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RESEARCH ARTICLE

RELIGION AND CONDOMS: LESSONS FROM INFORMAL TIES BETWEEN HEALTH WORKERS AND NON-GOVERNMENTAL ORGANISATIONS FOR HEALTHCARE PLANNING TO ADDRESS HIV AND AIDS IN AFRICA

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ABSTRACT

The literature on HIV and AIDS management has identified religious beliefs as obstacles to condom acceptance to minimise the spread of the disease. Ways to overcome such beliefs do not appear to have received adequate scholarly attention and so little is known about how to deal with religious beliefs to promote condoms. The purpose of this study is to show that although informal ties that are neo-patrimonial have been claimed to undermine the implementation of public policy, the trust that inheres in such informal relations across the local state and sections of civil society that mobilize around the disease can help to overcome these beliefs and win peoples' support for condoms. Five out of the ten municipalities that top in HIV and AIDS prevalence in Ghana were purposively selected and studied through a cross-case approach. Detailed qualitative interviews were held with health officials and leaders of Civil Society Organisations that mobilize around HIV and AIDS. The study revealed that informal relations between these key officers enabled the Health Directorates and CSOs to develop joint efforts around the disease. These enabled them to shape religious beliefs positively towards condoms. The findings suggest that the conventional view that informal relations have the tendency to undermine policy implementation cannot be entirely correct. These ties can equally have positive developmental effects. The organisation of joint programmes among policy implementers and beneficiaries need to be encouraged for informal ties to be built widely and dense to promote transparency and minimise their weaknesses.

INTRODUCTION

Among the major concerns in the early decentralisation literature is that whether decentralisation reforms fail or otherwise will depend on adequate financial and human resources. In recent times, a number of scholars have focused on socio-political factors as important determinant of the performance of decentralisation. Consequently, political commitment from central governments, issues of elite capture of the reform process, and the legal and institutional framework within which local government bodies operate have received much scholarly attention (**see Crook, 2003; Boone, 2003; Robinson, 2007; Grindle, 2007; Oyugi, 2008; Awortwi, 2010**). Both early and recent literature do not adequately address social and cultural issues such as informal networks across decentralised state institutions and civil society as having the potential to shape both the process and outcome of decentralisation policy. Factors that can also help to explain the performance of decentralisation in the African context include local cultural and social forces and how these forces govern the engagement of public officers with service the day-to-day working of public officers. Often the relationships between public officers and citizens in this context are neo-patrimonial in the sense that public officers mostly tend to use their access to the state and their control of public resources to benefit sections of society with which they have political, social, and cultural connections. Such actions largely exclude other sections of society and deprive many poor people from benefiting from public resources. It is on this basis that informal relations are criticised as undermining the performance of public officers (**Blundo and Olivier de Sardan, 2006a; Blundo and Olivier de Sardan, 2006b; Bierschenk, 2008; Leonard and Pitso, 2009; Kelsall, 2011**). Although there is mounting evidence to support this claim, it can also be argued that this cannot always be the case. There are ways in which informal ties may facilitate the achievement of positive developmental outcomes by prompting cooperation between the state and civil society organisations (CSOs) at the local level to the benefit of wider society. The argument of this paper is that informal ties matter in this context and needs to be explored and incorporated into the plans for the planning and implementation of policies on condom use as a means to reduce the spread of HIV and AIDS.

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MATERIALS AND METHODS

Out of the 10 administrative regions in Ghana, the four regions that topped in HIV and AIDS prevalence were purposively selected for the study. In each of the regions, the major citiy was chosen due to high population concentration in these areas; these are Koforidua in Eastern Region, Obuasi in Ashanti Region and Ho in the Volta Region. For the Brong Ahafo region, in addition to Sunyani, the regional capital, a second settlement (Techiman) was chosen because this settlement is considered to be high risk area for a number of reasons: high HIV and AIDS prevalence, a popular nodal settlement considered to be vibrant market centre in West Africa and a resting point for heavy duty long-distance vehicle operators from neighbouring Burkina Faso, Cote D'Ivoire, Mali, and Niger (**see TMHD, 2007; 2006**). The selected cities are also the seat of the Municipal Assembly, the highest political authority in Ghana's decentralization scheme.

