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The necessary contradictions of ‘community-led’ health promotion: A case study of HIV prevention in an Indian red light district

Abstract

Health promotion interventions with marginalised groups are increasingly expected to demonstrate genuine community participation in their design and delivery. However, ideals of egalitarian democratic participation are far removed from the starting point of the hierarchical and exploitative social relations that typically characterise marginalised communities. What scope is there for health promotion projects to implement ideals of community leadership within the realities of marginalisation and inequality? We examine how the Sonagachi Project, a successful sex-worker-led HIV prevention project in India, has engaged with the unequal social relations in which it is embedded. Our ethnographic study is based on observation of the Project’s participatory activities and 39 interviews with a range of its stakeholders (including sex worker employees of the Project, non-sex-worker development professionals, brothel managers, sex workers’ clients). The analysis shows that the Project is deeply shaped by its relationships with non-sex-worker interest groups. In order to be permitted access to the red light district, it has had to accommodate the interests of local men’s clubs and brothel managers. The economic and organisational capacity to run such a project has depended upon the directive input of development professionals and funding agencies. Thus, the ‘community’ that leads this project is much wider than a local grouping of marginalised sex workers. We argue that, given existing power relations, the engagement with other interest groups was necessary to the project’s success. Moreover, as the Project has developed, sex workers’ interests and leadership have gained increasing prominence. We suggest that existing optimistic expectations of participation inhibit acknowledgement of the troubling work of balancing power relations. Rather than denying such power relations, projects should be expected to plan for them.

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Introduction

Contemporary health policies prescribe community ownership and leadership as essential components of effective health promotion with marginalised groups. However, the positive language of participatory policies may not prepare community projects for the significant dilemmas and challenges which they encounter upon implementing participation. This paper focuses on the dilemma of the extent to which more powerful groups outside of the focal participating group may be permitted to exert influence over a project. By showing how the condition of marginality in fact forces participatory projects to involve and to adapt to more powerful groups, this paper aims to contribute a realistic conceptualisation of the scope for such projects to be genuinely 'community-led'. Our argument is made through a case study of a sex-worker-led project based in Kolkata (Calcutta), India. To set the context for the case study, we briefly outline contemporary controversies over participation before describing current participatory health promotion for sex workers in India.

The disputed role of community participation

At its inception, community participation as an approach to health and development projects was framed as a critical counter to the power inequalities of the 'top-down' imposition of development programmes. Thus, for instance, the World Bank's (1997) *Participation Sourcebook* explained its new 'participatory stance' by contrast to the old 'external expert stance'. Based on important critiques of an undemocratic and unequal development process which had often produced locally unpopular and thus ineffective projects, the involvement of local people was intended to produce better-designed projects that had the endorsement of local communities, through an egalitarian and democratic process (Asthana & Oostvogels, 1996; Nelson & Wright, 1995). An optimistic, even utopian discourse ensued (Henkel & Stirrat, 2001), in which the 'last' would be 'put first' (Chambers, 1983), development would be 'people-centred' (Korten, 1990), and communities, which were presumed homogenous, would be engaged. With such positive connotations, the mainstreaming of participation was perhaps inevitable. Its positive ideals

have been written into the policies of funding agencies, and applicants have learnt to describe their projects in the appropriate terms of community engagement, empowerment and participation.

At the same time, however, research on the implementation of participation began to show significant gaps between the rhetoric and the reality, leading to a perspective which is strongly critical of participation. Time and again, research on ostensibly participatory projects has revealed that groups who wield greatest power – including the state, development professionals, and local elites – continue to dominate (Shiffman, 2002; Stern & Green, 2005). At the outset, projects are usually committed by funding constraints to a non-negotiable remit, such as HIV prevention, irrespective of local priorities (Mohan, 2001). Further, the activities comprising ‘participation’ are generally designed by external professionals, who thereby structure the interactions that take place and the results that emerge (Mosse, 2001). And rather than communities uniting for the collective benefit, critics show that it is those who are already relatively powerful who take advantage of the opportunities offered by participation (Beall, 1997), or that they even obstruct the participation of the least powerful in order to maintain their dominance (Busza, 2004). In this light, the prospects for genuine community leadership seem dismal, and the notion of participation appears as a misleading ‘tyranny’ (Cooke & Kothari, 2001).

