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9

Community-based Organisations in Policy and Practice

Sex Workers, HIV/AIDS and the Social Construction of Solutions

Flora Cornish, Riddhi Ghosh Banerji and Anuprita Shukla

Introduction

The definition of a certain activity as a development solution is shaped by complex interactions among official policy, material and social contexts, and the characteristics of the particular local communities, consultants and project workers who actualise the interventions. This chapter is concerned with how one particular form of activity, namely 'community-based organisations' (CBOs) are constructed as an appropriate solution to the problem of Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome (HIV/AIDS) among women in the sex trade in India. Current HIV/AIDS policies prioritise the role of organisations of marginalised groups in the struggle to prevent transmission and to promote treatment of HIV/AIDS. It is not obvious, or given, however, that CBOs are automatically the solution to the problems of HIV/AIDS, and this chapter aims to investigate and problematise this claim.

This chapter is informed by a social constructionist point of view. In analysing the role of CBOs as a social construction, we will consider 1) how CBOs have become constructed as an appropriate solution in policy-making 2) the social contextual factors that have enabled certain CBOs to be successful 3) how the construction of solutions impacts upon the discourse and practice of health and development workers, thus reinforcing the reality of the social construction.

By analysing the role of CBOs in HIV prevention as a social construction, the chapter problematises the assumption that CBOs *per se* are the solution to HIV/AIDS in India. We do not set out to undermine the impressive accomplishments of CBOs, or the importance of the contributions made by the communities affected by HIV/AIDS. Indeed CBOs have many strengths, and do have an important role to play. But we argue that, for CBOs to be successful, they need the right social context. If this social context is neglected, then community members, health promotion workers, and policy makers alike are likely to be disappointed by the limited achievements of CBOs. We begin by setting the context in relation to HIV/AIDS in India. We will then introduce our theoretical perspective, before analysing the role of CBOs as a social construction in three ways.

The Problem of HIV/AIDS in India

Recent estimates, agreed by UNAIDS, the World Health Organisation (WHO) and NACO (the National AIDS Control Organisation, India's government body responsible for HIV/AIDS management), suggest that HIV prevalence among 15–49 year olds in India is approximately 0.36 per cent, which amounts to between 2 million and 3.1 million people living with HIV (NACO 2007a). This rate is relatively low in global terms and is not typically considered a 'generalised epidemic', which would imply that the whole population was at risk and that prevention efforts should be targeted at society as a whole. The pattern of prevalence suggests that HIV is first of all predominantly affecting particularly vulnerable groups (such as female sex workers, injecting drug users, and men who have sex with men), and is likely to spread, initially to 'bridge populations' (such as clients of sex workers), and subsequently to the 'general population'

(NACO 2008). The single national prevalence figure masks a great range in prevalence between different geographical areas and social groups, with some groups in some areas severely affected (Becker et al. 2007; Chandrasekaran et al. 2006). Three social groups have been identified to have the highest prevalence of HIV, and are the foci of HIV-related policy and intervention: female sex workers, men who have sex with men, and injecting drug users (NACO 2006; Chandrasekaran et al. 2006). Our attention in this chapter is confined to female sex workers, but we expect that several of the issues that we raise are also relevant to the other two groups, who share with sex workers a difficult social situation of stigmatisation, exclusion and criminalisation.

While sex workers are considered a 'high risk group', it is widely acknowledged that there is much diversity among sex workers, so that it is difficult to speak about 'sex workers in general'. Sex workers' experience is differentiated according to geographical region, level of income, type of sex work carried out, age, and other variables. Information on HIV prevalence rates among sex workers across the country is patchy, with very different findings in different studies, varying from 0 per cent in some areas to 49 per cent in others (Chandrasekaran et al. 2006). For instance, urban Mumbai has shown the highest prevalence, with rates among sex workers of 40 per cent or more have been documented for over a decade (Chandrasekaran et al. 2006), while population-based samples of sex workers in Tamil Nadu, in contrast, have found a prevalence rate of 9.5 per cent. Comparing prevalence among sex workers engaged in different types of sex work, data from a survey of 14 districts in Karnataka found prevalence of 16 per cent among home-based sex workers, 26 per cent among street-based sex workers, and 47 per cent among brothel-based sex workers (Ramesh et al. 2006). Comparing age-groups, a study in West Bengal found that HIV was more than twice as prevalent among young (under 20) brothel-based sex workers as it was among their older counterparts (13 per cent compared with 5.4 per cent) (Sarkar et al. 2006). Despite this variety of experience among sex workers, for the purposes of HIV prevention, it is hoped that sex workers constitute a workable community, as a basis for active CBOs.

