employment-related legislation, pensions, disability allowances – there is a broad consensus that "in the countries that were British colonies, social security programs were generally more modest than in French-speaking Africa" (Bailey and Turner 2002:8). For example, the authors point out that the French government was more concerned for social security in its colonies than the British, discussing the need for social insurance in Dahomey as early as 1910, and decreeing that provident funds should be established in all of French West Africa. The voluntary West African Retirement Pensions Fund was established in a number of countries. In 1928, the French metropole began to subsidise social services in colonies through the Fonds d'Investissement pour le Développement Économique et Sociale, but it is not clear that serious attempts to provide compulsory social security pre-date the Second World War, although they point to North Africa as an exception: here, most countries established employment injury schemes in the 1920s. Bailey and Turner further argue that proximity to Europe was a major influence (2002:7).

In Guinea, we see a similar trajectory where there was some measure of social insurance in place. During this period, policies such as the social security scheme (regime) for civil servants were instituted for the provision of sickness, long-term sickness, maternity and disability insurances for civil servants in 1945. Indemnities and allowances regime for health professionals in order to improve their working conditions was also established in 1947. In the same vein, in 1950, there was a decree granting a pension to the Circle Guards in the Official Magazine of West Africa. This pension covered widows (those who had been recognized and designated as legitimate wives of the deceased guard) and orphans up to the age of 21.

However, these were all quite limited in scope and overall, while ostensibly, differences were observed between the French and British in their social policy ideology for their colonies, in practice this did not emerge as a significant area of difference in our study. Instead, we saw many of the same imperatives in social policy found in Liberia and Sierra Leone.

The Early Post-Independence Era (Late 1950s -1960s)

Many have noted that the transition to independence and the early post-independence era across many African States was marked by growing state intervention in the economy, with liberation leaders advocating for the developmental state as a way to grow their countries to development. Thus, notwithstanding the influence of colonialism, authors like Patel (2011) have argued that with independence, there were attempts to address many of the limitations and shortcomings of the colonial era, and that nationalism included a reflection on, and a rejection of the injustices of the colonial past, including the adoption of norms around social justice and rights, all suggesting a greater attention to questions of social policy. While Patel was speaking specifically about South Africa, her point has broader relevance. However, while States could be seen as wanting to increase social investments, funding imperatives did not always allow for this to be done effectively. This was noted particularly in the education and health sectors in Sierra Leone and Guinea, while in agriculture, the emphasis appeared to be more on securing the welfare of urban residents over rural ones. In Liberia, where Americo-Liberians remained in control of the State, the focus remained on their welfare and less on expanding social services towards others in the country.

In education, with the onset of independence, Sierra Leone, like many other African nations at the time, looked to education as a tool to improve society. This was not just through the prism of creating a cadre of literate individuals who could work and contribute to national development, but education was also seen more broadly as aligning with the principles of human rights, with access being a right for all. Moreover, the linkages made between education and mental, economic and social wellbeing further contributed to the call for mass education policies in many developing countries in the wake of independence (Chabbott & Ramirez, 2000).

There was a commitment to provide a more varied type of education that moved away from the more utilitarian type of education characteristic of the colonial period, where the focus was on agriculture and technical skills of benefit to the governing colonial power, to incorporate more literary aspirations. With the attainment of independence, the State began to play a greater role in education provision, alongside mission schools, and the 1964 Education Act made the Ministry of Education (MoE), the supreme authority in control of education in the country.

Despite these advancements, inequalities in education access persisted even in the early years of independence. The Sierra Leone White Paper on Education Policy (1970) noted that notwithstanding the increase in the numbers of schools (950 in 1970, compared to 497 in 1957), many girls dropped out before reaching secondary school, with these rates higher in the north (Government Printing Department, 1970). In 1973, Sierra Leone undertook a Comprehensive Sierra Leone Education Review which had as its goal reducing the disparities between urban and rural schools. However, the worsening economic crisis and attendant adoption of structural adjustment policies constrained what was able to be accomplished.

Similar to Sierra Leone, Guinea also introduced policies to expand education access. Here, the developmental state was taken one step further, given the socialist orientation of their political system upon independence. From 1958 to 1984 the economic system was determined by the

collective appropriation or ownership of the means of production by the State. This was the “welfare period” where basic social services such as health and education were free and access to employment universal. In education, this period was marked by the drafting of the first Guinean Constitution on November 10, 1958. Between 1958 and 1978, there was an increase in the number of learners at both primary and secondary school levels, as well as a marked increase in the construction of primary and secondary schools. In 1959, the authorities introduced mass education, open to all without discrimination. The aim of the authorities at the time was to renovate African cultural values and to make effective the right to education recognized for all Guinean citizens by the Constitutional Law of 10 November 1958 (Article 44, Title 10). The year 1968 marked the introduction of national languages as a medium of instruction that covered primary and part of secondary school. From 1968 to 1984, teaching in schools was done in local languages and agricultural production was mandatory for everyone (from the primary school to the university). While this introduction of national languages in education was much criticized, mother tongue instruction has been linked to improved educational outcomes (Bah 2022), suggesting that Guinea’s policies were more in line with transformative social policy goals.

Unlike Sierra Leone and Guinea, in Liberia, where there was no ostensible independence, the trajectory was a little different. The continued political dominance of Americo-Liberian leaders meant that social policy remained limited. Discrimination continued in education, among other sectors, notwithstanding some changes that had been implemented by the mid-20th century, with the Liberian education system shifting from a predominant concentration on liberal arts where the disciplines were mainly theology, law and politics of the United States of America, to introduction to scientific studies (Guannu, 1985). This was made possible with the establishment of the BWI, the A. M. Dogliotti College of Medicine in 1968, as part of the University of Liberia.

However, the discrimination between light skinned and dark-skinned, and native and American-named Liberians in the education sector continued with access to institutions of learning limited to Americo-Liberians and their native wards (whose names they changed so they can be accepted in schools). This and other forms of discrimination continued to build up animosity towards the Americo-Liberians, till the indigenous grouped and overthrew the government which for the past 133 years had been controlled by a group of political elites. Health care was another area in which the idea of a developmental state could be seen. In Guinea for example, the socialist orientation of the State contributed to an emphasis in making dispensaries, hospitals and medicines widely available in the country. Primary health care was a priority, as was health promotion, and some attention was given to the provision of maternal and child health services within primary care. However, the low allocation of resources to the sector meant that it was unlikely that these aspirations could be attained (Corrie 1998).