But to reject participation on these grounds is to accept the terms of the idealised view of participation outlined above, where to be tainted by power relations constitutes a failure. In this paper, we seek to contribute to an emerging, more nuanced perspective. By placing participatory projects in their wider sociohistorical contexts of inequalities of power, authors in this literature make explicable the failures to meet participatory ideals, but also reveal the successes that imperfectly participatory projects can achieve. For instance, studying a participatory agricultural project, Kumar and Corbridge (2002) point out that, although the project’s participatory credentials were undermined by the fact that it was the high status villagers who benefited most, the project was successful in terms of its agricultural goals. The authors argue that a

participatory project is a relatively small scale intervention into a long history of social stratification, and that we should not expect participatory projects to change entrenched power relations. Such expectations, they argue, are unrealistic. From a similar, but slightly more optimistic perspective, Masaki (2004) argues that the degree of success of such projects is often an equivocal issue, as they may enable small-scale resistance by those with less power even if they do not instigate fundamental change to power relations.

The core issue here lies in the juxtaposition of a long history of inequality with a recent, resource-limited participatory intervention. In a study of participatory HIV prevention by South African sex workers, Campbell and Mzaidume (2001) point out that while ‘textbook’ concepts of participation advocate that interventions should build on existing supportive relationships of trust and reciprocity, the existing relationships in their marginalised community were exploitative and conflictual rather than trusting or supportive. To develop informed foundations for action in such contexts, the authors call for research which investigates the “complexities and ambiguities involved in translating theoretically and politically important notions of participatory health promotion into practice in hard-to-reach communities” (2001, p.1986). The present paper aims to contribute to this agenda.

In sum, the ‘nuanced’ literature asserts that existing power relations are reflected in participatory projects, but that significant successes are possible even if the ideals of participation are compromised. In the course of our case study, we shall suggest not only that collusion with powerful interest groups can be *compatible* with achieving health gain, but that it can be *necessary*, when those interest groups have the power to put a stop to a project.

Conceptual approach: Interdependencies between unequals

Dominant conceptualisations of community may bear some of the responsibility for the polarised interpretations of community participation outlined above. While the conceptual debate is often posed as being between ‘locational’ definitions of community, based in a geographical place, and

'relational' definitions, based on shared identities or interests (Heller, 1989), both definitions are fundamentally similar in that they are based on similarity or homogeneity among community members. The boundary of the community is drawn around people who are expected to be equals. Bringing this notion to community health promotion may suggest that the marginalised 'target' group is the community, and that they should participate together as a set of equals.

In contrast, we take a systemic perspective, where a community is defined by interdependencies rather than likeness (Marková, 2003). What holds community members together is not simply the fact that they live in the same locality, nor that they necessarily share an identity, nor that they are equals, but that they are part of an interdependent system in which their actions have effects on each other by virtue of their participation in a joint activity (van Vlaenderen, 2001). Thus, the membership of a community includes people with divergent and even conflicting interests, worldviews, and identities (Wiesenfeld, 1996).

From this perspective, the boundaries of the community in a community health project include all of the actors who take part in shaping the project, including members of the marginalised social group, health and development professionals, and other local interest groups. A community intervention is an intervention into this structured ecology of power relations. Our empirical research thus focuses on the interdependencies between the sex workers in the Sonagachi Project and other local actors, to ask: What has the relationship been between the Sonagachi Project and other powerful interest groups? And what does this say about the prospects for interventions to be truly 'community-led'?

Community-led HIV prevention for Indian sex workers

Interventions with sex workers are a cornerstone of India's response to the HIV pandemic, given that the majority of HIV infections are thought to be acquired through unprotected heterosexual intercourse, and that traditionally, few Indian women other than sex workers have opportunities to have multiple

sexual partners (Nagelkerke et al., 2002). The active involvement of sex workers is widely considered a necessary component of such interventions (Chattopadhyay & McKaig, 2004; O'Neil, Orchard, Swarankar, Blanchard, Gaurav & Moses, 2004). Peer education, which involves sex workers by training and employing them to promote health, is one of the most common approaches (Dandona et al., 2005). At a more politicised level of involvement, a relatively strong sex workers' rights movement has emerged, which advocates that sex workers should be the leaders and decision-makers on health projects, and which also pursues legislative and social change (Jayasree, 2004). Some of these organisations have been facilitated by the availability of HIV/AIDS funding.