The study employed detailed qualitative interviews with senior officers from each of the Municipal Health Directorates and leaders of non-governmental organisations (NGOs) involved with HIV and AIDS in the municipality. For each municipality, the top three NGOs that mobilized around HIV and AIDS were selected. Those interviewed from the Health Directorates included the Municipal Health Director (MHD), the HIV and AIDS Focal Person and Disease Control Officer (DCO). For the NGOs, the leaders (Directors) were interviewed. All these respondents were first asked to indicate the existence of the selected ties with other officers; these are religious affiliations, ethnic ties, neighborhood/family networks, old-school ties and political party networks. The chairpersons of all the sub-committees of each Assembly (local legislators), who are considered to be high profile members of the Assembly were interviewed as key informants to corroborate the existence of the informal ties between health officers and NGO leaders. Health officers and NGO leaders were also asked about how they collaborate around the implementation of HIV and AIDS policies through the promotion of condom use when the Ghana Health Service and Teaching Hospitals Act, 1996 (Act 525) does not establish a clear framework for such collaboration (**Republic of Ghana 1996**). Collaboration as used in this paper is the development of joint efforts or common interest around condom promotion. Table 1 which shows the nature of informal ties, their strength and the processes for determining the strength have been presented under the findings where Table 1 is presented. The data comprise texts and narratives of how health officers and NGOs work.

Challenges of fighting hiv and aids in developing countries

There are a number of areas of focus at the global level for the management of HIV and AIDS which have attracted the attention of healthcare planning in many developing countries. One of these areas, which has informed Ghana's HIV and AIDS policy and which has been widely accepted as a means to address HIV and AIDS, is the promotion of the use of condoms (**Chamratrithirong *et al.*, 1999; Isarabhakdi 2000**). For example, in Thailand, the Ministry of Public Health designed and implemented a programme to promote universal condom use by commercial sex workers (**Chamratrithirong *et al.*, 1999**). Similarly, the increase in condom use has been used as the basis to judge Uganda's success story in reducing HIV and AIDS (**Asingwire and Kyomuhendo, 2006**).

There are religious leaders who oppose the policy to promote condoms (**Adongo and Philips *et al*., 1997**). In a study on HIV and AIDS-related beliefs and behaviour among adolescent and young adult rural-urban migrants in Nigeria, Smith (2004) found that most Christians did not accept the use of condoms mainly due to religious beliefs. **Keele *et al*. (2005)** also found that Islamic belief was a major factor in the low condom usage in Matemwe, Zanzibar. The Catholic Church in particular does not accept condom use even among married people (**Baffour, 2000**). The belief is that the Bible and the Quran view the use of condoms to mean taking human life.

There are volumes of HIV and AIDS literature suggesting that the management of the disease is constrained by a complex mix of cultural practices, social norms, and beliefs (**Mayhew, 2000; Baffour, 2003; Evans *et al*., 2003; Anarfi, 2003; 2006; Esplen, 2007**). For example in KwaZulu-Natal Province, Maharaj (2001) found that, culturally, most people had the perception that the use of condoms was a sign of infidelity. Such perceptions can encourage stigmatisation and discrimination against people who use condoms and thus discourage condom use. In spite of the many works pointing to religious barriers to addressing HIV and AIDS, very little is known about how these can be overcome. This paper seeks to contribute to the discourse around how these barriers can be overcome. It argues that the religious challenges confronting the promotion of condoms emanate from the over-reliance on the formal institutional approach, which is the ABC approach - *a*bstinence (A), *b*eing faithful to one's partner (B) and *c*ondom use at all times (C) being championed and implemented by Ghana government with huge funding from donor partners such as the United States Agency for International Development (USAID) (**Kuumuori *et al*., 2012**). This approach assumes that Africans and Ghanaians in particular will accept the condom message. This overlooks the fact that in Africa religion and faith shape peoples' attitudes towards their sexual and reproductive health choices. In addition, many life choices are heavily influenced by informal relations such as family and kinship ties, neighborhood networks, political party affiliations and religious ties. These informal relations can be used to find solution to the condom issues. This is where informal relations that can be said to be neo-patrimonial can offer some answers.

