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Viral Politics:

Sex Worker Activism and HIV/AIDS Programs from Bangalore to Nairobi

By

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A dissertation submitted in partial satisfaction of the

requirements for the degree of

Doctor of Philosophy

in

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of the

University of California, Berkeley

Committee in charge:

Professor Raka Ray, Chair
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Professor Lawrence Cohen

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Abstract

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Doctor of Philosophy in Sociology

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This dissertation studies the international success story of India's HIV/AIDS response and the activism of sex workers and sexual minorities that produced it. A number of recent ethnographies have turned their attention to the workings of state programs in middle-income countries (e.g. Baiocchi 2005; Sharma 2008; A. Gupta 2012; Auyero 2012), demonstrating both the micro-effects of state strategies for managing poverty on poor people and the ways in which state programs are produced outside the visible boundaries of "the state"—through NGOs and social movement organizations as well as transnational donors and research institutes. Yet, even as state programs are constituted through struggles over resources and representations within and outside the official agencies of the state, states also derive legitimacy from projecting themselves as cohesive rather than disaggregated, and as autonomous from society rather than anchored within it (Abrams 1988; Mitchell 1991b; Mitchell 1999; A. Gupta 2012). The representation of state programs as cohesive, pre-constituted, exportable "models" serves as a new way of consolidating state legitimacy within a global, hierarchical order of development "success." However, this dissertation argues that the traveling policies disseminated through transnational expert communities are a selective codification of hard-fought struggles among institutions within the state, between the state and organizations, among organizations, and among groups within organizations over the aims and strategies of social policies and programs. These struggles shape what travels in traveling policies and what is left out. Drawing on over 150 in-depth interviews and a year of participant observation with sex workers involved in implementing policy in community-based organizations, NGOs, and activist groups, I show how the material and social conditions of men, women, and transgender women in sex work, mediated through community-based organizations, constituted the successful approaches to HIV prevention that were later, sometimes selectively, translated around the world.

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List of Terms

Avahan	The Gates Foundation India-wide program for HIV/AIDS control
The Empowerment Project	A pseudonym for an NGO working with sex workers and bar hostesses in Nairobi
CBO	Community-based organization, run by elected leadership from the community with which it works
FSW	Female sex worker
Hijra	A member of a traditional group of transgender or transsexual women with a distinct set of religious, cultural, social, economic, and familial relations
HRG	High-risk group
IDU	IV drug user
ITPA	Immoral Traffic (Prevention) Act, the section of Indian law that deals directly with prostitution and its regulation
IPC	Indian Penal Code, the section of Indian law that includes restrictions on the age of prostitutes as well as criminalizing sexual activity "against the order of nature"
KHP	Karnataka Health Partners [pseudonym], a state level trust held jointly by KSAPS and a Canadian university, responsible for managing Gates Foundation funds to Karnataka for HIV/AIDS
KNASP	Kenya National AIDS Strategic Plan, Kenya's multi-year strategic plans for HIV/AIDS control
Kothi	A term most commonly used to designate male-born people who espouse some "effeminate" modes of talk and behavior and are largely sexually attracted to "masculine" men (panthis)
KSAPS	Karnataka State AIDS Prevention Society, a state-level government entity responsible for HIV/AIDS control in Karnataka
Union	A pseudonym for an unregistered trade union of men, women, and transgender women who do sex work in Karnataka that advocates for and provides basic social services to its members
MSM	Man who has sex with men
NACC	National AIDS Control Council, the Kenyan national-level government entity responsible for HIV/AIDS control and housed under the office of the President
NACO	National AIDS Control Organization, the Indian national-level government entity responsible for HIV/AIDS control
NACP	National AIDS Control Program, India's multi-year strategic HIV/AIDS response plans
NASCOP	National AIDS and STI Control Program, the Kenyan national-level government entity responsible for HIV/AIDS control and housed under the Ministry of Health
NGO	Non-governmental organization
Women's Collective	A pseudonym for a CBO of women in sex work
The Clinic	A pseudonym for an NGO and clinic working with sex workers in Nairobi
Expert Group	A pseudonym for an organization responsible for supporting NASCOP's programs in targeted HIV prevention

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Preface

   The first thing I noticed about Lata[1] was her voice. Clear, forceful, with a husky edge and
eloquent precision, Lata's voice commanded attention in a room, her turns of phrase often forcing
me to dig a notebook out of my bag at times when I hadn't planned to write things down. I was just
beginning my fieldwork, and, as we sat on a bench at the Kolkata conference center, grateful for a
little bit of shade, she and her colleague Sita told me about the organization I call the Union. Just a
few months before, the founder of the Union, a well-known sex worker activist, had passed away.
Lata pointed at a picture in the lobby outside the conference hall, garlanded with brown flowers in
the wilting humidity of July. There were sex workers, activists, funders, and UN officials from all
over the world at the conference, and Lata was proud to see the photo displayed among them. It
was the first of many photos of Asavari I would come across as I continued my fieldwork. I would
stare at the photos, looking for hints in the blurry images of her face for the infectious energy, the
visionary politics, the celebratory refusal to live in fear of her disease that I had so often heard about.
"If she were here, she'd be the one telling you about the Union," Lata said.
   Lata looked younger than 40, with pale skin she often offset with saris in deep colors and a
way of holding her back impeccably straight that made her seem taller than she was. There were
wrinkles around her eyes, as though she'd been squinting into the sun. A year after I'd met her, I
finally asked if I could interview her with a recorder. Lata was born into a family classified as
scheduled caste (SC) or Dalit.[2] She had been married at 14 into a family of traveling folk
performers, she told me that afternoon, sitting on a small cot in her friend Manjula's house. It was
on the top floor of a small apartment building, dim but neat. The family had refused to introduce
her to the intended groom until the day of the wedding, and there were stories in the village that the
family had murdered their own aunt three months before. Lata said she didn't want to get married
into a family like that, but her mother insisted. "My mom said we've spent so much, and bought
everything for the wedding, and worked hard….she cried and touched my feet, and said you're the
eldest daughter, and if you don't get married, no one in the family will get married…I had to listen,
didn't I?" When she finally saw the groom, Lata said, she cried. "Was I really weighing my family
down so much? If they'd given me work to do, I'd have done it."
   Lata grew up on the outskirts of Bangalore, the capital of the state of Karnataka, in a time of
dramatic change. The sociologist M.N. Srinivas (1980) once wrote about a village in this region of
Karnataka as the classic rural social microcosm. The town where Lata now lived, however, famous
for a dramatic landscape of crumbling red hills that was often used as a setting for films, was less
isolated than it initially appeared. A silk-producing town, it saw its population grow by a fifth
between 2001 and 2011, to some 95,000 people, only 4% of whom worked as agricultural laborers
or cultivators. In the same period, nearby Bangalore grew by 49%, to 8.5 million people (Census of
India 2001; Census of India 2011), and has become internationally known as the Silicon Valley of
India, with large areas of land surrounding the city now devoted to corporate infrastructure for