One of the best known of these community-led endeavours is the Sonagachi Project in Kolkata, which provides our empirical case study for this paper. The Project began in Sonagachi, Kolkata's largest red light district, where an estimated 5,000, mainly female, sex workers live and work. Economic poverty and social stigma characterize most sex workers' lives. Their working conditions are controlled by brothel managers (madams), pimps and local men's social clubs. In these unpromising conditions, the Sonagachi Project was initiated, with an HIV prevention remit, in 1992.

Peer education was the initial activity of the Project. As it developed, a second wing emerged, which works on community development, intervening to resolve crises and conflicts faced by sex workers, such as disputes with madams, arrests by police, or violent clients. Project documentation describes its philosophy in terms of "3 R's: Respect, Recognition and Reliance. That is respect of sex workers and their profession; recognising their profession, and their rights; and reliance on their understanding and capability" (Jana & Banerjee, 1999, p.11). Following this philosophy, the frontline posts in the project are staffed by sex workers, and sex workers increasingly occupy the administrative and decision-making roles. The community development work is done through elected local problem-solving committees composed of women from the red light district. A sex workers' organisation, Durbar Mahila Samanwaya Committee (DMSC, which roughly translates as 'Unstoppable

Women's United Committee) has been set up, which organises weekly and monthly problem-solving meetings, and promotes sex workers' social and political awareness through critical discussions of the stigma attached to sex work, and the value of collective action (Cornish, 2006).

This innovative set of activities has effectively improved health. In Sonagachi red light district, an internal evaluation showed condom use to have increased dramatically, and sexually transmitted infections to have plummeted (Jana & Banerjee, 1999). A recent 2-community controlled trial replicating the Sonagachi model outside Kolkata showed that condom use increased significantly in the intervention site (Basu et al, 2004). In sum, as has been described elsewhere (Basu et al., 2004; Gooptu, 2002; Jana, Basu, Rotheram-Borus & Newman, 2004; Pardasani, 2005), the Project is a strong example of a community-led project, which is successful in terms of health promotion, community mobilization, and sustainability, having run for 14 years. Our argument in this paper is that this success is, in part, due to the Project's subtle management of its relations with the non-sex-worker groups with which it must engage.

Methods

The Sonagachi Project's relationships with other powerful actors is one aspect of a larger study which aimed to understand how the Project achieves its successes. Ethnographic research, comprising observation and interviews was carried out at the Project during May 2000, June-December 2001, September 2002, and July 2005. This paper draws on interviews with 19 sex workers employed by the Project, 7 non-sex-worker professional staff, and 13 other local people (landladies, madams, sex workers' clients, a political party worker). Informal discussions with representatives of funding agencies and staff of other NGOs are also drawn upon. In interviews, we asked participants about the social organisation of the red light district, and their knowledge of and involvement in the Project.

From June to December 2001, we observed Project activities. We accompanied Project workers as they went about their daily routine, attending training sessions, peer education work, the Project's clinics, and its problem-solving meetings. These events also provided occasions for informal interviews with a range of local residents. We attended public events organised by the Project including demonstrations and rallies in the city, press conferences, meetings with other NGOs, with police and with local men's clubs. Our observations were guided by our interest in understanding the social organisation of the red light district, and how the Sonagachi Project fits in to, or disrupts that social organisation.

Observations and interviews were carried out jointly by the authors, one a European university-based researcher, and the other a local Bengali researcher, both women. Project activities often include an audience of sex workers and other community members, which we joined as non-participant observers. We were introduced to participants as people who were studying the Project and who were going to write about it. Being well-known, the Project regularly welcomes sympathetic visitors such as journalists, researchers or development workers, who come to learn from the Project. This role made sense to Project workers, who accepted our presence.

The interpretation developed here has been shaped by the authors' differing intellectual and socio-cultural heritages. This interpretation depends upon recognising both the achievements of the Sonagachi Project, and its significant compromises. Our personal backgrounds led each of us to initially emphasise one of these perspectives. The European researcher (FC) started from the perspective that participation is difficult to achieve, and that the Sonagachi Project was an unusual example of a successful sex-worker-led project. The Bengali researcher (RG), with more practical experience of the constraints of working in red light districts and of NGOs' self-publicising, as well as awareness of local controversies over the Sonagachi Project, started from a more sceptical perspective. These different perspectives led us to long debates over the interpretation of the Project's relation with other groups, whose eventual outcome is presented here.