In the context of HIV/AIDS projects in India, a CBO is an organisation whose membership comprises of 'community members'. In this case, the relevant 'communities' are the three social groups identified as being particularly vulnerable to HIV/AIDS, namely, female sex workers, men who have sex with men, and injecting drug users (NACO 2006; Chandrasekaran et al. 2006). And so, CBOs are organisations of these three identified social groups. In practice, CBOs often work in tandem with non-governmental organisations (NGOs). The difference is that the NGO workers are not necessarily 'community members', but are able to provide the CBO with the 'technical support' needed to run an intervention. Members of marginalised groups, such as sex workers and drug users often have been excluded from the educational, social and employment settings that would have helped them with all the cultural know-how needed to manage the bureaucratic requirements of a funded project. Hence the common need for 'non-community-members', in the organised form of an NGO.

Theoretical Perspective: The Social Construction of Reality

CBOs, we suggest, are socially constructed as an appropriate solution to HIV/AIDS. We use the term social construction here to refer to the social processes through which it has become legitimate and rational to say that CBOs are the solution. Our understanding of the term 'social construction' is informed by Berger and Luckmann's (1966) landmark text on 'The Social Construction of Reality'. Berger and Luckmann argue that what we come to know as reality is not simply given by the natural state of things, but that the reality that we live in is one that has been established and enforced by concrete, identifiable social processes, and thus, that what we experience as reality could, in fact, be otherwise. Their approach is crystallised in their statement: 'Society is a human product. Society is an objective reality. Man is a social product' (1966: 79).

The idea that something has been socially constructed is a way of problematising what is taken for granted. For example, if child-rearing, say, has been socially constructed as 'women's work', this

suggests that it could be otherwise, and that it is through a contingent, power-laden process that child-rearing has become women's work, rather than being a 'natural' state of things. In a similar way, we take the construction of development solutions to be a social process, where it is not obvious, objective or natural what the solutions are, but rather, that social processes of definition, categorisation and legitimation are underway to constitute certain kinds of activities as solutions, and to exclude other activities from being considered as solutions.

The concept of social construction is a controversial one, and we should clarify here our use of the term. By problematising what is taken for granted as reality, social constructionism is often engaged in an undermining and de-legitimating project, suggesting that something that is taken very seriously should, perhaps, not be taken so seriously. Critics of social constructionism have characterised social constructionist claims as suggesting that that which is socially constructed is not, after all, very important. For instance, if disability or grief is socially constructed, critics suggest, this undermines the experience of those troubled by disability or grief, as their experience is 'just a social construction'. Thus, the social constructionist position is often seen as a cynical position with no commitments or interest in aspirations for such social constructs as well-being, or development, or progress. However, social constructionists in the Berger and Luckmann tradition do not consider social constructions as somehow unimportant, weak or unreal. Socially constructed reality is just as real as rocks or weather systems. And it is just as significant and worth caring about. By looking at the social construction of development successes, we do not intend to suggest that there is no valid way of talking about success, or that we should not care whether a project serves its communities effectively or not. Rather, we simply wish to affirm that the definition of success and solutions is a socially negotiated process, and thus that what becomes defined as a solution can be problematised. We should not reify or naturalise our human products, but should be aware of how they have come about, through concrete human action, and thus that things could be otherwise.

This brings us to a key feature of the social constructionist point of view, which is the reflexivity of social constructs, that is, how constructs act back upon their producers, reinforcing their validity, or, as Berger and Luckmann (1966: 78) put it: 'man is capable of producing a world that he then experiences as something other than a human product … the product acts back upon the producer'. If, for instance, a certain school-leaving examination is constructed as the means of distinguishing between job applicants, then that construction acts back upon its producers (us). Even if the examination bears no relation to one's performance in a particular job, the fact that recruiters construct it as such means that, for those recruiting and applying, the reality is that the examination is of great importance. So, what is socially constructed as important is what is important (regardless of whether this construct is 'objectively' important or not).