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[1] All names are pseudonyms, except when I write about a public figure. Names of organizations are
also pseudonyms except for in the case of government offices and in the case of DMSC, because it
would be impossible to provide the relevant context while keeping the organization anonymous.
[2] Dalit, meaning "oppressed" or "crushed," is a term used to refer to groups considered
"untouchable" in the Indian caste system. The term Dalit is a political term that emphasizes the
systematic oppression of these groups; the census categorizes them as scheduled caste (SC) or
scheduled tribe (ST).

multinational IT companies and high-end real estate development. A symbol of India's growth, Bangalore operates with two parallel economies and governance systems, one for the city's elite and one for its poor (Benjamin 2000). Some 25% of Bangalore's population, according to some estimates, lives in slums (Benjamin 2000, 38)[3], and the state of Karnataka ranks 24th of 35 states in India for its poverty levels, with a fifth of its population living below the poverty line (Government of India Planning Commission 2012, 6). At least 15% of Karnataka's urban residents, according to 2012 estimates, live below the poverty line (Government of India Planning Commission 2012, 6).[4] While Karnataka offers, by some measures, a higher standard of living than other Indian states, its deepening inequality reveals the limits of celebratory accounts of Karnataka's rapid economic development.

      For Lata, these were not the only ironies. "Their culture was great!" she told me sarcastically of her new in-laws. "You always had to be wearing this wide a *kumkum* (vermilion) on your forehead, bangles up to here" (she pointed to her elbow) "and the *pallu* (the edge of the sari) shouldn't slip; you had to pull it together and pin it. Just look at the tradition in their house! But if you looked inside, it was all rotten!" Any time her father-in law washed his hands, he'd wipe his hands on your sari, she said. When you leaned over to serve his food, he'd give you a strange look. One night, when everyone else was out of town for a performance, he had come into her room and demanded to have sex with her. "I've paid the money and I've gotten you married," he said. "Out of all eight of us [men living in the house], whoever comes, you can't say no." Lata said she didn't know where the anger and strength came from, but she fought him until he gave up and left. When she told her husband about it, he said if the land belonged to the family, it didn't matter who planted the seeds: the value would accrue to all of them. Once, while the rest of the family was out of town, her brother-in-law attempted to rape her and, as she fought back against him, she fell into a gutter outside her house. She was seven months pregnant. She miscarried soon after.

      But these struggles were nothing, Lata said, compared to what happened afterward. She returned to her parents' house and refused to live with her in-laws. Soon after, she ran away with a man from another district. They traveled all over southern India; he would accrue debts, she said, and she would pay them back with her earnings from selling homemade pickles. When the debts grew too high they would move to another town. Once she'd had one child and was pregnant with

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[3] Official figures for the percentage of urban populations living in Indian slums tend to fall much lower. I calculated from Census (2011) data that 8.1% of Bangalore's population lives in slums. I calculated this proportion from the 2011 Primary Census Abstract Data for Slums and urban population totals from the 2011 Census. This is a relatively low proportion; according to the same calculation, 17.4% of India's urban population lives in slums. The overall proportion of the urban population living in slums for Karnataka, 13.9%, is lower than that of its neighboring states, Andhra Pradesh (36.1%), Maharashtra (23.3%), and Tamil Nadu (16.6%).

[4] This poverty estimate is based on the poverty line set by the Tendulkar Commission (Tendulkar, Radhakrishna, and Sengupta 2009) of a monthly income of INR 902 (15 USD) for rural Karnataka and INR 1089 (18 USD) for urban Karnataka (Government of India Planning Commission 2012, 5). In July 2014 an expert review led by C. Rangarajan proposed an alternative methodology that would raise the poverty line to INR 975 (16 USD) for rural Karnataka and INR 1373 (23 USD) for urban Karnataka, in order to reflect the "changing times and aspirations of the people of India (Rangarajan et al. 2014, 1). This change adjusted for high costs of living in urban India, changing the estimate of urban poverty in Karnataka to 25.1%, rural Karnataka to 19.8%, and Karnataka overall to 21.9% (Rangarajan et al. 2014, 66).

another, he disappeared. Her family was reluctant to care for her and her children, saying her presence was a threat to their honor and a burden on their finances. After months of physical and emotional abuse, she ran away, fifteen days after the birth of her second child.

Initially, Lata worked in a brick factory. She lived in the factory quarters with her children. It was a friend who introduced her to sex work. "I though, how long can I take care of the kids with 20 rupees ($0.32)? They give 5 kilograms of rice and oil. How long can I do this for my kids?" She first worked for an acquaintance, who took nearly half of her earnings as commission, until a particularly solicitous client gave her enough money to pay the deposit on her own apartment. Eventually she made enough money to put her children through school. It was, of course, no charmed life. "My problems increased," she said. She was harassed and beaten by local thugs. Still, she said, "this profession (*vritti*) is what filled my hands." Her voice filled with pride and a twinge of redemption as she described holding an elaborate wedding for her daughter in her family's village. She had invited all of her family members to the wedding, she said, the same ones who had once chased her out of her village with a three-year-old daughter and an infant, calling her a *sule*.[5] "For all the pain they gave me," she said, "I wanted to give them something back."