The analysis focuses upon the Project's interdependencies with four key groups of non-sex-workers: (1) the local men's clubs which have traditionally controlled the red light district; (2) the madams who are sex workers' employers; (3) the health and development professionals who founded and implement the Project; and (4) the Project's donors. Other relevant social groups such as police, procurers, sex workers' families, boyfriends and clients, are omitted from the present analysis because their influence on the Project is less significant.

Our analysis aims to understand the logic of the system of interdependencies between these groups and the Project. In order to do so, our analytical strategy followed three steps for each group: (1) To identify the divergences and convergences of interest between the sex workers and others; (2) To identify cases where those divergences significantly threatened the Project's continued existence; (3) To identify the Project's active responses to challenges raised by non-sex-workers. We present the Project's relation with each of the four groups in turn.

Relations with local clubs

The Sonagachi Project is not the only group seeking to provide organisation and orderliness in Kolkata's red light districts. In many areas, local men's social clubs have traditionally occupied a leadership role. These clubs draw their membership from the men of the red light area, who are often the unemployed sons of sex workers. The clubs are centres of social activity for the men, they organise local events such as festival celebrations, and they see themselves as protecting the orderliness of their local area. Each club is associated with a political party, which gives them power in the red light district. Local men associated with these clubs are often feared by sex workers. Bolstered by their association with political parties and clubs, these men are reported to exploit sex workers, stealing from them or physically or sexually abusing them. As self-appointed guardians of the social order, they may consider sex workers to be threats to this order, punishing them for

wearing flowers in their hair or for going out late at night. They monitor all the local goings-on, and may demand money in return for not raising objections to events such as a sex worker buying a house, or a madam keeping a minor girl in her brothel. In return for winning votes for their associated political parties, the clubs gain political clout, which can be put to work for individual sex workers or madams, for a fee. Sex workers value club or party support, which has, for instance, enabled women to get ration cards (which provide access to government-subsidised food), or provided strong-arm back-up in the event of a dispute with a client or landlady. However, this system of problem-solving institutionalises divisions between local residents, and gives the men power over the sex workers.

What kind of relationship has the Sonagachi Project cultivated with these clubs? From the beginning, the Project's founder aimed to ensure good relationships with the clubs, as they could either create obstacles to the Project's work, or could offer useful support. He sought to make it clear that the Project had no interest in changing the organisation of the sex trade, but rather, had a narrow health promotion remit. In presenting themselves to the clubs, Project workers assert that the Project has no political affiliation and no interest in influencing sex workers' votes. Special meetings are held with club members to promote good public relations, informing them about Project activities and asking for their support, where the club members are treated with respect and given small gifts such as stationery or calendars.

In general, this negotiation has led to a co-operative interdependency between the Project and the clubs. In two intervention areas, the Project uses premises that belong to the clubs for its clinics. Project workers explained that the clubs benefit from this arrangement by having their buildings upgraded and maintained by the Project. The clubs also gain positive publicity, by showing that they support good causes, and moreover, they expect to be able to influence decisions about who gets employment in the Project. The availability of these premises was clearly of significant benefit to the Project, given the scarcity of resources available. But the arrangement also gives the clubs leverage over the Project, as they control a resource of importance to it.

Project workers claimed in 2005 that, recently, the clubs have been raising obstacles. Simple requests, such as permission to erect a temporary tent for a health event have been turned down. It appears that the Project's gradual empowerment of sex workers has started to challenge the clubs. Given that the Project has developed an effective problem-solving mechanism, sex workers are now less reliant on clubs for support, and, having become more politically aware, they may be less inclined to vote as instructed by the clubs. As the project wins increased public support and funding, it is starting to purchase its own premises, moving towards greater long-term security and reducing its dependence upon the clubs. The Project has been given municipal land for the construction of a hospital. In 2005, this land was occupied by tea-sellers, who would have to be evicted in order to begin construction. But the local party refused to permit the eviction of the tea-sellers. Project workers will tread carefully, to try to avoid the significant disruption that the clubs may create.