Contrary to attempts to expand health care in Guinea, in Liberia, health care provision was largely limited to Americo-Liberians, and largely non-existent particularly for indigenous people living in rural areas, although this slowly changed (Stanley, 2005). The government was still struggling to provide basic services for the country’s vast rural population and to the Americo-Liberians scattered in various parts of the country, when in 1963, the St. Joseph’s Catholic Hospital was established by the Order of the Brothers of St John of God. The Government of President William V.S, Tubman then went on to secure funding from the Government of Italy, the Vatican and the A.M. Dogliotti foundation to support his dream of providing trained medical practitioners. The A.M. Dogliotti College of Medicine was founded as part of the University of Liberia. Few years later in 1971, the John Fitzgerald

Kennedy Medical Center was established by an Act of the National Legislature to provide primary, secondary and tertiary health services to all in Liberia. While this was a giant step in the country's access to basic health care service, it was nevertheless limited to those in the capital or who could travel to Monrovia.

To provide medical care for the rural people, the Tellewoyan Memorial Hospital was built in Voinjama Lofa County, Northern Liberia, to provide subsidised primary and secondary OB/GYN, surgical, paediatric, dental and mental care to Liberian citizens in the region bordering Guinea and Sierra Leone. Contrary to education policies that appeared, in Guinea and Sierra Leone at least, geared toward increasing access to education to all, agricultural policies focused more on keeping the urban populace happy at the expense of rural citizens, an illustration of the importance of urbanites for political support. At independence in 1961, most of Sierra Leone's population, especially women, lived outside the capital city, Freetown, with agriculture as their main stay and sustenance. However, rural dwellers and farmers were largely unprotected, not covered by formal or government social security and rarely reached by famine or disease reliefs. The family was the main source of social safety for the rural and farming population. Similar to policies during the colonial era, the government felt obliged to provide cheap food to townspeople – to forestall any threat to their power base (Ilfie, 1987, p. 233). This is in keeping with Feng and Gizelis (2002) who have found that contrary to countries where growing urbanisation has helped to contribute to welfare states, in many post-independent States it has instead resulted in a prioritising of these urban masses at the expense of those in rural areas, who are viewed as less of a threat politically (Feng & Gizelis, 2002). Instead, rural residents are largely left to cope using family support, or NGO and charities.

In Sierra Leone, there was a dramatic shift in the government's agricultural policy shortly after achieving political independence. This shift was clearly seen in the 10-year Plan for Economic and Social Development, 1962-1971. The policy emphasised industrialisation, through agro-processing and the establishment of industrial plantation programmes. Import Substitution Industrialisation, (ISI), favoured industry as against agriculture, by not only shifting resources from agriculture to sectors such as mining, but by reducing annual government allocation to the sector. Poor planning, corruption and mismanagement resulted in the collapse of the ISI, thus eroding most of the gains of the 1950s. Consequently, the prices of produce fell drastically, leading to the collapse of SLPMB and the Cooperatives. Farmers were left with no institutional support for credit and other needs (Alie, 1993). Government had to conceive and implement some agriculture-related projects to cushion the economy.

In Liberia, even while the agriculture sector flourished during this era, food security remained uncertain. Policies again focused more on export crops than food security. The Liberian Diversification Policy developed by the government attracted large foreign concessions like Le Tourneau Foundation in 1932; that was into crops, grains, rubber, oil palm, fruit trees and coffee production; other companies were the African Fruit Company that produced bananas and the Firestone Rubber Plantations Company that was granted a 99-year lease to plant and export rubber (Guannu, 1985; Pereira-Lunghu, 1998). The Liberia Produce Marketing Corporation (LMPC) and the Ministry of Agriculture developed an Agricultural Pricing Policy to ensure price stabilization and profitability in rice, cocoa, palm kernel and coffee. Most of the concessions that came under the Diversification Policy were mainly interested in iron ore mining and the exploitation of timber. The concentration on tree crops during the diversification policy era took a heavy toll on the production of food crops, especially the staple crop rice. Able-bodied men from nearby villages were recruited to work in the concessions,

leaving the subsistence sector void of 'prime-age' males, which led to the decline in food production (ILO, 1972; Pereira-Lunghu, 1998), especially rice.

Guinea also saw a focus on the urban inhabitants at the expense of rural inhabitants. There too, nationalisation policies ruled and the state was involved in the economy to the tune of 96% and was the sole representative in the industrial sector in the late 1950s. It was only in the mining sector that there were mixed economy companies with foreign private capital, such as the Companies des Bauxites de Guinée (CBG) and the Société d'Alumine de Friguia. However, while nationalisation policies were in keeping with the focus of States on their domestic populace, and illustrative of the shift from colonial orientations, these policies had problematic outcomes. In 1958, the first President of independent Guinea, Ahmed Sékou TOURE, issued a decree concerning people's access to land. This decree stipulated that "the land belongs to the person who works on it," and led to the massive arrival of populations from less watered regions to Forest Guinea, thus swelling the number of migrants who had previously settled in the area for centuries. In 1961, the reform of the statute of the land intervened with the nationalisation of the ground. This nationalisation resulted in an obligation to develop land holdings under penalty of appropriation by the State. Around the same time, from 1964 to 1984, the Guinean government implemented a taxation system which greatly weakened the villages. This tax applied not only to food crops (rice, palm oil), but also to coffee. The goal was to ensure the supply of the cities at a lower cost by subjecting the peasants to a heavy system of tax levies in kind and forcing them to redouble their efforts to ensure these obligatory deliveries leaving certain regions on the verge of starvation.

There was some attempt however to include women in development processes. In 1960, authorities of the first Republic launched action programs on the promotion of women guided by the perspective that the development of agriculture must be based on the integration of women in national development. Focusing on two areas, women were organised into pre-cooperative and cooperative groups (for market gardening, crafts, saponification and fish smoking) and the creation of women's training centres with trainings focused on nutrition, childcare, functional literacy and family planning.

However, with political transition came disengagement of the State from the economy. On April 3, 1984, following the death of the first President of the Republic, Ahmed Sékou TOURE, the Military Committee for National Recovery (CMRN) took power. In the same year, the new authorities opted for the disengagement of the State from production and marketing activities to refocus its axes of intervention on policies, the programming of strategies and the follow-up of their implementation. This led to the intervention of foreign public and private operators, both in the financing and in the supervision of various development projects, some of which were implemented as early as 1985 and which replaced the agricultural policy measures that could have been carried out by the Guinean government. Access to land was further problematized in 1984 when the then President of the Republic, Colonel Lansana Conte, made a statement in 1984 to the effect that "land now belongs to the first occupants." This declaration had, as, consequences: the marginalisation of so-called non-natives in land ownership: there was a wave of violence as indigenous populations claimed their land and non-native families were forced to abandon the plots they had previously acquired. At the same time, women's access to land was not considered, creating a discrimination situation. Thus, while in principle, the transition from colonialism should have reflected social policies that were more concerned with qualitatively changing citizens' realities, in practice, both periods were characterised by limited social policy that did little to fundamentally improve citizens' lives.