Lata's first contact with a sex worker organization came more than a decade after she first began doing sex work, after her daughter's wedding. In 2002, she met a field supervisor from an HIV[6] prevention NGO. The NGO, formed in 1998, was one of a growing number of HIV prevention NGOs in the state of Karnataka: between 2000 and 2004, the number of HIV prevention projects run by NGOs and receiving state funding more than doubled to 30 (PFI et al. 2004, 20), as part of a nation-wide effort at HIV prevention, with a particular focus on "high-prevalence" states.[7] Starting in 2003, Karnataka became a focus state for the Gates Foundation's $338-million HIV/AIDS program in India, the Avahan initiative. At the time, public health surveillance indicated that 14.4% of women in sex work in Karnataka were HIV positive (PFI et al. 2004, 6). In Lata's district in 2004, HIV prevalence among all pregnant women was estimated at 2.5% (PFI et al. 2004, 9), and public health experts warned of a catastrophe. Lata herself had not heard of HIV/AIDS, but from the NGO, she learned about STIs and HIV, and became a peer educator who kept in contact with sex workers, provided them with condoms, and brought them to clinics to get them tested. Lata became well versed in the language of HIV prevention—meetings, trainings, field visits, peer educators, mapping—and began to monitor regularly the sexual behavior of sex workers she contacted. She filled out forms every week documenting the sexual activities of her regular contacts, keeping track of how many partners they had had, how many times they had had protected sex, and how many condoms she had given them. Through detailed forms that lay at the heart of the government and the Gates Foundation's targeted, evidence-based strategy, Lata learned to categorize her contacts as FSW (female sex worker) or MSM (men who have sex with men), and describe FSWs as "home-based," "street-based," or "brothel-based." The stacks of forms on which Lata documented her peers' sexual acts, clients, and health status, and condom use would be aggregated weekly and monthly across her zone, then across the city, then across the state, to

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[5] *Sule* is a derogatory term in Kannada, the official and most commonly spoken language of the state of Karnataka, for a prostitute.

[6] In general, I use HIV (Human Immuno-Deficiency Virus) when describing programs focused on *preventing* transmission of the virus, and HIV/AIDS (Acquired Immune Deficiency Syndrome) when describing programs that address both the *prevention* of HIV and the *treatment* of full-blown AIDS.

[7] "High prevalence" indicated HIV prevalence higher than 1%.

form an intricate picture of sex work to be monitored and adjusted as Karnataka fought off the epidemic.

Through the efforts of women like Lata, by 2011, the Karnataka government would claim to have reached over 98,000 sex workers with HIV prevention information, testing, STI treatment, and other programs (KSAPS 2011, 25), and would become one of the success stories of the national government and of the Gates Foundation. The UNAIDS 2010 Report on the Global AIDS epidemic noted, citing a study of a sex worker intervention in Karnataka (Moses et al. 2008), that "the Indian state of Karnataka has shown evidence that intensive HIV prevention efforts among female sex workers can be highly effective" (UNAIDS 2010, 34); an article in *The Lancet* found that the Gates Foundation's program, out of its six focus states, was most effective in Karnataka, where it was associated with a 12.7% decline in HIV prevalence (Ng et al. 2011, 1649). The success of Karnataka was part of a broader narrative of India's success in stopping the HIV/AIDS epidemic before it started, a narrative that was quickly tied up with national pride. Sudhakar Rao, a former director of the National AIDS Control Organization, NACO, told me,

> "UNAIDS…look[s] completely to India as a success story. Even on the world stage. If they want to show success, India is one of the countries they always show. We are achieving MDG 6,[8] halting and reversing the epidemic, which means you have to reduce new infections by 50%. India already reduced [new infections] by 56% already. In 2015 when we go to the world stage, India will be in the list of countries which have achieved MDG 6. Not many have done it. It's a great example, a silver lining in the dark cloud we have in this country, when we have so many failures, at least something we can show as a success. And they also understand [that], in a country like India, it's difficult to make anything succeed."

The success of India on the "world stage" was tied to the dissemination of Indian approaches around the world. Over the course of my fieldwork, I collected endless process reports, guideline documents, training materials, and evaluations about the program in Karnataka that were meant to be disseminated to similar programs in sub-Saharan Africa and southeast Asia. Academic papers about the program were published in journals of public health, social science, and medicine, and cited in the reports. Sometimes I would catch glimpses of health educators and activists I knew in the gleaming photos scattered through these documents. Smiling from these high-gloss pages, and integrated with data about declining HIV prevalence and increased numbers of sex workers reached with health information, images of people like Lata seemed to blend into an undifferentiated crowd—like the graphs, tables, and academic citations, they reinforced the unity and cohesiveness of India's HIV/AIDS international "success story."

Yet, from Lata's perspective, HIV/AIDS was only one step toward her initiation into organizations and activism. In 2006, at the invitation of some of her NGO friends, Lata decided to move to a newly forming organization. At a time when HIV prevention programs for sex workers in Karnataka were growing rapidly, the Union was one of the only sex worker organizations in Bangalore not implementing a state-level HIV/AIDS program, and focused instead, exclusively, on claiming legal recognition and workers' rights for sex workers. It was the NGO that brought change to her life, Lata said, but it was the Union that taught her she was no less than anyone else, that if

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[8] The UN's sixth Millennium Development Goal (MDG), set in 2000 to be met by 2015, committed member countries to "combat HIV/AIDS, malaria, and other diseases," which included the target of halting and reversing the spread of HIV/AIDS and achieving universal access to AIDS treatment.

she was unified with others, she could achieve something. She began to speak more openly about her life as a sex worker in meetings. As a Union leader, she traveled around the state and around India, held elected positions, and marched in protests against police abuse and in favor of the recognition of sex work as work. On a day-to-day basis, she helped Union members obtain ration cards, voter identity cards, and loans, and leave abusive partners. She participated in protests of coercive HIV/AIDS policies and, with the Union, demanded the closure of an HIV/AIDS NGO that had engaged in unfair labor practices. She befriended transgender women and men who had sex with men. Outside of her Union work, she occasionally did sex work and had a partner who lived with her, a younger man who, she said, gave her some money, came home at dinnertime every night, and asked relatively little in return.