Due to the existing power structure of the red light district, the Project has had to compromise its participatory ideals, engaging with the clubs, and using some of its limited resources to curry favour with them (see also Campbell & Mzaidume, 2001). But as time goes on and the Project gains in strength, it gains greater autonomy. As the Project director explains, the very fact that the clubs are now motivated to raise obstacles indicates that the Project must indeed be challenging their power sufficiently to cause them some discomfort.

Relations with madams

Madams own or rent the rooms within which sex workers live and work, provide them with meals, exert control over their working conditions, and receive a fixed 50% of their earnings. With sex workers, madams share an economic interest in the sale of sex taking place without trouble being caused by clients, police or local clubs. However, sex workers' interests in their health and autonomy can conflict with madams' economic logic that the more clients entertained, the greater the income, regardless of whether condoms are used,

or the client is drunk and abusive, or the sex worker is tired, ill or unwilling. Some madams use punishments and threats, such as violence or preventing a woman from working, to enforce their control.

On the other hand, the madam system has some advantages, given the dangerous and impoverished conditions of the red light district. For those women whose earnings are insufficient to pay the deposit to rent a room, or not regular enough to guarantee that she will be able to meet daily expenses, the madam system offers basic material security. For those unfamiliar with the sex trade or without alternative support, madams can offer physical security, protecting women from abusive clients, or from running into difficulties with police or local residents. This is not to deny that exploitation, violence and brutality often characterise the relations between madams and sex workers, but to add that these relations have positive as well as negative aspects (Gysels, Pool & Bwanika, 2001).

What of the relation between madams and the Sonagachi Project? In fact, madams are integrally involved, particularly in the local problem-solving meetings. Madams bring their problems, such as a sex worker not repaying a debt or running away, to meetings for solution. Several of the local committees include madams as their members, who thus have influence over the solutions generated. Is this not counter to the ideals of sex worker leadership? At face value, it is. But there are good reasons for the madams' presence on the committees. Sex workers' marginalised starting position severely undermines their capacity to be effective committee members. Firstly, sex workers have not been considered, in the red light district, to have the legitimacy to take a decision and enforce it, whereas the voices of madams typically carry more power. Secondly, sex workers are relatively mobile compared to madams, and some stability is important for the committees to develop. And finally, as one professional social worker pointed out to us, if the madams are excluded from the Project, an opportunity to influence them is lost. Madams are not immune from repression themselves, and as the Project has gained influence in the red light area, it has become of interest to madams as a source of support. Now, it can set conditions for

madams' eligibility to access its support. So, madams who want support must allow their employees to visit the clinic, must pay them fairly, and must not keep minor girls. The value of creating such interdependencies with madams is further affirmed by the notable absence of the most elite group of Sonagachi's madams (the *Agrawalis*) from the Project. Financially well off and politically well-connected, the Project's assistance is not a sufficient incentive to motivate the *Agrawali* madams' co-operation and thus the Project has little influence over them.

Given the control that madams have over the sex workers, this compromise of the ideal of sex worker leadership has been necessary for the sustainability of the Project. If the Project angers the madams, they can close their doors to the Project workers. This was demonstrated clearly at the introduction, in 2001, of a Project programme to rescue minor girls and trafficked women. In response to Project workers rescuing a badly tortured sex worker from a madam, the other local madams subsequently refused to allow the Project's peer educators to speak to their sex workers, effectively shutting the Project out of the red light district.

The madams' influence is constrained, however, both by established norms of the red light district, and by procedural rules developed within the Sonagachi Project. A strong set of norms regarding the sale of sex in Sonagachi provide committees with a benchmark for what is fair and acceptable. For instance, the rule that sex workers and madams divide the income between them equally is considered a legitimate division. If a sex worker has been paid less than this, a madam will be considered to have wronged her, and will be asked to pay the balance. Conversely, if a sex worker has withheld some of the madam's portion, she will be expected to repay the madam. This rule enables the Project to ensure that sex workers are paid their 50%, but the rule itself is rarely challenged. As well as such pre-existing rules, within the Project, a set of procedures have been established, designed to prevent the interests of the powerful from dominating the meetings. These procedures include the idea that both sides of an argument must be heard, and that decisions should be based on evidence and witnesses rather than mere allegation or hearsay.