In his book, *Cultivating Development*, anthropologist David Mosse (2005) develops a social constructionist viewpoint, considering the social production of development successes and failures. He points out that, for a project to become a 'successful project' is not simply a matter of the project measuring up well on objective criteria. Rather, he argues, success and failure are made through the interpretations given to a project, and the acceptance of those interpretations by those endowed with the power to decide on the project's success or failure. By putting forward this point of view, Mosse does not seek to undermine the objectivity of the work that development projects do, or their possible beneficial and desirable effects. But he brackets aside the managerial interest in projects' performance, in order to question the social process through which success is achieved. This does not mean that there is no such thing as a good project, but just that, for the purposes of analysing the policy-practice relation, it is not necessary to address the question of 'good or bad' projects. Instead, Mosse's approach suggests to us to address the social process through which a project is legitimised as a 'successful' project. This is a matter of project workers, funders, and other partners constructing reports, models, field visits, etc. in such a way that the project is represented as being a good implementation of the appropriate policies.

Thus, for project officers and others who have a stake in the success of a project, becoming a successful project is not so much a question of achieving particular outcomes, but a question of establishing a representation of the project as an impressive and worthy implementation of favoured policies. Project workers, thus, do not focus simply on their effects on the recipient 'community', but also on their effects on the donors and evaluators. Project workers are acutely aware of the constructs and criteria which have become fashionable and prioritised, and they work hard to produce an interpretation of their project's activities as ones which impressively meet those criteria and implement those constructs. As policies change, practices may not change very much, but the descriptions of those practices will change to suit the new language.

For the purposes of this chapter, then, we are investigating the social construction of CBOs as a solution to HIV in three different ways. First, we will look at how CBOs are constructed discursively in policy. Secondly, taking a more materialist approach to social construction, we will consider the social contextual factors that have enabled CBOs to become successful solutions, which will problematise the assumption that it is CBOs *per se* that are the solution, rather than CBOs in a particular context. And thirdly, drawing on Mosse's work, we will consider the reflexivity of human constructs, focusing on the constitutive power of policy pronouncements, through considering the impacts of policy statements at grassroots level. We ask: How are development workers' practice and descriptions of their practice affected by policy statements about appropriate solutions?

Social Construction of CBOs (1): Policy Construction

Civil Society in Global HIV Prevention

The increasing role being given to CBOs in the delivery of HIV/AIDS services in India can be seen as part of wider, pervasive global shifts in the model of how public services are to be delivered. Rather than a single government organisation providing the health care or development programme as in the traditional model of the

welfare state, there is a move away from the state being a provider of services, and towards the state being a purchaser of services from competing private providers. Thus the state outsources the delivery of services, inviting tenders for specific, relatively short-term projects from multiple small private providers. These providers compete for contracts, they are assessed on the basis of proposals which need to demonstrate value for money, the contract is awarded to the one with the best proposal, and their work is evaluated. This is part of a move away from service provision being done by 'big government', which, it is argued, is slow to change, lacks innovation, and is inefficient. Introducing a market—in which providers have to compete for contracts—is expected to bring rewards of efficiency and quality, as providers are motivated to innovate and adapt, to beat the competition for the next contract.

While it is sometimes profit-making enterprises that compete for and deliver services, non-profit, non-governmental organisations also enter such markets, and it is NGOs that have played the major role in development-related projects in India. The CBO is a more recent candidate, at least in the context of HIV prevention in India. Globally, 'civil society' in the form of NGOs has taken up a major role in HIV/AIDS prevention and care (De Waal 2003). Looking historically at the development of the pandemic and the responses to it, De Waal (2003) questions the appropriateness of leaving the responsibility for HIV/AIDS interventions with civil society in developing countries. As he argues, HIV/AIDS initially became an issue among the gay community in West-coast USA in the 1980s. As relatively rich, educated and confident group who were emerging from an era of effective civil rights struggle, the gay community were well-placed and effective at taking a very prominent role in the struggle against HIV/AIDS. Subsequently, policymakers assumed that the appropriate model for addressing HIV/AIDS was through civil society, in the form of the voluntary and non-governmental sector. De Waal, however, questions whether this is appropriate in developing country contexts where it is more often poor, marginalised groups who are worst affected, groups who lack the financial, social, educational and political power of gay USA men. He suggests that in such contexts, HIV/AIDS should more appropriately be seen as