Sex workers play multiple roles in popular imaginaries. At times they serve as symbols of abject suffering and absolute moral degeneration; at other times they become utopian figures of uncommon strength or sexual freedom. Sex workers mark the limits of feminine respectability, or in left politics, become the "ultimate objectification of women and the ultimate alienation of labor" (Pheterson 1993, 57). In their most simplified visions, anti-sex-work advocates see sex workers as victims, both dangerous and pitiable; activists see them as a liberated sexual vanguard; and public health programmers see them as the root and thus the possible solution to the spread of infectious disease. Lata's story collapses these caricatures into a more complex trajectory of labor, sex, and survival. Her in-laws saw her as a sexual commodity with unlimited returns, land on which to plant seeds. She moved into small-time business, then waged factory labor, then into full-time sex work, then into NGO work, and finally into activism alongside sex work, but these moments in her life represented neither inescapable constraint nor unfettered agency.

Lata's activism was part of the emergence of social movements focused on sexuality all around India that coincided with, and were partly catalyzed by, the HIV/AIDS epidemic. In 2009, in response to a 2001 writ petition filed by the Naz Foundation, an NGO working on HIV/AIDS prevention and treatment, the Delhi High Court declared Section 377 of the Indian Penal Code, which criminalized "carnal intercourse against the order of nature," unconstitutional. The court relied heavily on arguments about the barriers Section 377 posed to HIV prevention, and a 2006 affidavit supporting the petition from the National AIDS Control Organization (NACO). In 2006, when the Ministry of Women and Child Development introduced a bill in Parliament that proposed amendments to the Immoral Trafficking Prevention Act (ITPA), including making paying for sex a punishable crime as a way of curbing sex trafficking, sex worker groups like Lata's across the country protested, with vocal support from NACO, and the bill eventually lapsed in 2009. Lata herself traveled to Delhi to protest the bill. These were national-level shifts, but there were local ones too. In Karnataka in 2005, the Director General and Inspector General of Police issued a circular instructing police officers not to arrest sex workers under ITPA, as a way of reducing the "harassment of the women sex workers." Perhaps most significant were shifts in everyday practices of policing sex work. As Lata and other sex worker activists like her argued case after case in local police stations, speaking up against unlawful detainment, violent harassment, and sexual assault by the police, the police began to think differently about sex work. Lata said that where police used to beat up sex workers or demand bribes, now they would offer sex workers a seat and a cup of coffee. These shifts in the politics of sex were less likely to be exported as part of India's HIV/AIDS "success story," but they were in many ways fundamental to it.

By the time I met her, Lata was completely different from the young girl married into an abusive family at the age of 14. Years later, she bumped in to her former husband one day on the way to visit her daughter. "He had forgotten me," she said. "I said…you forgot me already? He

said I forgot you. Have you seen your wife? I asked. He said she left, why do you ask? I said my God, I'll throw my sandal at you! He said I don't even know you; why are you yelling at me?" Lata collapsed into laughter. "I don't know where he went after that!"

Several months after our interview, Lata left behind activism, too. She had become frustrated working at the Union, especially after she lost her elected position to a competitor by a narrow margin. She said she was tired of a job that took more time than she felt she had, traveling back and forth to Bangalore, and some rivalries and arguments with her colleagues had made organizing work more and more of a strain. She began to buy bangles wholesale in Bangalore and sell them in a stall near the bus station in her town market. Ultimately, then, she found herself back in the informal economy, like millions of Indian workers: in 2005 an estimated 91.3% of Indian working women and 84.0% of Indian working men worked in the "unorganized sector" (NCEUS 2007, 241).[9]

Each of these stages of Lata's life, to varying degrees, involved sexual exchanges for money, whether the exchange of paid sex or marriages and partnerships involving both intimate and economic relations. Lata first began to use the term "sex worker"[10] when she came to the Union, and I often saw her describe herself as a sex worker in activist meetings or forums. But most often, in conversation, she referred to herself as a member of the "community," or as a woman who does *vritti*—a woman who works in a profession. Nevertheless, identifying as a sex worker offered her access to new political solidarities and new lenses with which to analyze her life. She was proud to call herself a sex worker, sometimes complaining about women who refused to do so, and was particularly offended if anyone accused her of not claiming a "sex worker" identity. "I say sex worker first," she said, "because you shouldn't forget the path you came on." But "sex worker" was only one of her roles, and took on distinct meanings at distinct times, first as a source of income, then as a biomedical identification, and then as a marker of an emerging political consciousness.

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[9] The size of the informal labor force in India is notoriously difficult to define and measure. The figure from the National Commission for Enterprises in the Unorganized Sector (NCEUS) is expansive, and includes both non-agricultural and agricultural laborers. It assumes all agricultural activities to form part of the unorganized sector as well as "workers in the formal sector without any employment/social security benefits provided by employers" (NCEUS 2007, 3). India's National Sample Survey (NSSO 2012, 39) reported that in its 2009-10 round, 72.6% of all workers were employed in the informal sector [including those working in "unincorporated enterprises" ("proprietary and partnership" enterprises) and in employers' households]. This was a decrease from the 2004-5 figure of 79.5%. A slightly larger proportion of women (73.7%) than men (72.3%), and a larger proportion of rural workers (75.2%) than urban workers (69.5%) were employed in the informal sector. These figures account for non-agricultural sectors and *some* industries within the agricultural sector (NSSO 2012, i). The ILO uses NSS 2009-10 data to report that, including workers *employed in the informal sector* and workers *employed informally outside the informal sector*, 86.6% of women and 82.7% of men in non-agricultural employment in India are informal workers (ILO 2012, Figure 2). Informal workers' movements have pushed for a broader definition of informal sector labor and have "achieved a near consensus" that informal workers comprise 93% of the Indian workforce (Agarwala 2013, 220). For a useful methodological discussion of the count of informal workers in India, see Agarwala (2009) and Appendix II in Agarwala (2013).
[10] Sometimes, my interviewees referred to themselves with a term for "sex worker" in Kannada, *laingika karmikaru*, but, more often, they used the English term.