The role of neo-patrimonialism and informal relations in africa

Informal relations that are neo-patrimonial have been claimed to undermine government performance in many African countries (**see Blundo *et al*., 2006a; Alou, 2006; Kelsall, 2011; Leonard and Pitso, 2009; Bierschenk, 2008**). Emerging evidence from works on politics and governance in Africa has suggested that neo-patrimonialism and by extension informal ties cannot be said to be necessarily incompatible with developmental outcomes (**Booth, 2011; Crook and Booth, 2011**). Unlike formal ties that are relationships

established by laws, **Coleman (1991)** has noted that informal ties are relationships between people at a personal level. They may include a complex combination of "weak ties (relationship with acquaintances and friends of friends) and strong ties (relationship with friends, relatives, and neighbours)" (**Granovetter, 1983: 207**). The common types of these ties in Africa are religious affiliations, family and kinship ties, ethnic identities, neighbourhood relations and political party networks. So when can these relations enable or undermine government performance?

Bratton and van de Walle (1997) have noted that neo-patrimonialism is present when individuals govern with their own power and prestige, power is personalised, ordinary people are treated as an extension of the powerful man's household. Ordinary people have no rights or privileges unless conferred by the ruler, and rights, benefits and other privileges are extended to selected *loyal clients* of the patron. Neo-patrimonialism therefore exists in a symbiotic relationship with established formal and legally accepted institutional arrangements in many African countries.

Olivier de Sardan (1999: 28) has argued that corruption is a characteristic of neo-patrimonialism and that it "has become, in almost all African countries, a common and routine element of the functioning of the administrative apparatus, from top to bottom..." In describing the extent to which corruption has become endemic in public administration in African states such as Niger, Benin, and Senegal, Blundo and Olivier de **Sardan (2006)** conclude that there is a wide gap between the actual functioning of the government and the way in which the government is supposed to function, based on organisational arrangements and legal framework and that the functioning of the state is largely informal.

In recent times however, an improved understanding of Africa's socio-political systems has raised concerns about the conventional thinking in the neo-patrimonial literature that informal ties are detrimental. Scholars in the Africa Politics and Power Programme (APPP) support this assertion. As noted by **Kelsall (2011: 76)**, "...emerging body of research has begun to question whether clientelism, corruption and rent-seeking are as detrimental to development as once believed..." Under certain conditions patron-client relations and rent-seeking may not undermine government performance. According to Booth (2011:3), when thinking about pathways towards development, it is worth distinguishing among the different forms that neo-patrimonial rule can take. We should at least consider the possibility that there are forms of the neo-patrimonial state that combine patronage politics with quite a high degree of developmental effectiveness. In their comparative work on governance systems characterised by neo-patrimonial relations across Malawi, Niger, Côte d'Ivoire, and Ghana, Crook and Booth and other APPP scholars suggest that neo-patrimonialism, and by extension informal relations, might not always undermine governance and that recognising and working with the socio-cultural and political realities in Africa would mean neo-patrimonialism is harnessed for "developmental ends" (**Kelsall, 2011: 76**). As noted by Crook and Booth (2011: 99) "greater recognition is needed that "what works" may be rooted in very localised and complex ways of doing things which co-exist within forms of governance which, out of necessity, are informalised and penetrated by local arrangements and pay-offs, deals and political clientelism." This is particularly so as informal structures, values, norms and practices on the one hand, and formal functioning of the state on the other hand are interwoven and knitted together over a long period of time and it is likely to remain so for long time to come (**Blundo *et al*., 2006a**).

Religious affiliations

Religion in Ghana is pervasive and everything that is done is embedded in faith. A prayer is said at the beginning and end of all state functions such as Independence Day celebrations, arrival of foreign dignitaries in the country, and Parliamentary sessions. Government officials and politicians are more accepted when they appeal to religious sentiments of the electorate, and sometimes promotion in public and private offices and access to job opportunities are influenced by religious affiliation (**Baffour *et al*., 2010; Addai, 1999; Yirenkyi, 2000; Gyimah *et al*., 2006**). There are a number of churches led by one person who is normally referred to as the 'Founder and General Overseer.' These have persuaded many people in Ghana to believe that the *devil/demon* and witchcraft are the cause of poverty and diseases including HIV and AIDS (for example **see Meyer, 1995; Agbenohevi, 2006**). They profess to provide solutions, through prayer, to all kinds of problems. Some even claim to have the power to heal HIV or AIDS patients through prayer.