Most important is the fact that important decisions are generated not by individual madams or sex workers, but in public meetings, attended by sex workers and Project workers, who ensure that the committee members are not simply protecting their own interests or those of their friends.

In sum, in order to be allowed access to sex workers, the Project has had to engage madams' support. This has sometimes enabled the madams to pursue their own interests. But the Project exerts increasing influence on the madams, through conditions for the provision of its support and through its procedures.

Relations with health and development professionals

While the design and implementation of Project activities depend heavily on sex workers' contributions, it is fair to say that the Project would not exist without the significant input of non-sex-workers, including health professionals, social workers, and community development activists. Several years prior to the Project's initiation, a group of sex workers in Sonagachi had come together with the aim of collectively addressing the violence and exploitation which they suffered. They achieved some successes, but were unable to maintain the group, which disintegrated after some time. In 1992, the WHO appointed a local epidemiologist to run an HIV prevention intervention in Sonagachi. He had clinical knowledge, organisational skills, political know-how and connections, which the earlier grouping of sex workers lacked, and which proved essential to the establishment of the Project.

While sex workers provided much of the expert knowledge about the workings of the red light district and their own needs, they had very little in the way of project management skills, familiarity with the workings of funding agencies, or indeed legitimacy in the eyes of the local power-brokers such as madams, procurers, and police whose approval had to be secured for the Project to exist. The activists, academics and NGO workers employed by the Project were able to mediate between funding agencies and sex workers, constructing funding proposals and setting up mechanisms to document the

work and ensure accountability. Their experience was also used to set up the organisational structure and procedures of the Project. Tried and tested organisational tools such as elected committees, regular public meetings, and clear differentiation of roles, enable the co-ordination of the large numbers of people involved in the project. Few sex workers had knowledge or experience of such tools before the Project began. And finally, the professionals had a perceived legitimacy and power denied to the sex workers, in the eyes of the powerful actors in the red light area – the club members, procurers, madams, pimps and police. Without the leadership of these professionals in this ‘community-led’ project, it is likely that the Project would have failed, as had the earlier attempt.

What is the nature of non-sex-worker professionals’ current engagement with the sex worker members? The organisational culture of the Project is a distinctive mix of centralised control and advocacy of sex worker leadership. Given the scarcity of project management and implementation skills, the Project was set up with a hierarchical organisation, with frontline workers reporting to co-ordinators who report to the Project Director. As previously mentioned, sex workers are increasingly taking on supervisory and leadership roles. In 1999, responsibility for the management of the Project was turned over to DMSC, the sex workers’ organisation. In 2001, a new Project Director was appointed, a local son of a sex worker, and the original Project Director left the Project, retaining an advisory role. Meanwhile, the Project endorsed a new policy, that the subsequent Director would be “from the community” (in the words of one non-sex-worker employee), i.e. a sex worker. In November 2005, a former sex worker was appointed Project Director. In general, despite changes in personnel, the hierarchical organisation persists. While frontline workers are encouraged to solve problems themselves as far as possible, novel or complex problems are often brought to the current or former Project Directors, with the expectation that an authoritative solution will be provided. The Directors’ voices carry authority, and Project workers are very concerned not to invite their disapproval. The Directors also have a strong influence over many of the important decisions such as appointment and promotion of workers, and activities to be undertaken.

Is this substantial role for the non-sex-worker Project Directors not contradictory to the stated ideal of being ‘community led’? Again, it is contradictory, but we would argue, it is necessarily so. The pre-existing state of community relations in Sonagachi was not a level playing field. Had the Project opened up its decision-making to local control, it is likely that it would have been the madams or pimps or club members who capitalised on it, rather than the sex workers, and the Project would have become another example of participatory projects being taken over by the already powerful. The watchful eyes of the Directors prevent the madams on the Project’s committees from enforcing their individual interests, while sex workers’ capacity to take on administrative roles is built up.