The HIV/AIDS epidemic has lent all of these tensions in the categorization of sex workers new intensity, occasioning new ways of classifying and monitoring sex workers as well as offering openings for sex workers to articulate new collective solidarities. As Lata's story shows, however, sex workers' lives and struggles do not begin and end with their relationship to HIV/AIDS. Lata's trajectory through her early marriage, her subsequent relationships, and her various jobs informed her analysis of gender relations, sexuality, and work, and shaped her approach to HIV/AIDS programs. Indeed, work and sex were intertwined in her life long before she first stood at the bus stand to pick up clients. Yet it was participation in HIV/AIDS NGOs and, later, the Union, that crystallized her understanding of herself as a sex worker, and the designation gave her space to make claims on the state that, earlier, might never have been possible. This dissertation will examine the contradictory possibilities of this conjuncture, in which disease risk, in unexpected ways, became an avenue for women like Lata—in India and around the world—to articulate the conditions of her life and work.

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I owe my intellectual career to my parents, Jyothi and Harohalli Vijayakumar and my sister, Nandini Vijayakumar: their curiosity about transnational questions, love of ideas, and radiant generosity and warmth toward everyone they meet are what have made me a sociologist. Without question or complaint, my family has sustained me through an often winding and difficult road, and their faith in me has kept me rooted. I would also like to thank my extended family, in particular those who hosted me time and again in Bangalore during my research, Lalitha Ramesh and Meenakshi Kurpad, and Susan Montgomery and Michael Williams. Most importantly, I have in Joshua Williams a

Introduction

In October 2013, as I began to make my way from the office of a clinic for sex workers (hereafter referred to as the Clinic) in Nairobi to the nearby *matatu* stop, a woman sitting in the waiting area stood up and asked very politely if she could have a word with me. Grace was small and thin, with impeccable posture and a jagged scar across her mouth. Tentatively, but insistently, she told me she was a sex worker, and had previously worked at the Clinic as an HIV peer educator. Then she had been arrested while doing sex work. When she had finally been released from jail, she had found herself destitute. She had three children, she said, one only seven months old. She might be dressed well, she pleaded, as though that might have dissuaded me, but she had nothing. She didn't even have the money to buy the first drink at a bar where she might pick up a client. Could I find her a spot in the next peer educator training session? As if to prove her resolve, she rifled through her handbag until she found a crumpled business card to show me. I was surprised to see the familiar logo of two sari-clad women, supporting a third, weeping woman. It was the logo of a sex workers' rights and HIV prevention organization based in Mysore, India.

How did this business card from a sex worker group in Mysore find its way to a sex worker in Nairobi? And why did Grace associate me, as a visiting Indian American, with a possible health educator job for a sex worker at a Nairobi NGO? Answering this question demands a transnational analysis of policy adaptation and transformation that traces the movements of HIV and sex work programs from Kolkata to Bangalore, Bangalore to Mysore, and Mysore to Nairobi, not to mention the mediation of expert knowledge through institutions in Geneva, Seattle, and Winnipeg. It requires a disaggregated analysis of national state and transnational institutions in North America, Europe, India, and sub-Saharan Africa; UN agencies like UNAIDSs and UNFPA, donors like the Gates Foundation, the Global Fund to Fight AIDS, TB, and Malaria, HIVOS, the Open Society Foundation, the Department for International Development (DFID), and the U.S. Agency for International Development (USAID); the Indian and Kenyan central government agencies for managing health and those for managing gender and women's affairs; and state government agencies like the Karnataka State AIDS Prevention Society and their para-statal affiliates. Most importantly, it requires an analysis of the proliferation of non-governmental organizations (NGOs) and community-based organizations (CBOs) involved in the HIV/AIDS response, involving hundreds of thousands of sex worker and sexual minority[11] activists and peer health educators across India, whose sharp criticisms of narrow biomedical approaches to HIV prevention, and struggles over how to interpret and represent their own material and social conditions, would eventually be codified and disseminated as a singular "Indian" model of HIV prevention in global policy exchange.[12]

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[11] I use the term "sexual minority" as shorthand for accommodating a wide range of sexual identities, categories, and preferences, including gay, lesbian, transsexual, transgender, bisexual, "double-decker" (usually used to describe a male-born person who prefers both receptive and penetrative sex, with men and women), *kothi* (usually used to describe an "effeminate" male-born person who prefers male partners) and *hijra* (usually used to describe a male-born person who wears conventionally female clothing and may have undergone a castration operation, and participates in the *hijra* system of family relationships, religious and cultural traditions, and economic ties). There are benefits and limitations to using such a broad term. I adopt it because it is the term adopted by the organizations I foreground in this dissertation.

[12] The Gates Foundation funds "South-South partnerships" to transfer policy approaches for HIV prevention from India to South Africa, Kenya, Thailand, Bangladesh, Sri Lanka, Ghana, Ethiopia,

This dissertation presents such an analysis, studying the international success story of India's HIV/AIDS response and the activism of sex workers and sexual minorities that produced it. A number of recent ethnographies have turned their attention to the workings of state programs in middle-income countries (e.g. Baiocchi 2005; Sharma 2008; A. Gupta 2012; Auyero 2012), demonstrating both the micro-effects of state strategies for managing poverty on poor people and the ways in which state programs are produced outside the visible boundaries of "the state"—through NGOs and social movement organizations as well as transnational donors and research institutes. Thus, as Gupta (2012, 69) argues, "policy is not made just at the Center and disseminated down the hierarchy….Rather, policy is made at all levels where the meaning of the state is constructed and where the implementation of policy takes place." The relationship between the state and social movements is mutually constitutive: civic participation is configured, as Baiocchi (2005, 18) puts it, across the state-society divide, such that social movements are conditioned by but also transform state interventions.