The strong influence of religion means the church in Ghana is embedded within government and leaders of the church get appointed to key positions in government. As most people, including politicians, fear the consequences of being labelled with the fear of losing the votes of christians, the church's voice has become very strong. As noted by **Yirenkyi (2000)**, the church in Ghana has become more involved in politics now than at any other time in the history of the country. Clearly the influence of church leaders on policy and strategy to manage HIV and AIDS can shape the mindset and sexual and reproductive health choices of most Ghanaians which in turn can affect how successful HIV and AIDS policy is implemented in the area of condom promotion.

Family, kinship, ethnic and neighbourhood networks

The family in Africa includes the nuclear family, neighbours and the extended family. A neighbour in this paper is taken to mean colleagues at work and the people with whom we live in the same neighbourhood in the city. These are people who also live and work away from their kinsmen and families. Faced with challenges or new situations, individuals, groups or societies would develop coping mechanisms to meet the demands or challenges of the time, and strategies adopted are likely to be effective when they are drawn from enduring ways of life or their culture (**Swidler, 1986: 279**). There is no consensus on what ethnicity is (**see Young, 2004; Phinney, 1990**). This paper has adopted Young's (2004) definition that: ethnicity rests upon a variable list of shared cultural attributes. Language is primary, although not invariably present as a marker. Other defining common properties include ancestry

and kinship ideologies, cultural practices, symbolic repertoires, or modes of religious observation. It is also defined by an active consciousness of collective selfhood. The group is invariably named and its members hold a self-awareness of their collective affiliation

Young (2004) has suggested that the nature of evolution of ethnicity in Africa shows that ethnicity has been socially constructed through a number of ways. How Africans organised politics, power and authority during the pre-colonial period explains many of the contemporary ethnic identities. In most areas of the public services across Africa, the people sharing ethnic connections seem to treat each other in a special way when it comes to official or formal dealings. It is very common to find that people get connected to opportunities such as jobs, contracts, or other resources and support systems as a result of the ethnic ties they have with those who have access to those opportunities (**see Ghana News Agency, 2010a; 2010b)**.

Political party networks

Political party affiliations are also likely to strengthen these other ties particularly ethnic relations. There is huge evidence to show that there are ethnic groups known to have strong allegiance to certain political parties (**Morrison, 2004; Tignor, 1993**). We find examples in countries such as Rwanda where the Mouvement Social Muhutu (MSM) which later become the Le Parti du Mouvement de L'émancipation Hutu (PARMEHUTU) is Hutu-dominated and champions the interest of Hutu ethnic group, while the Union Nationale Rwandaise (UNR) and Ressemblement Démocratique Rwandais (RADER) champion the interests of Tutsi (**Newbury 1992**). The history of Ghana's political development gives credence to this assertion (**see Chazan (1982).**

Over the past three decades in Ghana there are claims that the Volta and a large part of the Northern regions are the strongholds of the National Democratic Congress (NDC), while the Ashanti and Eastern regions are the strongholds of the New Patriotic Party (NPP) (**Chazan, 1982**). When health officers and leaders of NGOs that work around HIV and AIDS share common political affiliation, they are likely to agree on the approach to address the disease. The condom campaigns being pursued by the NGOs can receive the support of the leaders of the political party to which all of them belong.

Old-student networks

There is huge evidence that schools, universities or training institutions enable people to establish informal ties. Ties established in schools are claimed to come with benefits so huge that in Ghana, those who do not have such ties are seen as being *unlucky*. Old-school ties mostly extend to cover persons who attended that school as it is the name of the school which provides the connection. **Vidich (1997)** has noted that depending on the situation, old-school ties between public officers can be used to access opportunities. The loyalty that exists in these ties facilitates exchanges of reciprocal and mutual support among members in the group. A kind of loyalty that is rooted in shared interest around projecting the image of their former educational institution (**Hanson, 2004; Vidich, 1997**).