a structural problem, to be addressed by governments at a societal level. Thus, we can see that the policy focus on CBOs emerges out of a particular socio-historical set of circumstances, which privileges competition between service providers, and with the precedent of impressive efforts by the USA gay community. Discourses about civil society are infused with this context; they are not divorced from it.

Indian HIV Policy

India's response to HIV/AIDS is led by the National AIDS Control Organisation (NACO,) through National AIDS Control Programmes, which set priorities, mechanisms and targets, to be implemented by each of the State AIDS Prevention and Control Societies (SACS). The current National AIDS Control Programme (NACP III) runs from 2007–2012. The government programmes are complemented by programmes funded by large international donors, the most significant of which is the Bill and Melinda Gates Foundation-funded programme, Avahan. NACO and Avahan co-ordinate their efforts and take very similar approaches. Given the relatively low prevalence, and the early stage of the epidemic in India, the emphasis is on HIV prevention, as opposed to treatment or care.

How is HIV/AIDS to be addressed in these policies? The first important concept is the 'targeted intervention' (TI). This means an intervention that is targeted at one of the three 'high-risk groups' (NACO 2006), as opposed, for example, to mainstreaming HIV prevention among the 'general population'. Targeted interventions are implemented by a huge number and variety of local NGOs, funded either by State AIDS Prevention and Control Societies, or by international NGOs which act as conduits for funding from Avahan or other international organisations. Thus, universal policies made by NACO or international organisations are interpreted and implemented in a great variety of ways by different local projects. Their diversity is constrained, to some extent, by operational guidelines produced by NACO, which outline what form a targeted intervention is expected to take (NACO 2007b), and by standardised monitoring and reporting procedures and guidelines.

These documents have imposed increasing order on interventions, at least at the level of discourse, where the same roles such as peer educator, outreach worker, supervisor, and project director can be found in all targeted interventions. While the same language may be used to describe what is being done, for the purpose of proposal-writing, reporting and evaluation, the understanding and the practice of targeted intervention varies greatly between locations.

While there are some individual examples of local projects that seem to have had positive impact on HIV-related behaviour (Basu et al. 2004; Halli et al. 2006), in small numbers, such projects will not have an impact on the nature of the Indian epidemic as a whole, and consequently, in recent years, the issue of 'scaling up' has become a major concern, both for NACO and for the privately-funded Avahan programme (Guinness et al. 2005; NACO 2006; Steen et al. 2006). The priority of NACP III is to achieve 'saturation' of coverage of members of those high risk groups, defined in terms of 80 per cent of female sex workers, men who have sex with men, and injecting drug users being reached by primary prevention services (NACO 2006). In NACP III, CBOs are given a major role in achieving this saturation.

CBOs in NACP III

Let us look in more detail at how CBOs appear in one of the important policy documents. What qualities are attributed to CBOs? What claims are made for their role in HIV prevention? Why are they expected to offer a valuable solution? NACO's document on 'Operational guidelines for Targeted Interventions with High Risk Groups' is intended to guide NGOs and CBOs in the development of their HIV/AIDS projects. Section 1.4 of this document presents the 'Rationale for CBOs' as follows:

1. 'When the community defines HIV prevention as part of their own agenda, *uptake of services and commodities is higher* than when services are "imposed" upon them.
2. Community-led interventions leverage the existing organic bonding among community members so that *individual HRG members take interest in supporting their colleagues* [...].

This leads to rapid and saturated coverage of the […] communities.

3. On many occasions, community based organisations (CBOs) are found to be most *effective in scaling up* HIV prevention programmes.
4. Community-led initiatives allow members of the community to enable HRGs to play *the role of a pressure group* as consumers to maintain and reinforce quality of services, leading to sustained demand for high quality services.
5. *Sustainability* of a programme depends among other things on the level of ownership by the community'.