Yet, even as state programs are constituted through struggles over resources and representations within and outside the official agencies of the state, states also derive legitimacy from projecting themselves as cohesive rather than disaggregated, and as autonomous from society rather than anchored within it (Abrams 1988; Mitchell 1991b; Mitchell 1999; A. Gupta 2012). This dissertation argues that, in an era of rapid policy travel from place to place, in which development "fixes" are repackaged and exported around the world (Peck and Tickell 2002a; Taniguchi and Babb 2009; Peck and Theodore 2010b; Peck and Theodore 2010a; Brenner, Peck, and Theodore 2010; Peck and Theodore 2012; Chorev 2012a; Ganuza and Baiocchi 2012; Babb 2013; Baiocchi and Ganuza 2014), the representation of state programs as cohesive, pre-constituted, exportable "models" serves as a new way of consolidating state legitimacy within a global, hierarchical order of development "success." Thus, when Indian policy officials disseminate Indian "best practices" to their counterparts in southeast Asia and sub-Saharan Africa, they also seek to consolidate India's position as a more advanced developmental state within a globally competitive arena, mediated by transnational donors and experts. This dissertation further argues that to read these traveling models as the intellectual product of these policy officials, donors, and experts is to misunderstand the ways in which policies are made. Rather, the traveling policies disseminated through transnational expert communities are a selective codification of hard-fought struggles among institutions within the state, between the state and organizations, among organizations, and among groups within organizations over the aims and strategies of social policies and programs. These struggles shape what travels in traveling policies and what is left out. In short, in contrast to scholars who have traced the travel of development "models," this dissertation argues that the content of "models" is constituted through struggles. Focusing only on traveling experts misses the extent to which much of the content of development programs does *not* travel, but is left behind.

In Nairobi, Grace sought employment at an organization that was attempting to reproduce "Indian" approaches to HIV prevention with sex workers. At this small clinic for some of Nairobi's most marginalized women, at least two groups of HIV experts from different Indian cities had arrived in the last two years to gather information, present new monitoring and program evaluation strategies, and conduct training sessions and meetings on how to involve sex workers actively in HIV prevention, based on the experiences of HIV prevention programs in India. In this context,

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Zambia, Mozambique, Uganda, Nigeria, and Tanzania. Indian heath officials have gone on to serve as consultants for UN agencies and disseminate Indian "best practice" experiences around the world. I focus here on Kenya.

Grace could be forgiven for confusing me with other notebook-wielding middle-class Indian women who had passed through the clinic asking questions about the empowerment of sex workers. India's HIV prevention program with sex workers and sexual minorities was now considered a global "best practice," "the Indians" (as I was often told) representative of a scientific, focused, efficient, statistically driven approach to disease containment. Yet the program the Clinic and other sex worker organizations sought to emulate was implemented by organizations of sex workers and sexual minorities who, since the 1980s, had actively opposed the state's response to HIV/AIDS. Though glossy brochures and slide presentations presented India's HIV successes as the realization of an intentional, pre-fabricated plan, HIV prevention in India was achieved through endless contestation and bitter opposition, and a wide variation of approaches in different political contexts with different local histories of sex work.

This dissertation, then, traces the relationship between what Abrams (1988, 82) would call the "state-system" and the "state-idea" in the era of traveling development policy, between situated struggles over institutional resources and policy strategies and the ways in which these struggles are represented as they are exported from one place to the other. On the one hand, through interview data and analysis of policy documents, I trace HIV prevention programs from an influential sex worker program in Kolkata, in West Bengal; to efforts to reproduce the Kolkata model in Bangalore, in southern India; and finally to efforts to export the new Bangalore model to Nairobi. Each of these attempts to reproduce prior HIV prevention approaches relied on acts of representation, on attempts to project a cohesive vision of state interventions as exportable instruments. On the other hand, through ethnographic observation and interview data, I analyze the nexus of state agencies, donors, community organizations, and NGOs within Bangalore through which the model imported from Kolkata was constituted, and ultimately repackaged for export to Nairobi and other parts of the world. I analyze struggles over the aims and strategies of HIV prevention programs in Bangalore, first, among community organizations, NGOs, and state agencies; second, between NGOs with distinct collective identities, social movement alliances, and ethics of femininity; and third, among distinct groups of sex workers living in distinct material and social conditions. I argue that it was the outcome of these struggles, within the political context of Bangalore, that would ultimately be represented as a cohesive "model" in Nairobi, in turn reinforcing the success of the Indian state in reference to other developmental states—but this model was very different from the approach sex workers in Kolkata had advocated. The HIV prevention programs in Nairobi were only a stripped-down version of a stripped-down version of the program sex workers in Kolkata had envisioned.

AIDS as Development Problem: Risk, Public Health, and AIDS Exceptionalism

Why should questions of the material and social conditions of sex workers and sexual minorities, social movement collective identities and alliances, political contexts, and state-NGO relations play a role in the response to HIV/AIDS, ostensibly a medical problem with a medical solution? First, unlike HIV/AIDS programs in sub-Saharan Africa in the 1990s and 2000s, Indian HIV/AIDS programs unfolded not in the context of a state of crisis so much as the threat of an impending one: HIV prevalence never reached more than 1% nation-wide, whereas, for example, 14% of Kenyans in the late 1990s were estimated to be HIV positive (NACC 2009b, 5). Thus, while forms of political contestation around HIV/AIDS in sub-Saharan Africa, as well as North America and Europe, centered on those who were already HIV positive and their right to life-saving

medication, Indian AIDS politics hinged on the category of the "at-risk group."[13] Planning, projection, and risk played a particularly major role in Indian HIV/AIDS approaches, and as activists engaged with public health programs, they insisted that preventing HIV meant addressing the social and material needs of at-risk groups, broadly defined. More than 70% of India's AIDS program budget in its third phase was devoted to prevention (NACO 2003, 14), while prevention funding usually comprises less than a quarter of the budget in Kenya (NACC 2009b, xiv). At-risk groups in India claimed more than access to medication and clinical trials, but instead leveraged their categorization as groups—sex workers, men who have sex with men, and IV drug users—into group-based claims for social citizenship outside the conventional disease prevention realm. Activists from at-risk groups made claims on the state as "communities" who deserved group benefits. In addition to demanding access to medication, they also worked to place issues such as the reduction of police violence against sex workers and LGBTQ people, access to social benefits and voting rights, the decriminalization of sex work, and the elimination of anti-sodomy laws on the HIV/AIDS agenda.