RESULTS AND DISCUSSION

Nature of informal ties

The strength of informal ties in three out of the five cases was found to be high. Koforidua topped by recording 62 percent followed by Obuasi (53 percent), and Sunyani (51 percent) (see Table 1). Both Ho and Techiman recorded weak ties far less than 30 percent (see Table 1). In all the cases, ethnic relations were the predominant ties across health officials and leaders of the NGOs. The second most important network was around religious. These findings are in line with the ideas of **Young (2004) and Phinney (1990)** about how widespread and enduring ethnicity is in many parts of Africa. They confirm **Baffour *et al.* (2010), Addai (1999) and Yirenkyi's (2000)** claims that religion is pervasive in Ghana. Political party ties come next (see Table 1).

As shown in Table 1, for each case, the top three NGOs that mobilized around HIV and AIDS were represented in the second column by letters '*A*' for NGOs in Ho, '*B*' for those in Obuasi, '*C*' for Sunyani, '*D*' for NGOs in Techiman and '*E*' for NGOs in Koforidua. Those interviewed from the Health Directorates included the Municipal Health Director (HD), the HIV and AIDS Focal Person (HIV/AIDS FP) and Disease Control Officer (DCO), presented in the second row in Table 1. The informal ties considered which are represented by the first letter were religious ties (R), ethnic ties (E), Neighbourhood/family relations (N), old-school networks (O) and political party affiliations (P) (see Table 1).

The percentage of the existing ties was obtained by dividing the *existing ties* by the *total ties of 45* that each Municipality could score if all the five ties existed between all the three NGO leaders and their three health officers. A scale was used to interpret and determine the *strength* of the ties. Thus scores that were greater or equal to *50 percent* were considered to be *strong ties* and those scores less or equal to *49 percent* as *weak ties* (see Table 1).

Table 1. The strength of informal ties between health officers and leaders of NGOs

Major cities	NGOs	Health Officers			Strength of ties
		HD	HIV/AIDS FP	DCO	
	A1	E	N	-	
Ho	A2	N, E	E,P	N	11/45 =
	A3	E	N, E	N	24%
	B1	E,N,R	N,O,R	E,N,P,R	
Obuasi	B2	E,N,O,R	N,P,R	E,N,R	24/45 =
	B3	P,R	R	N	53%
	C1	N,P,R	E,N	E,N,P	
Sunyani	C2	N,P,R	N,P,R	N,P	23/45 =
	C3	N,R	E,N,R	N,R	51%
	D1	E	E	E,N	
Techiman	D2	R	R	-	9/45 =
	D3	-	P,R	N	20%
	E1	E,N,P,R	E,N,R	N,R	
Koforidua	E2	E,N,P	E,N,R	E,N,P	28/45 =
	E3	E,N,P,R	E,N,O,R	O,P	62%

Source: Field survey, May 2014

Shaping religious beliefs to accept condoms – successes

The Health Directors and leaders of NGOs in three of the cases seem to have succeeded in shaping the attitudes of religious leaders in a positive way towards the acceptance of condom. Considering the influence that religious belief can have on people's choices, this is a huge achievement. The basis to describe this as a success story is seen from a respondent whose views can be a sum of what many of our respondents in the successful cases judged their successes:

We have worked with the NGOs to break through the myths and misconceptions about condoms. Through our initiatives, many of the religious leaders now openly talk about condoms in many mosques and churches. We are now able to carry condoms to them and demonstrate their use. Our joint efforts around condoms have resulted in getting many people to voluntarily go for counselling and testing. Findings from key informants support the claims made by the health workers and NGO leaders who associated with views of this nature that condoms are now more acceptable than in the past especially among men. Condom acceptance improved in Obuasi, Sunyani and Koforidua between 2000 and 2013. For example, the study revealed that while only five men out of 20 accepted condoms in the year 2000, by 2013 about 18 out of 20 men did do so in Obuasi (**see Obuasi Municipal Health Directorate, 2014**). Similarly, the figures improved from three to 15 in Sunyani, and from six to 19 in Koforidua (**New Juaben Municipal Health Directorate, 2013**). For the women, there was no evidence that those in Obuasi talked about condoms in 2000 but the situation was different in 2013. About five out of 20 women openly discussed condoms and approved of their use. Sunyani and Koforidua also recorded increases from about three out of 20 to six out of 20 in Sunyani and from five out of 20 to about six out of 20 in Koforidua. The results from the interviews showing an increase in the number of Voluntary Counselling and Testing (VCT) was supported by documented evidence in all the successful cases (**see New Juaben Municipal Health Directorate, 2013; Obuasi Municipal Health Directorate, 2014; Peace and Love, 2013**).