(NACO 2007b: 16).

We could summarise the main implicit theory in this text as follows: that CBOs capitalise on the solidarity within a community ('organic bonding'; 'supporting their colleagues'), and a sense of 'ownership', to produce greater 'uptake of services', 'scaling up', and 'sustainability'. There seems to be an assumption that, by virtue of sharing a profession, sex workers have sufficient 'existing organic bonding' to take an interest in the health of their colleagues. This assumption requires a significant sense of shared interest among sex workers, who, as we have argued above, are in fact a very diverse group. The second important assumption is that CBOs will enable sex workers to have a greater sense of ownership over a project, as opposed to other ways of managing projects. Properly implemented, CBOs should, indeed, be able to achieve such ownership. The challenge is for that ownership to translate into all the impacts that are hoped for it.

The major claim being made for CBOs is that 'ownership' will solve three of the stickiest problems for health projects: acceptance by the community, scale, and sustainability. 'Scale' here, refers to the problem that a single successful project can have little impact on HIV prevalence across India as a whole, and thus, there is a need for good projects to be replicated to cover the country. 'Sustainability', in this context, refers to projects being able to run without further financial commitment from the funder, which is the hope of many donors. Scale-up and sustainability have posed major challenges for

HIV-related policy-making, and to expect CBOs to address these problems is to ask a lot of them—more than has been achieved by well-resourced and networked professionals. The material presented in the next section will help problematise these major expectations from CBOs.

A final point to note, about this rationale for CBOs, is that most of the points refer to the level of sex workers' feelings and behaviour—as if this is the most important level for the success of a project. Little mention is made of the structural situation, though there is much evidence that HIV/AIDS is deeply affected by structural contexts of poverty, migration, and gender (Parker, Easton and Klein 2000). Thus, one might expect a 'rationale for CBOs' to consider their relation to the powerful structural context. In the above extract, this relation is hinted at the point about CBOs being a pressure group of consumers who can demand appropriate services. The question remains, however, how much CBOs can counteract or address the powerful structural constraints which disadvantaged community members, make them vulnerable to HIV/AIDS, and which may limit the potential of CBOs.

To sum up, the policy position is optimistic about the potential for CBOs, in a structure of competition between providers, to make a major contribution to addressing HIV/AIDS. The next section will help us to problematise some of the assumptions being made about CBOs.

Social Construction of CBOs (2): Academic Data-driven Literature

We now turn to our second angle through which to view the social construction of CBOs as a solution to HIV/AIDS. In this section, we review the literature on sex worker CBOs or collectives in India, to consider whether the claims made for CBOs in the policy documents are upheld by findings from empirical studies. The advent of HIV/AIDS has led to a greater interest in sex work issues in the academic literature since the late 1990s. Biomedical research has examined prevalence of HIV and sexually transmitted diseases among sex workers. Evaluation research has examined health outcomes achieved

in various HIV prevention projects. Social research has described existing projects, reflecting on their pros and cons, or has examined the community processes which promote or hinder HIV transmission and intervention. This review focuses on the social research. Although there are huge numbers of HIV prevention projects working with sex workers, a single project has received the bulk of the research attention, namely the STD/HIV Intervention Project (SHIP), popularly known as the Sonagachi Project, which is now run by a sex workers' collective, Durbar Mahila Samanwaya Committee (DMSC, which translates as 'Unstoppable Women's United Committee').

We have reviewed these articles with the specific purpose of identifying the factors that have enabled community mobilisation to work, or that prevent it from working. We found four common issues across the articles: 1) incentives to encourage sex workers' engagement; 2) involvement of professionals; 3) support of powerful interest groups; 4) supportive structural conditions.