The Era of Crisis and Adjustment (1970s-mid 1990s)

Prior to Structural Adjustment Programmes, Sierra Leone, Liberia, Guinea had buoyant economies in the immediate post-independence era, characterised by high GDP and favourable terms of trade. Agriculture and mining dominated the economy. However, the late 1970s witnessed a series of global economic crises-the oil crisis, debt crisis, multiple depressions and stagflation-which forced these three MRU countries to turn to the international financial institutions (IFIs) such as the International Monetary Fund (IMF) and the World Bank (WB) for loans to adjust their economic structure, improve international competitiveness and restore their balance of payments. As a condition for obtaining the loans, these countries had to implement certain policies such as trade liberalisation, privatisation, foreign investment, downsizing the public sector, reducing interest rates, eliminating food subsidies, cutting wages, decreasing domestic credit, budget deficit reduction and currency devaluation, with a view to balancing government budget, reducing inflation and stimulating growth. The adoption of Structural Adjustment Programmes (SAPs) by Guinea, Liberia and Sierra Leone resulted in drastic cuts in expenditure and investment in both the social and productive sectors, including education, health, employment and agriculture.

It was hoped that SAPs would contribute to economic recovery in all three countries. However, instead, it contributed to untold suffering of the masses, especially women, youth and children. For example, the removal of safety nets such as subsidies on basic commodities in Sierra Leone led to hikes in food prices, which most of the country's poor populations could not afford (Zack-Williams, 1999). By 1985, Sierra Leone's economy was in shambles and socioeconomic indicators such as life expectancy at birth (41 years), infant mortality rate (154/1000 live births), GNP per capita (\$310) had reached alarmingly low levels. Liberia experienced a similar decline in not only its GDP, which declined by 18%, but the budget deficit also increased in 1985 from 10% to 20% of GDP (Claasen & Salin, 1991). Additionally, tax policies targeting the incomes of Liberians increased economic hardship for the poor, while salary cuts for government employees and salaries for state employees suffered (Mills-Jones, 1988). Guinea's capita income for 5.6 million inhabitants was less than US\$300 (1986), life expectancy 41 years, high infant mortality 160 per thousand, while more than 80 percent of the population lacked access to safe water and were illiterate.

In the health sector, reduced government expenditure as a percentage of GDP on health plunged, leading to shortages and increased cost of essential drugs in rural clinics, with pregnant and lactating women greatly being affected. It also resulted in the prevalence of, brain drain of health care personnel, especially medical doctors, translating into high doctor-patient ratio (0.2 per 1,000) according to 2015 World Health Organisation data (Kingsley, 2017) in Liberia and Sierra Leone. The war in Liberia and Sierra Leone was fought during this era, and the widespread destruction of social and economic infrastructures further exacerbated economic hardship of the already impoverished population. Although Guinea was not fighting a war, it was embroiled in a military coup, upon the death of President Sekou Touré in 1984, by the Military Committee for National Recovery (CMRN), which also brought untold suffering to the poor masses.

Education was also affected during this period, particularly for girls, rural areas and secondary schools. In Sierra Leone, for example, access for girls in the east and north and rural areas lagged behind their counterparts in the south and west and urban areas, respectively. In Liberia primary school enrolment decreased from 48.94 percent in 1980 to 39.39 percent. In Guinea, girls were the first to be taken out of school when families were experiencing economic

hardship, while regions located in remote and hard to reach environments equally had less access to teaching-learning materials and trained and qualified teachers.

Despite SAPS, during this period, there was a call for reforms in the educational sector that reflected the heavily agrarian economy and living and working conditions of citizens in all three countries. In Sierra Leone, the new 1991 Constitution of Sierra Leone called for a return to the commitment to free, compulsory, universal and basic education, for all citizens at all levels, especially vulnerable groups, such as children, women and the disabled (Government of Sierra Leone, 1991). During the same period, Guinea reintroduced French as a teaching subject from the third year of elementary school, launched a new campaign to provide literacy training to 240,000 people in 500 centres to fight against illiteracy and promote the development of adult education.

On employment and labour, the recommendations of down-sizing public sector employment, removal of subsidies and liberalising trade, with its attendant loss of jobs and redundancies swelled the numbers of unemployed as remaining jobs in the bureaucracy and employment in the informal sector, were targeted. All these ills, led to discontentment and frustration, especially of the youth and the unemployed, thus providing the fertile ground for the military coup in Guinea in 1984 and ensuing wars in Liberia in 1989 and in Sierra Leone in 1991 (Reno, 1996; Zack-Williams, 1993). Companies shut down leading to significant job loss as well as income, while farmers and rural populations fled to safety in cities and urban areas (Cubitt, 2011). Women, who dominated the informal sector, especially the tourism and hospitality sectors, in the three countries were hard hit by these policies as tourism plummeted, thereby losing substantial income for their families.

In Sierra Leone the government enacted the Minimum Wage Act in 1997 and set it at Le21,000 per month, which was far from sufficient to maintain a family, due to rise in food and other commodity prices. Employees had to engage in other economic activities (farm and off-farm) to augment their incomes. Women, who form the bulk of the unpaid family and informal sector labourers, did not benefit directly from any government wage increases, and yet women provide care and maintenance for most formal sector employees as wives, mother, grandmothers and sisters.

Several new agricultural policies and crash projects were features of the SAP era in all three countries, aimed at increased area under cultivation through mechanisation and introduction of improved crop varieties, so as to increase the incomes and living standards of the rural population. These projects could not survive the harsh economic conditions of the decade, due to their wide scope and ambitious nature, huge financial requirement, heavy donor dependence, mismanagement, lack of financial support from government, government non-compliance with SAPs conditions, policy inconsistency, currency devaluation, strong interest groups/constituencies within government circles undermining the production and sale of locally produced rice, which was more expensive than the imported rice, and economic policies hurriedly conceived and inconsistent with existing agricultural policies (Kargbo, 2009).

Studies of gender analysis of the impact of SAPs, revealed that women and children were more susceptible to the shocks of the SAP policies than men, given the reduction of social sector expenditures as well as rising prices of food and other household items (Longhurst et al., 1988). More urban than rural women were hit the hardest, the studies further revealed. Increases in food prices affected urban women more than their counterparts in the rural areas due to the removal of subsidies on rice and currency floatation. As a coping mechanism, urban women

had to cut back on both the quantity and quality of their diet. Some reduced their food intake to one main meal a day. For the rural women, the currency floatation and removal of subsidy on fuel, doubled the cost of transportation and invariably the price of rice and other essential household items in the rural areas. Women could not benefit either from the increase in price of cash crop produce because while rural women worked in these plantations, it was their husbands who owned and controlled incomes accruing from its sale. Women were in charge of cultivating vegetables, cassava, yams, and sweet potatoes but these were considered as snacks and not “food” and fetched low prices relative to rice (Longhurst et al., 1988). Rural women’s multiple roles did not allow them to engage in off-farm employment in the slack labour dry season, outside their homes as the men, so they were unable to earn additional off-farm income. There were little known social remedies to alleviate the impact of the SAPs on women and children. Salary increases benefited only government employees and mostly men in the urban areas.