For example, according to the **Sunyani Municipal Health Directorate (2007)**, the proportion of the population that sought VCT increased by about 15 per cent each year between 2002 and 2013. Additionally, persons who were diagnosed as HIV positive became confident to declare their status and form associations for the purposes of receiving care and support from Non-governmental organisations (NGOs). Results from our interviews with NGO leaders and corroborated by health staff showed that the number of people living with AIDS (PLWAs) registered by all NGOs in Sunyani increased by 39 percent from 216 in 2006 to about 550 in 2007 (**Sunyani Municipal Health Directorate, 2007**).

The views held by over 50 percent of all the religious leaders showing evidence of a shift in the position of many religious organisations in the successful municipalities can be seen from the expression of a Pastor of one of the Charismatic churches in Sunyani whose views had changed. Initially the church did not want to encourage discussions around condoms because that would mean the church was encouraging sin among the people. Following the NGO and the Health Director's HIV and AIDS awareness campaigns in the municipality he had changed his mind because he realised that unmarried and young persons in his church would engage in sexual activities irrespective of them being in the church. He added that between 2004 and 2012, there were over 100 pregnancies and illegal abortion related complications among young persons in the municipality including his church. He indicated that there was the possibility that such things could be repeated. He explained how the church had changed to now support the idea of campaigns for condoms this way:

I have personally taken it upon myself that I will spread the message about condoms. I now incorporate sex education into the programmes of our youth ministry. We invite staff from the Health Directorate and HIV and AIDS NGOs to come and have a talk with the youth. This was difficult to do in the past because I had the conviction that young and unmarried persons could fall prey to sexual temptations that can lead them to commit sin. This pastor's views give us some ideas about a positive change in the attitudes of some of the religious leaders towards condom campaigns in the successful cases. This is a departure from the conventional teaching of the church that advocates that young and unmarried Christians would keep away from engaging in sexual activities until marriage. This thinking is what informs the ***abstinence*** 'A' component of the institutional strategy which appears to be difficult to achieve (**Awusabo-Asare and Anarfi, 1999; Adzitey *et al*., 2013**).

The results from in-depth interviews with leaders of NGOs in the successful cases provide further evidence that the general attitudes of the Christian public towards campaigns for condoms have been positive. A director of one of the NGOs claimed that when she set up the NGO in 1996, she was faced with the challenge as to whether her strong Christian beliefs and principles would conflict with her programmes around HIV and AIDS and whether she should support campaigns for condom acceptance. She said:

I started supporting campaigns for condoms as a means to reduce the spread of HIV and AIDS since 2005. I am aware that some of the pastors have changed their position on this. I am a strong Christian myself and I am a leader of the women's ministry in my church. As a woman with adolescent children, I therefore thought it was ungodly to openly support campaigns and debates around the acceptance of condoms. But due to what I have learnt from my engagement with health officers and other religious leaders, I now hold a different perception which is that supporting campaigns for condoms does not necessarily conflict with Christian teachings.

I even distribute condoms at durbars. To change from the fear of breaking strict discipline rooted in religious ethics to the distribution of condoms at durbar grounds suggests a fundamental change in perception and attitude of such a highly religious person in a position of trust and a leader of the women's group in the church. These actions 5 years earlier would be unacceptable from Christian perspectives which could have cost her reputation and the trust she had built over several years as women's leader and a mother.