The role of activists and health professionals in participatory projects is a complex issue (Campbell, 2003). While it may be ideal that the community takes over the running of a participatory project, such work depends upon significant skills and powers, which cannot be assumed to exist in historically marginalised communities (Lykes, Terre Blanche & Hamber, 2003). Indeed, some studies have linked the demise of participatory HIV prevention projects to the withdrawal of institutional or professional support (Asthana & Oostvogels, 1996; Walden, Mwangulube & Makhumala-Nkhoma, 1999).

Relations with funding agencies

The final non-sex-worker interest group to be considered here comprises the funding agencies which make possible the staffing and resourcing of the clinics, offices, and activities that make up the Project. As an economically impoverished group, sex workers depend upon the financial input of funding agencies for their Project to exist. The competitive and insecure funding environment means that Project activities are oriented to funding agencies as one of their important audiences.

Fortunately for the Project, the interests of funding agencies coincide with those of the Project in important ways. They share an interest in producing an effective, sustainable project through participatory means. The liberal democratic ethos of their donors, and the contemporary policy emphasis on community participation in development, mean that the funding agencies are supportive of sex workers' active participation and leadership of the Project. A sex worker told us how impressed she was that staff at one of the local funding agencies encourage the Project to send sex workers rather than health professionals as its representatives in funding agency meetings.

Participation of sex workers in Project implementation, however, is not equivalent to sex workers leading in terms of setting priorities. There is some divergence between funding agencies and sex workers regarding the relative priority given to HIV prevention and to general community development. Health outcomes are the main focus of the Project's donors, while sex workers often place a greater priority on the Project's community development work. An external evaluation expressed the donor perspective on this discrepancy, when it commented that the Project's attention to wider issues of social justice and quality of life were to be commended, but that "care should be taken not to lose sight of the original primary objectives of HIV prevention" (O'Reilly, Mertens, Sethi, Bhutani & Bandyopadhyay, 1996, p.2). A focus on HIV prevention derives from a public health interest in commercial sex work as a risky site for HIV transmission, which is not equivalent to the sex workers' interest in having more secure and stable living and working conditions.

The donors' interest in a sustainable and effective project leads them to require detailed documentation and monitoring of Project expenditure and activities. Much energy goes into writing up regular plans and reports on all activities, including photographic and video documentation. Meticulous financial accounts must be kept, as well as records of the numbers of people treated at the clinic, numbers of condoms distributed, numbers of prescriptions given out, and so on. The clinic supplies, such as condoms, medical gloves, medicines, have to be counted and re-counted at each stage of their distribution, from arriving in the central office, to the clinic, to their use

or distribution. As well as such official accountability requirements, the Project also puts work into impressing the agencies through public relations efforts which are targeted at the mass media, or at the funding agencies themselves. A concept of ‘publicity’ contributes to shaping some of the Project’s actions. For instance, when the Project undertook to rescue minor girls from their madams, Project leaders mentioned that photographs should be taken of the girls who are rescued for the purposes of publicity.

Project workers are aware that, when speaking to journalists, researchers, or representatives of funding agencies, they are creating impressions about the Project which may have an impact on funding agencies’ willingness to fund the Project. To meet funding agencies’ expectations of a successful and fundable project, the Project’s self-descriptions emphasise their successes in HIV prevention and their conformity to participatory ideals. This makes it difficult for discussions about the Project to include reflections on the dilemmas and compromises that Project workers have faced over the years. Some of the documents produced by the Project do indeed report the negotiations with the clubs and madams and the directive role played by the non-sex-worker founders of the Project (Jana & Banerjee, 1999), but these have not become part of the public story of the Sonagachi Project. Since the original premise for the first author’s research had been that this was a successful, participatory project, she also began by focusing on the positive participatory achievements rather than on the more complex issues concerning the Project’s interdependencies with other groups. The more sceptical second author emphasised the Project’s adjustments to the interests of non-sex-worker groups. As the analysis developed, it became clear that it was impossible to extricate the sex workers from the unequal social relationships and flows of resources within which they were embedded. We contend that researchers’ and funding agencies’ preconceptions about the character of a proper participatory project have made it difficult to recognise and reflect on the complex challenges and real-world dilemmas, thus hindering the development of a more nuanced theorisation of participation.