Beyond Adjustment (late 1990s-2018)

Three critical events characterised this era. Firstly, it coincided with the end of the rebel war in Sierra Leone and Liberia in 2002 and 2004, respectively. Post conflict recovery was therefore a major preoccupation of both governments and the international community. Huge financial resources were needed to get the countries back to the post war era, in terms of development, given the high level of destruction of both economic and social infrastructures, destruction/closure of foreign-owned businesses, high brain drain of skilled personnel and low revenue base. Poverty was pervasive and extreme, with the majority of the population living below \$1 a day. Food insecurity and malnutrition were high, especially among pregnant and lactating mothers and under five children. A majority of school-going-age children were out of school. Access to safe drinking water and sanitation was low. There was high unemployment, especially among women and the youths, the majority of whom lacked formal education and skills. There was high dependence on donor assistance for post conflict recovery.

Although Guinea did not fight a rebel war, repeated coups (1984 and 2008) coupled with mismanagement of the country’s resources through corruption, poor accountability and transparency and political interference, left the country’s economy in shambles. Like Sierra Leone and Liberia, the majority of the population of Guinea lived below \$1 a day. Access to basic services like health, education, water, sanitation, housing, electricity and roads were low. Therefore, Guinea, like Sierra Leone and Liberia, was in need of some poverty reduction strategies and policies.

To bring development, growth and jobs, all countries embarked on a series of policies to secure foreign direct flows to engage in national recovery through the Poverty Reduction Growth Facility (PRGF). Social policies in this era were again in line with the more limited agenda of neoliberal economic policy that closely followed structural adjustment, through the development of Poverty Reduction Strategy Papers (PRSPs) with liberalisation and broad-based economic reform, focusing on poverty reduction, export-led growth and job creation. Commitments were made for poverty reduction, such as stabilising and liberalising the economy, generating economic growth to service debt (Cubitt, 2010), restructuring of public sector employment, improving the environment for the private sector and the private management of public enterprises (IMF/IDA, 2002). These measures were imperative to secure eligibility for debt relief through the Highly Indebted Poor Countries (HIPC) Initiative, envisaged to lead to the creation of jobs for the waiting populace.

All three countries developed PRSPs, which focused on all major sectors of the economy. Liberia developed a Poverty Reduction Strategy Paper in 2007, in which the government stressed the need to rapidly create jobs to reduce poverty by reviewing outdated labour laws and weak labour administration, providing labour market information systems to ensure market data, including unemployment data; capacity/knowledge development for the labour force and strengthening the linkages between education and the needs of the labour market.

Sierra Leone developed three Poverty Reduction Strategy Papers, PRSP I, PRSP II (Agenda for Change) and PRSP III (Agenda for Prosperity) between 2002 and 2012. All three PRSPs had agriculture specific policies. Even those that had non-agriculture specific objectives, benefitted from increased external support, accelerated resettlement and the rehabilitation process which had a trickle-down effect to kick-start the agriculture sector. For example, Guinea developed the Soil Fertility Management Action Plan (IFS) in 2001 with the aim of helping rural communities manage their soil fertility in order to practise profitable and sustainable agriculture and new Agricultural Development Policy Letter 2006-2015, with the aim of improvement of the productivity of farms and land use conditions. Liberia developed the National Food Security and Nutrition Strategy as its blueprint in 2008, in addition to the development and implementation of several programs to support women's economic empowerment and reduce the effects of the global hike in food price. Sierra Leone developed strategies and programmes to achieve food self-sufficiency and food security, with emphasis on rice, the staple, which, unlike those in the 1970s and 1980s, received huge government and donor funds and moral and financial resources which created a strong foundation for the sector and the economy to progress as the agriculture, mining and service sectors recovered.

However, despite the steady economic growth and curbing of the inflation rate to a single digit, much of the development resources were believed to have been mismanaged with less improvement achieved than expected. Notwithstanding, the volatile global political and economic environment, the absence of reforms and capacities required by government agencies responsible for the implementation of such a policy as well as lack of political will negatively affected project outcomes.

The high donor dependence to fund these initiatives was also not sustainable. Shortfalls in donor assistance affected expenditure on poverty reduction activities including public investment in agriculture. Poverty reduction expenditure dropped as a result and did not provide the jobs that were envisaged (World Bank, 2010). The agriculture sector-which employs around two thirds of the labour force and women- did not succeed to create more jobs due to small size farms, use of manual methods of production (International Monetary Fund, 2008), lack of credit for farmers and small business entrepreneurs, the absence of a 'sound or comprehensive agricultural policy' or land reform (European Union, 2007), non-existence of rural electrification, limited value addition through processing activities, poor road networks, high cost of transportation and the refusal of the youths to return to the rural areas after the war. Increases in private sector investment between 2010-2014 did not result in the increased jobs promised.

A few examples will suffice in the education sector. Sierra Leone launched the free and compulsory education for classes 1-3. This was later extended to classes 4-6 in 2001. One junior secondary school was constructed in every chiefdom. The Girl-Child Education Support Program to increase the enrolment and retention gap between girls in the North and East of the country through the provision of free tuition, two sets of school uniforms, games tunic, core text and exercise books was launched, and the 6-3-3-4 system of education was introduced in

2000. This provided for six years of free basic and three years of junior secondary school education, and the policy of the government of paying fees for pupils taking transition examinations from primary, junior to senior secondary schools so as to lessen the burden on parents, who were already impoverished by the war.

Liberia, like Sierra Leone, renewed the policy on free and compulsory education from grades 1-6 in public schools, passed the National Policy on Girls Education; increased budget allocation for education to 25% of Liberia's annual revenue intake; established school-based gender monitoring groups in all Counties; reviewed learning materials to eliminate gender bias in language, pictures and thinking; improved school's physical facilities to protect girls from sexual abuse, employed a fulltime counsellor to advise on curricular and educational advance for girls and establishing/strengthening girls' clubs and improving on girl's entry into and retention in schools..

In Guinea, the Constitutions of 1990 and 2010 recognised citizens' (male and female) equal rights to education, irrespective of sex and placed a moral duty and obligation on parents to ensure the education and the physical and moral health of their children, while children owed their parents care and assistance. Compulsory education of youths and creating the conditions and institutions that allowed everyone to learn were assured, while guaranteeing the freedom of education and control of private schools. These policies led to an increase in the Gross Enrolment Rate in primary, lower, senior and technical and vocational education and higher education as well as an increase in the Gross Enrolment Rate for girls and schools in the rural area.

Health was one of the focus areas in the three PRSPs developed and implemented in the 2000s. In Sierra Leone, attention was paid to the reconstruction/rehabilitation of new and damaged health facilities, amending existing health care legal frameworks and policies and enacting new ones, such as the Public Health Act, 1960 of Sierra Leone; Sierra Leone Health Insurance (SLESHI) Act in December 2017; instituting a 0.5% Health Care Levy on foreign and local contractor goods and services to help toward defraying expenses for the Free Health Care Initiative; the establishment of the Central Pharmacy in Guinea in 1992, the development of the National Health Development Plan 1997 and the Public Health Code 1997, aimed at improving health care delivery and coverage; the creation of the National HIV/AIDS/STI Control Program, the setting up of the National Aids Commission in 1987 (UN, 2011) and the development of the National Health and Social Welfare Policy (2007) in Liberia.