Second, the very definition of medical intervention, especially within the emerging field of "global health" (Biehl and Petryna 2013) was expanding at this time to include approaches that engaged the structural context of disease and incorporated social welfare into health programs. This approach was exemplified by "community mobilization," a strategy for altering the social context of disease wherein "marginalized communities, *as communities*, are mobilized or mobilize themselves to challenge different forms of power (e.g. gender, economic, state) that shape their risk" (Blankenship et al. 2010, 1629, original emphasis). The work within medical institutions of medical anthropologists and sociologists, and the increasing involvement of these specialists in the design of medical interventions, provided openings for at-risk groups to shape the ways in which their material and social conditions were and were not addressed by public health programs.

Third, as Ann Swidler's (2006; 2009) work has noted, the massive influx of financial resources into countries in sub-Saharan Africa in particular, but also into South and Southeast Asia and Latin America, has meant HIV/AIDS has become the basis for state responses to social problems it has previously failed to acknowledge. This is not to minimize the devastating effects of the disease, particularly on socially and politically excluded groups. Since the first cases of AIDS were identified in the early 1980s, an estimated 36 million people have died of AIDS-related illnesses (UNAIDS 2013); its tragic effects are difficult to overstate. Nevertheless, the global response to HIV/AIDS is, after decades of activism, in many ways a success story: in 2008, Peter Piot, executive director of UNAIDS, wrote in the organization's yearly report that "the world is, at last, making some real progress in its response to AIDS" (UNAIDS 2008), and in 2009 UNAIDS reported that the epidemic had passed its peak and was on the decline (UNAIDS 2009). Indeed, HIV/AIDS programs have seen a remarkable concentration of financial and institutional resources, leading to

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[13]Which groups qualify as "at-risk" has varied across regions and stages of the epidemic. Most often, groups include female sex workers, men who have sex with men, and injecting drug users; they also sometimes include prisoners, youth, adolescent girls, truckers, migrant workers, construction workers, fishing communities, and members of the military. As I show in Chapter 5, over time AIDS agencies have increasingly sought to standardize definitions on the first three groups above, using different terms, such as "vulnerable," for the others. Truck drivers and migrant men are often referred to as "bridge populations" who become infected with HIV from contact with female sex workers and then spread it to non-sex-working women in their native villages. Booth (2004) points out that this model implies that female sex workers are the origin of risk.

charges of "AIDS exceptionalism" (Casarett and Lantos 1998; Smith and Whiteside 2010; Bayer 1991; England 2007; Shiffman 2008; Morfit 2011), such that states and donors address AIDS at the expense of other social welfare programs. In 2012, $5.6 billion of worldwide official development assistance was dedicated to STD and HIV/AIDS control, compared to $9.9 billion in the health sector; in 2007 nearly the same amount of official development assistance ($7.6 billion and $7.9 billion) was committed to STD and HIV/AIDS control and the rest of the health sector respectively.[14] UNAIDS reports that, accounting for all funding sources, $18.9 billion was available for HIV/AIDS programs in 2012. Against this backdrop, HIV/AIDS is not simply a medical problem; it is a development problem, and its long-term social, institutional, and political ramifications extend far beyond the medical realm. In this dissertation, I analyze HIV/AIDS not as a medical problem to be solved, but as a catalyst for a reconfiguration of the politics of sex work and sexuality in India (Lakkimsetti 2014) with potential long-term effects.

In the remainder of this introduction, I elaborate on the literature on "policy mobility" in the era of neoliberalization and argue for a reconceptualization of state programs as sites of struggle that produces cohesive "models" that are then exported. I then develop an approach to analyzing struggles over HIV/AIDS policy across the state-society divide, drawing on political sociology and the sociology of social movements. I argue that the literature on collective identity provides the necessary basis for explaining the wide variation in groups' demands in relation to HIV/AIDS policy, but it must be systematically linked to relations with the state on the one hand and social and material conditions on the other. Finally, I provide some necessary background on the history of sex worker activism and its relation to sex-radical and Marxist feminisms from the 1970s onward. I follow this discussion with a description of my method and conclude with an outline of the dissertation.

Viral Policies: Neoliberalization and the Postcolonial State

Accounts of neoliberal governance and institutional restructuring[15] draw liberally on metaphors of disease. For Mitchell (2002), neoliberal capitalism survives "parasitically" on local

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[14] This figure comes from the OECD Creditor Reporting System (CRS). OECD countries report development aid to CRS annually, allowing for comparison across sectors. The figures include official aid channeled through multilateral agencies, but not funding from private agencies or domestic spending. In total, official development assistance for "STD control including HIV/AIDS" amounted to $5.6 billion in 2012, or about 29% of the $18.9 billion in total funding available for HIV/AIDS according to UNAIDS in 2012. I calculated the figure for development commitments (not disbursements) in 2012 US dollars, for official development assistance for all recipient countries, channels, and types of aid. I provide health sector commitment amounts for the sake of comparison. STD and HIV/AIDS control does not fall under the health category in the CRS; it falls under population and reproductive health, of which it has constituted between 67% and 80% of official development assistance since 2003. The CRS also includes a category for "social mitigation of HIV/AIDS," which accounted for 2% of commitments under "other social infrastructure and services" in 2012.