Incentives to Encourage Sex Workers' Engagement

While the language of community mobilisation tends to assume that sex workers will be motivated to participate by virtue of their common bond with their fellow sex workers, the literature shows that often, clear benefits to sex workers' daily lives can be important motivators of their engagement in a project. Preventing HIV/AIDS is not always sufficiently important to sex workers to motivate their involvement. Halli et al. (2006) suggest that sex workers' shared adverse circumstances can act as a source of group cohesion. We would suggest that it is when a project can demonstrate that it actively addresses those adverse circumstances that group cohesion is likely to follow. For instance, in relation to the Sonagachi Project, Evans and Lambert (2008) have argued that the project's attention to sex workers' own priorities (such as economic hardship or their children's access to schools), was key to gaining sex workers trust and commitment to the project and their participation in the collective. Newman (2003: 176) emphasises the usefulness of 'elements of structural empowerment' in this context, suggesting that if the initiation of a programme is accompanied by even a slight decrease in aversive situations such as the police's law enforcement and brutality

against sex workers, local sex workers may feel positively inclined to participate. The material rewards of gaining a job with a project have also been suggested to be important motivators of engagement. Again, referring to the Sonagachi Project, Evans and Lambert (2008) note that the role of peer educator was greatly valued for the income as well as the status and prestige.

Issues of social status and recognition are of extreme importance to marginalised groups, and the possibility of greater recognition and respect may also be important motivators of involvement. Many organisations attempting to bring sex workers together have a 'rescue and rehabilitation' ideology—which means that their aim is to bring women out of sex work, which is seen as bad. They call themselves 'fallen women's organisation'. It is suggested that such an ideology promotes the women's guilt and shame, and further disempowers them (Nath 2000). Again, the Sonagachi Project and DMSC, by contrast, take a stand that sex work is an occupation and not a moral condition, thereby seeking to de-stigmatise sex work (Cornish 2006). Such a positive ideology, bolstered by the positive experience of jobs within the project, and of achieving change to important aspects of their lives (such as finances and education) can be an important source of pride and identity (Cornish 2006; Evans and Lambert 2008). Such a sense of pride and positive identity can again be considered as a positive incentive to motivate sex workers' participation.

Thus, we are suggesting, CBOs may need to do more than simply directly address HIV/AIDS, and rely on solidarity in order to be successful mobilizers of sex workers. They also need to become attractive to sex workers, by addressing their priorities for better material conditions and better status.

Involvement of Professionals

While the term CBO refers to a grouping of members of a marginalised community, the activities of CBOs are, in practice, often reliant upon significant support from non-community-members—including energetic and charismatic founders or directors and NGO staff. The political astuteness and networks of the initial founder of the Sonagachi Project were crucial to mobilising wider support for

the project (Evans and Lambert 2008). The founder personally knew the government and health officials and that lent credibility and support to the programme, which would have been quite impossible for a sex worker to do at the initial stages (Newman 2003). Much of the inspiration for the uniqueness of the SHIP project came from the founder, who promoted a non-judgemental and open-minded approach to sex work among the professional staff of the organisation (Evans and Lambert 2008; Pardasani 2005). The director believed that if women were provided with means, with which they could organise themselves, to develop negotiating skills and were assisted in confronting the power structures of the Red Light Area (RLA), they would develop ability to change. Project planners introduced experienced social workers who trained sex workers in organisational and lobbying skills (Pardasani 2005).

Therefore, we are suggesting that it is very difficult for CBOs to operate independently and to achieve significant progress. Almost by definition, marginalised communities have been excluded from access to the educational, financial, social and cultural power that would enable them to instigate social change. To make a successful project, organisational, management, and lobbying skills, good political networks, and understanding of the world of aid and development are all needed. They can initially be supplied through the support of professional social workers and activists, but in poor communities, these advantages are not likely to exist initially.

Negotiating Support from Powerful Interest Groups

Marginalised communities are characterised by hierarchical and exploitative social relations with more powerful interest groups, and cannot be considered outside of these relations. Cornish and Ghosh (2007) have shown how workers in the Sonagachi Project have engaged with and adapted to the powerful groups in order to make the project successful. In addition to the community of the sex-workers, they argue, the project is driven by a complex set of negotiations between sex workers, local clubs, brothel owners, professionals and funding agencies. The Project had to win over the support of men in local youth clubs, who largely control the red light areas, and the brothel managers (madams), who provide

accommodation to sex workers and deal with clients while taking a percentage of sex workers' earnings, and who thus largely control access to the sex workers. These powerful groups could have put an end to the activities of the NGO and CBO. Pardasani (2005) comments that as the sex-workers gain more self confidence they are able to make brothel owners and pimps realise that it was in their best interest to work together to create better working conditions. We have argued above for the role of professionals, and likewise, projects require the support of funding agencies so that they have the resources to exist. All of these relations require careful negotiation and positioning.