Conclusions

In this paper, we have examined the involvement of non-sex-workers in the ‘community-led’ Sonagachi Project. We have done so with the aim of understanding the prospects for interventions to be genuinely led by the interests of marginalised groups. Our analysis has shown that the Project is driven, not simply by the community of sex workers, but by a complex set of negotiations between sex workers, local clubs, madams, professionals and funding agencies. The interests of powerful local men and madams are accommodated by the Project. Funding agencies and health professionals have directive influence over the activities undertaken. How should we interpret these contradictions of a ‘community-led’ project?

We contend that, had the Project Director not occupied an authoritative role (in order to counter the power of sex workers’ adversaries), and had the Project not negotiated carefully with club members and madams, it would not have survived and succeeded for 14 years. The ideals of community leadership and participation are premised upon democratic and egalitarian principles, and focus on the members of the marginalised ‘target’ group as the participants. We have shown that the existing ecology of powers in a historically marginalised community holds the marginalised group in a fractured and unequal set of interdependencies. In such instances, we have argued, the contradiction of involving more powerful others is *necessary* to the extent that those others either have the power to put a stop to the project, or can offer its support without which it would fail. Ideally, as the participatory project develops capacity, independence from those other groups grows.

Over the course of its 14 years, the Sonagachi Project has empowered many sex workers with new skills, confidence and legitimacy, to contribute to Project decision-making meetings, to take and enforce decisions, and to represent the Project to police, politicians and the media. It has also gained increasing influence over the other powerful actors in the red light district. Thus, rather than criticising the practices of the Sonagachi Project for not meeting the lofty aims of pure sex worker leadership, we contend that it is the development

discourse that promotes unrealistic criteria for participatory projects that is worthy of criticism.

What are the practical implications of our study? If we have suggested that collusion is near inevitable, does this mean that it is not to be critiqued? Our intention is quite the opposite. We hope that our case study may facilitate a critical awareness among practitioners, evaluators and policy-makers of the dilemmas of intervention in settings characterised by power inequalities, because those power inequalities can be actively managed. Firstly, it is clear that very substantial efforts and a long timeframe are required to build participants' capacities for activities such as demonstrating accountability to funding agencies, managing a large organisation, or negotiating with the powerful groups that might raise obstacles to a project. Secondly, the planning of a participatory project should include explicit consideration of how relationships with potential adversaries are to be managed, rather than denying their existence. Thirdly, project designs should provide for opportunities to monitor and critically reflect on the nature of the project's engagement with powerful groups. Reflection is no guarantee against exploitation, but it is an advance on denial. For project evaluators, we suggest that projects should not be judged by idealised standards of community leadership, but by whether practical steps to actively manage, monitor and change relationships with powerful groups have been taken.

Finally, we turn to the implications for funding agency policy. Funding agencies should understand the constraints which their ideals exert on how those applying for or receiving funding can describe their project. There is a danger that, in setting high standards of participatory excellence to be aspired to, funding policies suggest that anything less is unacceptable, thus discouraging project workers from recognising and reflecting on the compromises and dilemmas that they encounter. Perhaps donors could start to expect projects to be embroiled in dilemmas and compromises. From this point of view, a project describing itself in wholly positive participatory terms sounds unrealistic rather than admirable. Projects could be asked to include in

their funding proposals a consideration of how they are going to manage the more powerful groups who may resist their empowerment efforts.

Our interpretation also has implications for the contemporary controversy over the requirement of one funding body, USAID, that, in order to be eligible for funding, HIV/AIDS projects “must have a policy explicitly opposing prostitution” (USAID, 2005, p.7). This requirement is based on a principled opposition to the sale of sex. From the systemic point of view that we have taken, if an organisation were to wholly oppose the existence of the sex trade, and thus to attack the power base of local power-brokers, those groups would often be powerful enough to call a halt to the project. Had the founders of the Sonagachi Project opposed the existence of the sex trade at the outset, they would not have been permitted access to the sex workers. In such instances, opposing prostitution is not compatible with gaining access to the red light district, and, thus does not reflect a realistic assessment of the ecology of social relations through which marginalisation and social change or social stasis are constituted. Both the position that marginalised community members should be the leaders of community health projects, and the position that the sale of sex should not exist, imply forms of social organisation unfamiliar in contemporary impoverished and marginalised communities. The position that community health interventions in marginalised settings are likely to be involved in collusive and compromising relations is a more realistic perspective, one that yields the challenging task of continually and critically monitoring those relations.

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