The role of strong informal ties in the successful cases

Our interviews with all the high profile staff at the health directorates revealed that although the Act 525 does not establish clear guidelines in respect of how the health directorates work with NGOs, the informal ties between these two was found to enable them to work better. The ties were found to be strong (refer to Table 1). These ties between officers at the Health Directorates and the NGO leaders facilitated the consultation between them. About 80 percent of NGO leaders interviewed were consulted by health staff in the design and implementation of HIV and AIDS programmes around condom promotion. The high consultation and the strong ties contributed to the development of shared interests around the condom campaigns. This finding supports the views of **Kelsall (2011) and Vidich (1997)** about the usefulness of informal ties in the development of joint and concerted efforts. For example, one of the respondents at the Health Directorate indicated that based on experiences and lessons gained from working at the local level, and dealing with religious beliefs around condoms, he adopted a strategy of embedding herself within the community as this makes it easy to develop shared interest and build trust with community members and get them to be involved in decisions that affect them.

An elected Assembly member in one of the successful cases also supported the claims that the positive change in attitudes of citizens towards condoms could not have been possible without joint efforts from the Health Directorate and civil society actors. He explained using the example of the case of the Zongo community that:

Leaders of NGOs and health officers were able to get the leaders of the Zongo areas to accept and discuss condoms openly. This was because they have become familiar with each other, understand one another and agree on many things and share the same faith. Many of them also belong to the same ethnic group. This may be so because they were able to familiarise with the people to eliminate any suspicion and win their trust. The health director and NGOs have been able to win our trust that they mean well when they talk about condoms.

Trust might explain why the Zongo community was easily accessible to the Health Directorate and NGOs to create awareness about condoms, sexual and reproductive health rights with men and women. Gaining the approval of the Muslim leaders for open discussions on condoms suggests that the leaders trusted that the joint efforts by the health staff and NGO leaders was not meant to propagate Christianity in the Zongo area. This suggestion is supported by one of the leaders of the Zongo community who said: We now trust that the health workers and NGOs have genuine intention to promote condoms and not to spread Christianity. Because of this, we all work with them to help create awareness around condoms.

Failure to shape religious beliefs in favour of condoms

Comparing results from the three successful cases (Koforidua, Obuasi and Sunyani) with the other two (Ho and Techiman), we found that the Health Directorates and NGO actors in these cases did not perform well in overcoming religious beliefs that constrained efforts to promote condoms. The rate of condom acceptance was low in the two cases when compared with what prevails in the successful cases. In the year 2000, only two men out of 20 men would accept condoms in both Ho and Techiman. In the case of women, it was only one woman who would do so out of 20 (**see Techiman Municipal Health Directorate, 2006; 2007**). By 2013, less than three men would do so in these municipalities. The figures for women were not different from the situation 13 years on. These cases may be conveniently termed as 'failed cases.'

The low rate of condom acceptance in these municipalities might be due to the poor organisation of programmes by NGOs and the Health Directorates. Activities of the numerous NGOs in these municipalities were found to be fragmented and poorly coordinated mainly due to rivalry and competition among them. NGOs competed for PLWAs because the more PLWAs an NGO has the better its chances to obtain financial resources from local and international NGOs that fund HIV and AIDS programmes. Officers at the Health Directorates had doubts about the intentions of NGOs due to the rivalry and competition. According to an officer at one of the Health Directorates:

There are several NGOs doing virtually the same thing. They all claim to have associations of PLWAs to whom they provide care and support but you hardly find them coordinating their programmes. Some NGOs fight over HIV and AIDS patients because those patients have left one NGO or another to join a different association of PLWAs under a different NGO. If they aim at improving the lives of PLWAs why would they not share ideas and resources?

Over 60 percent of the leaders of the NGOs agreed that there was rivalry among them. According to one director, this rivalry was due to the way the Municipal Assembly treated the NGOs, offering financial support to a few selected ones who had political ties with key officers in Municipal Assembly and leaving out others. This helps to explain why NGOs would perceive each other as rivals and compete for resources. The attitudes of officers at the Assembly are the basis for the heavy criticism against informal relations (**see Leonard and Pitso 2009; Blundo and Olivier de Sardan *et al*., 2006a**). This finding suggests that there are no collaborative efforts between the staff in the Health Directorates and NGOs around HIV and AIDS in these municipalities. This can undermine the development of shared interest and concerted efforts to fight the disease.