Despite these interventions, public spending on health did not see much improvement, as health care fees were generally paid out of pocket. According to a WHO report, Sierra Leone, for example, spent just \$8 per capita in 2005, while a National Health Account Study put private spending at \$45 per capita (Ensor et al., 2008). There was less focus on attaining universal health coverage, despite international commitments pledged by all three countries.

Revitalising the productive capacities of the employment sectors such as agriculture, mining and services to ensure that citizens once again are able to engage in livelihood activities was also top priority during this era. All the three countries were largely dependent on international donor community support for funding, in the midst of severely limited human and technical capacity, especially the youth and women, and the inability to generate enough domestic revenue or pay wages.

This period also saw the regeneration of mining companies, Sierra Rutile, iron and bauxite mining in Sierra Leone, Liberia and Guinea, respectively, the recovery of agricultural production, the expansion of industry, services and construction and growth in the fishing, tourism and mining sectors. This notwithstanding, most citizens worked in the informal, family, or farm businesses sector, where working conditions remained unregulated and challenging (Global Witness, 2007).

New legislations were made to provide the enabling environment for both public and private investment to ‘soak up’ the casualties and provide jobs for those already out of work, due to contraction of state involvement in the public sector and trade protectionism. For example, the adjustment of the minimum wage for employees in the formal sector to Le500,000 in 2015 and Le 600,000 in 2020 (Danish Trade Union Development Agency, 2017), to cushion the effects of Ebola helped little to alleviate food and income poverty in the country. In Guinea the mining code was revised in 2011 to give preference to Guinean companies.

Despite these legal reform measures in employment policies, a growing number of people struggled to get their livelihoods, most notably women, former combatants and the youth (Department for International Development, 2008; International Crisis Group, 2008) as economic growth did not lead to jobs in the formal sector. Many labourers survived on less than a dollar a day – some experiencing days without food (Levin & Gerrie, 2006).

Similar to the period prior to the war, and to some extent, during, post war recovery efforts continued the relegation of women to their traditional inferior status and unpaid family labour for reproductive, productive and community development roles. Upon return to their villages, men reverted to their traditional roles and responsibilities as heads of the families. Women were once again relegated to their inferior status as unpaid family labour, with little involvement in decision-making. Without arms and ammunition to qualify them for demobilisation, resettlement and reintegration, they again lost out on important skills training, handouts of agricultural tools, seeds and credit for rehabilitation of plantations and revitalisation of food crop farming.

The third critical event marking this era, common to all three countries, was the Ebola Virus Disease outbreak in 2014, which had devastating effects on all sectors. It exposed the already weak health sector (under-resourced personnel and medical facilities) (Maestad & Shumbullo, 2020) in these countries and retrogressed the post-conflict and post SAP gains (Buddy, 2015). The unpreparedness of the health sector in all three countries exposed many citizens and health workers to infection and death. For example, a total of 10,678 suspected, probable and confirmed cases and 254 deaths were recorded in Liberia, including 41 health workers (CDC, 2016). In Sierra Leone, over 3,000 people died including 300 health workers as well as 12 medical doctors. Whilst in rural areas, the situation was far worse; lots of lives were lost due to poor infrastructure, especially bad road network and inaccessibility to medical care; thus, crippling the already broken system and deteriorating post-war progress.

On the education front, closure of schools increased girls’ vulnerability to sexual abuse, rape and unwanted pregnancies. For example, in Sierra Leone, during the eight-month school period when schools were closed, more than 18,000 girls became pregnant, victims of transactional sex (as Ebola caused significant financial hardship for families), as well as instances of sexual violence and rape (Calimoutou, 2020). Moreover, in 2015, at the end of the Ebola outbreak, the situation was made worse for these girls by the institution by government, the policy banning pregnant schoolgirls from attending school. The policy was criticised by human rights

and gender activists as a violation of the rights of girls to education and discriminated against girls. The ban remained in place until March 2020 when it was overturned by the ECOWAS Court and rescinded by the government. Suspension of flights, partial or full shut down of tourism and mining establishments, restrictions on the movements of people and employees' dismissal or reduction in work hours, led to the disruption of economic and social activities, and thus, employment. The outbreak again caused significant loss of revenue and a massive reduction in international arrivals. Women, who dominated the informal tourism sector, were largely affected.

The Ebola Epidemic also undermined nutrition and food security and farm income by preventing farmers from harvesting, planting and marketing due to movement restrictions on people, agricultural inputs, food supplies and produce and ban of period markets (Lumas). For example, the Koinadugu Vegetable Women Cooperative in northern Sierra Leone suffered huge post-harvest loss during the Ebola Quarantine and are now struggling to repay Union Trust Bank loan, Le 250,000,000 (around \$30,000), which they took to buy seeds and fertiliser for growing vegetables (Sewa News Stream, 2015). Decline in nutrition screening, followed by increased diagnoses of acute malnutrition post-outbreak, were observed and reported. In Liberia, food shortages resulted in hoarding of food by traders and hike in prices of basic foodstuffs. Banks were flooded with people needing money to purchase and store food in their homes (Wilkinson & Fairhead, 2017). In Guinea, similar incidents occurred.

Various quick action interventions were adopted across sectors to ameliorate the effects of Ebola, ranging from food and cash transfers, especially of vulnerable groups-aged, persons with disability, street beggars, widows, sick persons-, free health care services, assistance with agricultural inputs, deferred tax payment of private sector business, payment of three month's salary to staff in the tourism and hospitality sectors.

These responses have been, however, criticised as very temporal, limited in its effects and concentrating on vulnerable groups, instead of all persons affected by the pandemic. It's less empowering and welfare focus is another shortcoming of these emergency transfers. Donor and international community assistance in fighting Ebola was criticised as being a continuation of policies of SAP, as in the midst of Ebola, some continued to fund their pet projects, while paying lip service to improving the general health system in these countries.

Sierra Leone's situation was made worse in 2017 by floods and mudslides occurrences, which resulted in the loss of life of over 1000 people and over 3,000 displaced persons. The victims were mostly women, children and residents of poor economic means that lived in squatter settlements and poorly constructed houses in Freetown. Only a few of these victims benefited from compensation, the free health services, accommodation and psycho-social counselling and trauma healing provided by the government and other humanitarian organisations.

With regards to the Ebola Response activities, studies showed that there was a lack of gender sensitivity as most of the personnel in the Ebola Response Command structures were males, which also tended to either ignore, trivialise, or overlook the needs and dimensions of women and girls in the planning, implementation and monitoring of the epidemic (Lahai, 2020).