Relations with police also require careful management. Newman (2003) cites three ways in which Sonagachi workers use to win over police—education, acknowledgement of police authority, and threat. Referring to a project in Chennai, Asthana and Oostvogels (1996) show how police repression of sex workers undermines the possibility of their banding together to forge a collective—as sex workers are unwilling to reveal their identity. The co-operation of police is needed to allow sex workers to come together in the visible form of a CBO, without fear of repression or arrest. Thus, while the focus of policy is on the communities themselves, these cannot be divorced from the social relations in which they are situated.

Supportive Structural Conditions

Not all social structural conditions are equally amenable to community-led initiatives. The possibility of police repression, as mentioned above, derives from legal structures which criminalise sex workers, and thus inhibit them from coming together (Asthana and Oostvogels 1996). Economic structural conditions of poverty make it difficult for sex workers to commit time and energy to work for the collective good within a CBO. The cultural or ideological context can play a role, either supporting or obstructing community members' confidence in the possibility of community-led social change. Cornish (2006) suggests that the ideological context of prominent active Leftist struggles on behalf of workers in West Bengal provides an encouraging precedent for sex workers in the Sonagachi Project, who compare their collective action to that of the trade unions.

Finally, a favourable funding environment is crucial to the ability of CBOs to function. Present day enthusiasm, among some funders, for community participation in development facilitates the development and expansion of CBOs, and, as a consequence, their success (Cornish and Ghosh 2007). On the other hand, the recent assertion of a pronounced anti-prostitution stance on the part of the United States government is at odds with effective community mobilisation. As Newman (2003: 171) argues, '… it seems disingenuous and incongruous to on the one hand tell these women that they are valued and cared for, and on the other hand that they are engaged in an ignominious and shameful means of making money.' The sense of solidarity and oneness, the 'we-feeling', which is the very basis of the CBOs, may be disrupted and the CBOs may be broken into factions because of this anti-prostitution policy. Apart from this, the CBOs who take an anti-prostitution line are likely to face a lot of resistance from the powerful people who benefit from the trade like landladies, *madams,* local clubs, and pimps (Cornish and Ghosh 2007). Hence, the very policy of USA-based funding agencies, even if they claim to be in favour of community leadership, may jeopardise the success of such a project.

What we are suggesting, here, is that CBOs cannot be considered in isolation from their structural context. In poor and marginalised communities, the very structural conditions that disempower them, and make them vulnerable to HIV/AIDS similarly undermine the possibility of effective collective action. As Asthana and Oostvogels, (1996: 147) put it, 'community-based strategies must be seen as an integral part of—and not a substitute for—efforts to bring about comprehensive changes in the social, economic, legal and political structures that lead to disempowerment in the first place.'

Social Construction of CBOs (3): Effects of Policy Constructions on Practice

Our examination of the social construction of CBOs so far has indicated that there may be a mismatch between aspirations for CBOs as put forward in policy documents, and the reality that practitioners have to face on the ground, as they establish and support CBOs. Those

optimistic policy constructions, nonetheless, are part of the reality that practitioners must contend with. And as constructions that are backed up by the power to award or not award funding to projects, the policy constructions have a particular weight. Practitioners must orient to the policy constructions, in order to be eligible for, and to be good candidates for funding (Mooney and Sarangi 2005). Let us consider how discourse and practice at the grassroots level are influenced by the construction of CBOs in policy.

Under the model of service delivery where organisations compete for funds for projects of relatively short duration, NGOs and CBOs need to follow the lead of funding policy, if they are to receive funding, and thus to persist. Policies determine which social groups are to be 'targeted' to receive HIV prevention efforts. Implementing agencies focus their energies on the three high-risk groups identified by national policy, rather than, for example, proposing mass media campaigns to speak to the 'general population', or other groups such as school-goers. Thus, HIV becomes further associated in public consciousness with these stigmatised groups, and people who are not members of one these groups may gain a (false) sense of safety (Shah 2006).