The role of weak informal ties in the failed cases

The study revealed that informal relations between health officers and NGO leaders were weak (refer to Table 1). The weak ties resulted in low consultation of leaders of NGOs, consequently there was poor coordination of programmes between the Health Directorates and NGOs and a lack of concerted efforts towards the challenges that confront campaigns around condom promotion. All the leaders of NGOs claimed that the officers at the Municipal Health Directorates did not consult with them about plans to promote condoms. According to the leader of one NGO:

My NGO provides care and support for PLWAs. We do voluntary counselling and encourage people to go for testing, and I know that there are other NGOs that also do the same thing. Even the Health Directorate also undertakes voluntary counselling and testing, they have not made any effort to coordinate our activities so we can fight the disease together. This Director's view which was similar to what we found in the other unsuccessful cases suggests that coordination of NGO activities, which is a key responsibility of the Health Directorate, was weak. Further interviews with elected Assembly members showed that this may be due to weak ties between health staff and leaders of NGOs. Part of the explanation for the existence of weak ties is that the staff in the Health Directorates and leaders of NGOs had not known each other for long. In these municipalities most of the health officers have spent less than two years at post from previous stations.

As these NGOs conducted their activities in isolation from each other and considering the reservations that staff at the Health Directorates had about NGO activities, it can be difficult for them to mobilise concerted efforts towards influencing religious beliefs.

The weaknesses of informal ties

Although NGOs in the first three cases did well, we found that all the NGOs were 'owned' and directed by individuals raising questions about their accountability. NGOs that are owned by one person might not be new as observed by Amoako (2008: 4) that "NGOs in Africa are often dominated by individuals, have few members and are prone to minimal transparency and accountability."

In addition, in all the cases there were claims that NGOs used PLWAs to make money. These claims agrees with a study conducted by **ActionAid Ghana (2007)** in Ghana which found that HIV and AIDS sufferers complained that NGOs used them to make money as indicated by one of the PLWAs, "because of us, people outside send money to these NGOs. We don't see the money. All we know is that the money has been used for us …" (**ActionAid Ghana, 2007: 79**).

Conclusion

This paper sought to show how the existence and strength of informal ties between officers at the Health Directorates and leaders of NGOs that mobilize around HIV and AIDs can facilitate the development of joint efforts required to shape religious beliefs that may serve as barriers to policies to promote condoms and ultimately fight against HIV and AIDS in Ghana. The findings both challenge and support the claims in the neo-patrimonial literature. It was found that informal relations seem to play significant role in making resources available to the selected NGOs from the Municipal Assemblies. If these resources are utilized as claimed by the NGOs then they are likely to implement quality campaigns to help fight the disease. In addition, increased consultation and subsequent development of joint efforts between health officers and NGO leaders in the successful cases were facilitated by their informal ties. It can be said that these are positive effects of neo-patrimonial relations and by extension informal ties.

The fact that it is only selected NGOs who received support from the Municipal Assemblies support the claims in the neo-patrimonial literature that informal relations produce corruption. NGOs are unlikely to be accountable with the resources they receive partly due to the way they are organised. Most of them were operated by individuals making it highly possible that their use of those resources might be channelled to advance personal interests or even support personal political ambitions of the patrons from whom the resources are obtained, this can be the case if the resources were channelled along partisan considerations.

Recommendations for health planning strategies

Ways need to be found to establish and harness informal relations across decentralised departments and civil society groups that mobilize around the disease. Another policy focus may be to encourage interaction among public officers at the work place. The common way to do this could be through the organisation of sporting activities to bring public officers and civil society leaders together.

In addition, the approach to addressing HIV and AIDS in Ghana might have to go beyond the 'ABC' approach. Exploring ways to identify, understand, and incorporate the complex socio-cultural factors that can influence peoples' sexual and reproductive behaviours needs to be given health policy planning attention. This will require that health officers adequately embed themselves within the community in which they are located by establishing strong informal ties with relevant stakeholders. Such ties need to be wide and dense to enhance transparency and trust and minimise the tendency for corrupt practices to emerge.

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