The Era of COVID-19 (2019--)

As the three countries were recovering from the Ebola Virus Disease infection and natural disasters, in the case of Sierra Leone, specifically, Covid-19 again struck between 2019-2020, and stalled all development processes. To prevent the spread of the infection as well as mitigate

the impact of the disease, all three governments declared a state of health emergency and put measures in place, ranging from reducing human and transport mobility between and within countries, districts, towns and villages; closure of educational institutions, airports and border points and periodic markets; closure, suspension or reduced working hours or activities of some businesses; strict observance of hygiene practices such as hand washing, use of face masks, especially in public places, observing social distance, and epidemiological surveillance; secured border points; conducted screening; took care of the infected; provided logistics and operational support; and fostered communication and community engagement all in a bid to slow down and eventually contain the disease.

Covid-19 containment measures affected in varying degrees all the four sectors under review. For example, the health sector, which had been rendered vulnerable during the EVD pandemic, was again destabilised, affecting health care delivery in these countries. General health care was put on hold. Healthcare personnel remembering the EVD outbreak, and the lives lost, turned down patients, with some even closing their privately-owned clinics. Many citizens lost their lives as a result. These challenges coupled with insufficient healthcare personnel and medical supplies also raised the number of non-COVID-19 death rates. The number of deaths for Covid-19 was put to 287 in Liberia, 125 in Sierra Leone and 447 in Guinea (Marie-Hélène Doucet, et al; 2021, WHO, 2022). Government restrictions to prevent COVID-19 from spreading heightened GBV cases against women, girls and boys. In Liberia, for example, schools closure had direct impact on incidents of sexual and gender-based violence, which increased sharply from 330 in 2019 to 457 in 2020 (reported cases), unwanted pregnancies and untimely deaths due to unsafe abortion and complicated birth, with inadequate access to emergency care (Kawah, 2022). The referral pathways for SGBV cases which included access to health, justice and counselling that were already limited was completely disrupted during COVID-19.

The COVID-19 outbreak gave rise to some of the same concerns as during the Ebola outbreak, particularly around inequities in access and retention in schools. The closure of schools raised concerns around teenage pregnancy (Peeters et al., 2009) and worsening education outcomes due to missing school. For Sierra Leone, the closure of schools on March 31st, even before the first Covid-19 case, was near to the end of the second term for most schools, and so overlapped with the Easter holiday period. Nevertheless, schools were closed for over 6 months. Similar to Liberia, an increase in gender-based violence and pregnancy among school-going girls as a result of long and potential physical contact with male household members and male neighbours during closure of schools was observed (Meriggi, et al; 2020).

Measures were put in place in all cluster countries to strengthen the educational system and to lessen the effect of Covid-19 on the education of pupils and students, especially girls. These included: the setting up of distance learning courses on digital platforms, radios and televisions, paper course materials developed and distributed to students, distribution of hand washing kits to all public schools, disinfection of school premises, increasing the number of classrooms to reduce overcrowding, and the training of public school teachers and education managers in child centred pedagogues to adopt participatory facilitation approaches as well as integrating psychosocial support. These efforts were aimed at minimising the negative impacts of school closure.

While these were commendable efforts, technology (television, smartphones, internet access) inequities nevertheless constrained access along gender and rural-urban lines. According to the Multi-Indicator Cluster Survey (MICS) 2017, more urban (67%) than rural (44%) population

had access to radio, television, smartphone and internet access. According to Afro-barometer data collected in 2020, only 30.4% of respondents had phones with internet access, of which 27.3% were women compared to 33.6% men. Rural disparities were also noted between rural (9.8%) and urban (56.5%) areas as well. Thus COVID-19 served to reinforce both regional as well as gender inequities in terms of access to education. In Sierra Leone the radical inclusion policy, developed in March 2021, mitigated the potential inequalities in the educational sector, which provided a road map for schools to follow to ensure that no child is left behind for any reasons, whether due to pregnancy, disability or other causes. The COVID-19 pandemic had dire economic consequences of not only claiming lives, but bringing livelihood activities of most people to a halt, through lock downs, suspension or reduced working hours or activities of some businesses and resulting in loss of jobs, temporarily or permanently as well as reduced/dwindling income, thrusting vulnerable households into poverty (Cuccaro et al., 2021; Meriggi et al., 2020; MIT GOV/LAB et al., 2020). The hardest hit sectors have been trade, tourism, transportation, agriculture, fisheries and manufacturing and the informal sector dominated by women. The uncertainty created by COVID-19 also delayed the inflow of foreign direct investment into the economy.

Job losses resulted in increased unemployment among the youth and women. These losses along with other measures such as COVID-19 containment and movement restrictions all carry the potential to trigger instability (Parekh, 2020). For women and girls, COVID restrictions also resulted in increased reproductive and household maintenance roles such as childcare, food preparation, cleaning of the home and laundry. Given that the role of looking after sick family members traditionally fell on women and girls, care and post care of COVID-19 patients also increased the workload of women, who, unfortunately, had little care when sick, especially from male household members (Srivatsa, 2020). Results of a UN Socio-Economic Response Plan for Sierra Leone survey revealed that the burden of providing food for the family also increased on women, due to restriction in marketing (regular or periodic) and movements (Meriggi et al., 2020, p. 29). Meriggi et al. 2020 also observed that most households reduced the number, quality and quantity of cooked meals per day.

Sierra Leone adopted a series of social safety net responses to the covid-19 pandemic. These ranged from emergency cash transfers; food assistance to vulnerable groups such as the disabled, aged, widows and the homeless; micro credit schemes to Small and Medium enterprises (SMEs); bailout to State-Owned Enterprises; support to the tourism, labour (in the form of public works) and agriculture sectors to support food production activities; and support for the development of a gender strategy for women's participation in the formal economy. The latter included support for market linkages, access to financial services and other opportunities for women-led business through knowledge exchange, and strengthening women's network with other entrepreneurs through mentoring and coaching.

In Liberia, the economic activities of every individual in the country was severely impacted during the COVID-19 era, due to the national lockdowns, airport, border, market and business closures. The most vulnerable groups, especially women and young, who operate mostly in the informal sectors, were worse hit, losing their livelihood means. The gender employment gap deepened, causing women to be overburdened with more care and household maintenance duties. The few women employed in the formal sector, had the double tasks of working from home and caring for the family, ensuring that everyone is fed and the children and the aged were taking care of. The Government took decisive economic actions by harmonizing the wage bill, eliminating allowances, easing inflation and extending benefits to the poorest Liberians, who earned in Liberian dollars in a dual currency economy.