Furthermore, when projects have to compete for funding, there is a pressure for them to present themselves in ways that fit within funders' conceptualisations of the problem and the fundable means of solving the problem. Thus, projects may present themselves as conforming to social constructions of 'community spirit' and 'solidarity', if these appear to be held dear by funders (Evans and Lambert 2008; Cornish and Ghosh 2007). Project managers who are adept at being funded will put effort into public relations efforts aimed at achieving a positive image in the media, in public opinion, and in the corridors of power. For instance, the Sonagachi Project invites politicians, the media, NGOs, to attend events and interact with sex workers, who are shown to be giving their own free time for the cause, and who have practised giving the appropriate answers to visitors' questions (Evans and Lambert 2008). What sex workers say, under these conditions, does not necessarily reflect all the complexities and contradictions of the projects' work, but is designed to reflect what it is that visitors wish to hear.

In such interactions, it is unlikely that the funding policy will be questioned, or that the policymakers' assumptions will be challenged. The financial power to back a project or not makes it difficult for project workers to contradict or argue with the funders. Moreover, this pressure to conform to the 'correct' image makes it difficult for projects to be self-critical, as they cannot risk a 'flawed' image being revealed to those who would judge whether the project is worth funding (Cornish and Ghosh 2007). Thus, an opportunity for critique and learning through practice is lost, as is an opportunity for feedback and learning on the part of policy makers.

Conclusion

We have examined the social construction of CBOs as a solution to the problem of HIV/AIDS in India. While HIV policies position CBOs as ideally placed to mobilise the support of sex workers, on the grounds of solidarity and ownership, we have suggested that the research data question these assumptions. The picture of CBOs that is gained from the academic literature is somewhat different to that envisioned in the policy documents. Unsurprisingly, in the academic literature, CBOs appear as more problematic, complex and contradictory than the policy documents prepare us for. The literature reveals that CBOs rely on far more than solidarity and ownership to function and to have their positive impacts. Supportive relationships with founders, professionals and activists on the one hand, and with local power brokers such as police, politicians and the media on the other, emerge as crucial in enabling or permitting CBOs to carry out their activities in a fruitful way. Moreover, to engage sex workers' motivation to take part, it seems likely that projects need to offer concrete benefits, and meet sex workers' priorities, and cannot simply rely on goodwill. Thus, there seems to be no experience to date that CBOs are 'sustainable' in the sense of functioning independently, as policies seem to wish for. Rather, CBOs, to be constituted as a good solution to problems of HIV/AIDS, require ongoing support (Sivaram and Celentano 2003). Given these findings, we suggest that the policy emphasis on the role of CBOs may be over-optimistic, and may lead to disappointment among funders, health professionals, and

communities alike, if a more realistic and complex understanding is not found. Yet, the social organisation of policy making, funding, and CBO-building, we suggest, makes it very difficult to refute the policy optimism, as projects depend for their survival on continued funding, and to get that funding, they need to describe themselves in ways that are consonant with the language of policy.

This leads us to a theoretical conclusion about the persistence of social constructions, and a practical suggestion for overcoming some of that persistence. One of the characteristics of social constructions is that they can become self-fulfilling prophecies, as people act as if the social construction were real. Theoretically, our analysis has suggested how this effect becomes even stronger when the social construction is backed up by the power to award material resources. It becomes very difficult for critical alternatives to be voiced, when projects must compete for short-term funding. Convincing funding applications repeat the favoured terms and assumptions of the funders—they do not challenge them.

However, for innovative progress in development, there needs to be a critical dialogue between policy and practice, so that the problematic aspects of policy can be challenged and modified. Funders may wish to learn about problems and contradictions in the field, but the structure of the relationship militates against such learning. Grassroots workers whose project depends for its survival on the approval of funders are inhibited from raising critical issues. But if these same people were to be invited to raise critical issues outside the context of appraisal and evaluation of their own projects, then the discussion may be more innovative and fruitful. This is one rationale behind consultations—when representatives of civil society are invited to comment on emerging policies. Our analysis supports the deeper and wider use of such consultations, with encouragement to civil society representatives to raise the contradictions that they experience between policy and practice.

Endnotes

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