In Guinea, in April 2020, the United Nations System (UNS), in its support plan for Resilience and Socio-Economic Recovery, conducted a preliminary multi-sectoral analysis of the COVID-19 impact in Guinea to prepare and ensure socio-economic resilience. The objective was: to support the formal and informal productive sectors, in particular SMEs and start-ups, in order to mitigate the shocks pertaining to COVID-19; to support the adaptation of the operating methods of economic actors and the protection of jobs; create community productive assets and their use for local production of basic food products, in sufficient quantity and quality, while ensuring a viable distribution chain; and ensure business continuity in strategic sectors such as energy, agriculture, mining, telecommunications, and transport. Between November 27th and 29th 2019, a workshop for the appropriation of the Steering Committee for the development of the National Employment Policy in Guinea was launched, with the objective to validate the employment policy document.

One characteristic of COVID-19 responses, not only in Sierra Leone, but in the sub-region, has been the high dependence on donor funds, the focus on vulnerable groups and one-off relief type measures that are less transformative and not focused on people's strategic and long-term needs. For example, under the Quick Action Economic Response Programme (QAERP), in addition to the support provided to health workers in the form of health insurance, tuition fees for their children and provision of food and lodgings, the World Bank scaled up its Social Safety Net (SSN) managed by the National Commission for Social Action (NaCSA), from US\$7 million during Ebola to US\$26 million for COVID intervention, thus allowing SSN to target an additional 35,000 extremely poor households throughout the country; and increased beneficiary household receipts from US\$ 15 per month over the course of three years, which represented 15.2% of average monthly household consumption among extremely poor households, to US\$ 30 monthly for nine months. In another initiative, the World Bank provided a one-time cash transfer to 29,000 households with informal sector workers in the cities of Freetown, Bo, Kenema, Makeni, and Port Loko (Meriggi et al., 2020). Seventy (70%) of the beneficiaries were females (Meriggi et al., 2020). Also 960 (40.5%) of women benefited from Government support to affected employees under the SSN, by providing a month's wage salary for a three-month period (April-June) out of 2, 368 workers.

An additional response to lessening the impact of COVID-19 on women was the launch of the Sierra Leone Chapter of Women in Tourism for Women's Empowerment in Entrepreneurship in the Tourism sector sponsored by the World Bank in 2019. However, there was an absence of information from NaCSA, on, for example, the gender composition of the selection team; eligibility criteria for the SSN, such as the gender of household heads, single mothers, widows and persons with disability; gender composition of the distribution team; lessons learnt in the SSN activities that has implications for gender sensitivity for future programmes, and disaggregation of recipients by location (rural/urban), occupation and disability. Answers to the above issues could have greatly illuminated the level of sensitivity to gender issues when planning social action policies.

Like international donors, the Government of Sierra Leone also focused social protection under COVID-19 to vulnerable households, those in livelihood sectors most affected by the outbreak and the informal sector workers. These protection measures included: Le 4 billion (US\$ 405,928) of cash and in-kind transfers to persons with disability (PWDs). A total of 11, 367 households received Le250,000 Leone (\$25) and 25 kg of rice and in-kind support was provided to more than 11,000 persons with disabilities during the two rounds of lockdown.

However, it appears that few citizens benefited directly from COVID amelioration measures. Results from a multi-country Afro-barometer study of five West African States (Benin, Niger, Senegal, Togo and Liberia) suggests that government COVID-related assistance only reached a minority of citizens. Outside of Senegal, where a majority reported receiving support, less than one in ten citizens benefitted, including just 9% in Liberia (Seydou, 2021). Similar to Ebola, the lack of gender sensitivity was also seen in the governance structure and staffing of the COVID-19 Emergency Response Centre, which was overly male dominated from the Presidential Task Force (where only the Minister of Social Welfare and Gender and Children's Affairs, was a female) to the Technical Response Team, the seven pillar Leads (only one female) and the Scientific and Technical Advisory Group. And yet there are more female frontline workers in the lower cadre of the health system who are most affected by health emergencies. The near absence of women in the COVID-19 Response Command Structure led to responses that were gender-insensitive, such as the initial failure to provide sanitary pads for females, the non-provision of baby formula and use of common toilet facilities by both males and females in the quarantine and treatment centres (Lahai, 2021).

Notwithstanding the efforts noted above, the emphasis on social protection measures in the employment sector have focused heavily on those perceived to be most vulnerable; have not necessarily been gender sensitive, nor have they made much effort to broaden the productive basis of the economy, expanding jobs and thus potentially strengthening livelihoods.

Several assessment studies have been done to identify the impact of COVID-19 on the agriculture sector and on food security as it coincided with land preparation and planting, while periodic markets in rural areas were banned. There is a general agreement between and among all these studies that: a) COVID-19 pandemic has caused a sharp decline in living standards and rising food insecurity; b) at the household level, increasing income inequality and food insecurity are imposing greater burdens on women and women headed households, especially, who experienced elevated rates of food insecurity, lower food expenditures, reduced meals, small parcels of arable land, few assets and livestock than male headed households; and c) women suffered and continue to suffer more than men in almost all respects at the household levels, ranging from food insecurity to receipt of cash grants, from job losses, to revenues earned, and rapid exhaustion of savings – where these exist – and the sale of assets (Meriggi et al., (2020); FAO & WFP, 2020; Solis et al., 2020).

The Guinean government put in place a program to combat food and nutrition insecurity through: the social safety program; high labour intensity public works projects (HIMO); intensification of the school canteen program, particularly in rural areas, with the support of the World Food Program (WFP). Liberia also adopted cash transfers, in-kind food assistance, as well as provision of safe drinking water to poor and depressed settlements during the lockdowns.

As if COVID-19 has not dealt enough to the economies of these three countries, the February 24th 2022 conflict between Russia and Ukraine triggered turmoil in the financial market. Russia is the 3rd largest oil producer and the largest wheat exporter in the world, while Ukraine is the key producer of corn and wheat (WTO, 2022). On the day of the invasion, there was a surge in the price of oil, natural gas, metals and food commodities. This surge has affected the transport and food sectors of most economies, including Sierra Leone, Liberia and Guinea. In Sierra Leone fuel price has increased thrice from NLe 12 to NLe15 to NLe18 and now to NLe

20 since the crisis, invariably increasing transport and food costs. The price of bread has increased, while the size of a loaf has shrunk. The price of the country's staple, rice, has also increased dramatically to close to NLe 600/50 kg. There is a shortage of fertilisers in the market, which has resulted in increased prices and thus affected food production. Citizen hardship has increased, contributing to a street protest on the 10th of August, where lives of civilians and security personnel were lost and damage to both public and private properties were estimated to be billions of Leones. Similar street protests have been reported in Liberia and Guinea. Very little, in the way, of social and financial policies to cushion the effect of the Russia-Ukraine conflict is known to have been taken by all three governments. Citizens have had to devise their own coping mechanisms such as reduction in the quantity of rice consumed to reduce mealtimes to only one. Some households in the urban areas have resorted to buying cheap and not so nutritious already-cooked meals for the family as it is now very expensive to prepare meals. Whether the Russia-Ukraine war comes to an end now or later, the effect of the war on the economies of developing countries, especially, will linger on for a long time.

Conclusions

It is clear from the discussions above that all three countries have seen limited social policies across all thematic periods and within all examined sectors. During the colonial era, notwithstanding the slightly better social policies for a subset of the population in both Liberia and Sierra Leone, social policies overall were largely developed with the benefit of the metropole in mind. Serious social policy was not considered in the early days of colonial rule of Guinea and Sierra Leone and where social protection schemes existed, it was either exclusively for the citizens of the urban/colony employed by the colonial powers or for white settler populations. In education for example, policies were geared toward creating a cadre of trained Africans that could serve the colonial regime, with a focus on skills that could complement their rule. Women were marginalised - they were the last to gain access to education, and were trained in domestic skills over agricultural and technical skills that were more likely to lead to access for employment and income. In health, the policies protected the wellbeing of colonial powers, with a heavy focus on disease prevention. In agriculture, a priority was the production of cash crops for export rather than food self-sufficiency. This had additional gendered implications with women relegated to subsistence farming and unable to benefit from both investments in as well as revenue from cash-crops. The concentration of access to land in the hands of male authorities including paramount chiefs furthered this exclusion and marginalisation. In terms of employment and labour while social security was slightly more developed in Guinea, it was still limited across all three countries. In Sierra Leone, citizens in the Protectorate or non-white settlers would continue to use the traditional form of social security of family, self-help, *osusu* or mutual savings groups clubs to take the place of the lack of social safety nets provided by the state.

In the transition to independence, all three countries were exemplars of the developmental state, where the State felt that for development to take place, it was necessary to address social sectors like health and education. There were attempts by newly independent states to provide more for citizens, seeing provision of social services as a primary way to increase economic development within the country. States tried to expand services such as education beyond the minimalist aspirations of colonial states that focused on skills of benefit to colonial powers. But states were constrained by funds, and a need to promote urban masses at expense of rural ones. Agricultural policies favoured urban masses at the expense of the rural populace, with investments made in sectors such as mining and industry, which all collapsed given corruption in the ISI policies. And while, this period was overall marked by a sense of optimism, the global

economic crises of the late 1970s contributed to a situation wherein the three MRU countries were forced to turn to the international financial institutions (IFIs) such as the International Monetary Fund (IMF) and the World Bank (WB) for loans. The adoption of these programs as noted earlier resulted in extensive cuts in expenditure as well as decreased investment in sectors including education, health, employment and agriculture. Concerns with the “bloated” nature of the State underpinned Structural Adjustment Programmes (SAPS), and the call for retrenchment, privatisation and decrease in social spending as embodied by the Washington Consensus exacerbated vulnerabilities in the 1980s. While the expansion and intensification of capitalism in structural adjustment strengthened the need for social protection, paradoxically, the call for a more limited state and for a reduction in social spending meant that social protection policies could not address the widespread poverty and suffering that citizens faced, contributing greatly to political instability. In Guinea, in 1984, a military coup followed the death of the first president of the country, with civil unrest following soon after in Liberia and Sierra Leone.

SAPS had an undue impact on women and girls. For example, research shows that girls are the first to be removed from school when families face economic hardship. Policies also often failed to reach women, as can be seen for example, in Sierra Leone, where women’s greater representation in the informal sectors meant that they did not benefit from government wage increases. Rising food prices and other household items also impact women who are often responsible for these purchases. t

For some scholars, the reduction of social expenditure during the structural adjustment era exacerbated the impacts of the Ebola outbreak, coming as it did on the backs of broken health care systems that had been weakened by both war and low spending on health care. While the post Structural Adjustment era focused on the development of PRSPs geared at addressing poverty, the continued focus on broad-based economic reform, with a neoliberal agenda, prioritising liberalisation limited positive impact. Despite the commitments made for poverty reduction and economic growth, the focus was on stabilising and liberalising the economy, generating economic growth for debt servicing, and privatisation. The lack of genuine government reform and capacity building, political will and continued focus on donors in the driver's seat and limited funding are among reasons for continued lack of development. In health, notwithstanding the construction of new facilities after war, and the development of national health plans and policies, out of pocket expenditures remained high and little progress was made on universal health care. Moreover, employment continued to be concentrated in informal, family or business sectors despite efforts to strengthen and expand mining, and industry sectors like fishing and tourism, with low minimum wages doing little to alleviate poverty. This was exacerbated by the Ebola outbreak, which exposed a still under-resourced health sector resulting in significant casualties, as well as led to the retrenchment of service sectors that suffered from closure of tourism activities, exacerbated gender-based violence and increased teen pregnancy. Policy responses suffered from limited scope and reach as well as continued vertical funding foci.

While the call to strengthen health systems was one of the most urgent after the Ebola outbreak, the COVID-19 outbreak has underscored how weak the efforts at rebuilding really were. Similarly, as we have noted above, it has revealed the continued weaknesses of social policies implemented in all three countries. For example, policies across all three countries that prioritise emergency cash transfers and food assistance to vulnerable groups like widows, disabled and the aged, micro credit schemes to SMEs, limited agricultural support and attempts to bring in women, through for example providing expanded access to financial services and

markets as was done in Liberia still suffer from limitations. One characteristic of COVID-19 responses, not only in Sierra Leone, but in the sub-region, has been the high dependence on donor funds, the focus on vulnerable groups and one-off relief type measures that are less transformative and not focused on people's strategic and long-term needs. Most of the institutional structures set up to address the outbreak were male dominated, further limiting prioritisation of women's needs. Moreover, Afro-barometer data suggest that few people actually benefited from government welfare interventions.

As COVID wanes across the continent, and policy actors look at how to build back better, this research suggests the importance of looking at the experiences of neighbouring countries in particular and across Africa more generally to see what we can learn from each other. This includes moving away from neo-liberal approaches that still continue to dominate macro-economic policies, and yet, unduly disadvantage countries in the global south. Transformative social policy also suggests the importance for holistic social policy interventions - looking at the ways in which health, education, agriculture, labour and employment are all complementary, rather than addressing them in silos. It is also important to move beyond a focus on the most vulnerable and to see how best to implement policies that can benefit all citizens. Social policy needs to be envisioned as playing a central developmental role, rather than an adhoc process to address those deemed to have suffered the most from a particular crisis. As Mkandawire (2006) has suggested, all four components of social policy must be engaged at the same time - distribution, protection, production and reproduction. Gendered analysis must be done at every stage, otherwise we will continue to see social policy that makes lip service to concerns around the unequal impacts of social policy on men and women. We know that men and women participate in the economy in different ways and that gendered norms and values have led to women's unequal participation both at the household and non-household levels. This means addressing women's so-called 'traditional roles' in ways that place equal value on and recognition of both the economic worth of activities such as childcare and household duties, but also makes provision for the care economy as part of employer benefits. Findings highlight the developmental role of social policy, even as it addresses issues of intrinsic value such as social protection, equality and social citizenship, and call for rescuing social policy from the residual role it was assigned during much of the 1980s and 1990s.

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