[15] Evans and Sewell (2012, 36) describe the term "neoliberalism" as "troublesome," with a wide range of meanings that serve "more as an epithet than as an analytically productive concept." One area of scholarship has positioned this process as a more or less successful project by the transnational capitalist class to reassert its dominance in the post-war era (Harvey 2007). Another area of scholarship considers neoliberalism more broadly as a cultural and institutional logic: Ong (2006;

institutional forms. Peck and Tickell (2002) use Beck's (2000) language of the "thought virus" to describe neoliberal ideology. Conceived as a virus, neoliberalism as an institutional project becomes simultaneously restless and persistent, mutable and durable: "Viruses are dangerous, of course, because they spread, and bodies politic—while they may exhibit differing degrees of resistance—are rarely immune to all the strains of neoliberalism" (2002b, 392). These viral metaphors convey an understanding of neoliberal policies as constantly evolving and traveling, but also defined by basic core components. The metaphor of the "virus" emphasizes both the mutability and the consistency of neoliberal policy approaches, focusing on the travel of policies while also identifying recurring patterns.

In sociology, traveling policies have long been studied as processes of "diffusion" (Rogers 1962; Strang and Meyer 1993; Simmons, Dobbin, and Garrett 2007; Della Porta and Tarrow 2012; Chorev 2012a; Babb 2013) associated with modernity and transnational networks of institutions. Peck and Tickell (2002b) argue that the increasing tendency of development policies for poverty alleviation to travel from place to place as "best practices" is a feature of what they call "roll-out neoliberalization": if the "roll-back" phase of neoliberalization in the 1980s and 1990s was marked by the global travel of economic policies that sought to hollow out the state's public functions, resulting in poverty, inequality, and insecurity, the "roll-out" phase of neoliberalization from the 1990s to 2000s has seen a proliferation of poverty alleviation "fixes" that seek to re-instate social protection but in newly technical, market-driven terms. Such programs, such as participatory budgeting and conditional cash transfers, travel from site to site through expert networks, state agencies, and funding flows. These traveling policies retain certain consistent ideological underpinnings, because the transnational expert communities that circulate them do so selectively and purposefully. In Baiocchi and Ganuza's (2012; 2014) account of participatory budgeting, for example, as the approach becomes a traveling "best practice," its communicative dimensions are de-linked from the necessary administrative restructuring that allow participation to affect municipal decision-making (Baiocchi and Ganuza 2014).

In many ways, these viral accounts of neoliberal institutional restructuring usefully capture the transnational circulation of HIV/AIDS programs. As the AIDS virus was identified and its global travel mapped in the early 1980s, it demanded inter-state coordination and state attention to marginalized populations at the very moment when state apparatuses were being restructured and state capacities for social welfare systematically restricted (Altman 1999). As a result, HIV/AIDS programs drew on many of the tactics Foucauldian scholars have identified with neoliberal governance—among other elements, a shifting of public health responsibilities onto localized "communities," and a technocratic rendering of political participation that ultimately furthered

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2007) calls neoliberalism a "mobile technology," and emphasizes its unevenness (see also W. Brown 2015). More generally, the term "neoliberalism" is typically used to describe packages of economic policy, based on the utopian ideas of economists like Friedrich von Hayek and Milton Friedman and the influential Mont Pelerin Society, that promoted, among other things, free trade, small government, the weakening of trade unions, and the privatization of public services and enterprises, both in North America and Europe and, through structural adjustment policies enforced through the IMF and the World Bank, throughout Asia, Africa, and Latin America. Evans and Sewell (2012, 38) argue for clearer distinctions between economic theory, political ideology, policy paradigm, and social imaginary. All policies drawing on liberal ideology, they argue, are not consequences of neoliberalism.

forms of state surveillance of sex workers and sexual minorities (Miller and Rose 1990; Ferguson 1994; Li 2007).

HIV/AIDS programs combined these neoliberal logics with Western biomedical knowledge (Decoteau 2013a; Decoteau 2013b) as they traveled the globe. One aspect of this convergence is the logic of "experimentality," in which epidemiological research techniques become the basis for policymaking: each iteration of a policy possibility becomes the basis for a new reformulation and new sets of lessons to be responded to in the subsequent stage (Nguyen 2009; Nguyen 2010; Rottenburg 2009). Petryna (2007; 2009) first used the term "experimentality" to analyze the blurring of distinctions between medical care and medical experimentation in Ukraine, as private research firms pay clinicians to offer treatments as part of clinical trials. Rottenburg (2009), drawing on Nguyen (2009), extends the term to discuss the logic of the controlled experiment in the management of HIV/AIDS treatment and prevention programs in the sub-Saharan Africa. As HIV interventions are implemented in an "archipelago pattern," interventions can be compared and tested, so that "project implementation becomes a form of experimental variable testing" (Rottenburg 2009, 425). In an "archipelago pattern," interventions geographically distributed in some areas and not others allow for comparison and the generation of pseudo-experimental evidence. In India, for example, a recent evaluation of the Gates Foundation's Avahan program compared districts with "greater exposure to Avahan" to those without, concluding that Avahan had averted 100,000 new HIV infections over five years (Ng et al. 2011). As in Rottenburg's account, the program itself becomes an experiment designed to test its own value and validate the investments of donors. This "experimentality" is a feature of development policies under roll-out neoliberalization more generally, where neoliberal policies "fail forward," endlessly experimenting with new combinations of institutional elements and mutating as they move from place to place (Peck and Theodore 2010b).

While these accounts of "viral" policies usefully characterize the ways in which policy approaches travel from place to place, this dissertation demonstrates that they must be combined with a more situated analysis of the sites of policymaking—what I call "viral politics" —and a more precise definition of what constitutes "neoliberalism." Wacquant's (2012, 68) critique of "governmental" approaches to neoliberalization takes issue with conceptions of "proliferating institutions all seemingly infected with the neoliberal virus" without attention to their underlying logic: as he puts it, the remaking of the state to impose market subjectivities, social relations, and collective representations on citizens.[16] When scholars associate neoliberal logics with a wide range of social policy interventions, they lose analytic specificity in distinguishing neoliberal policy elements from other developmental logics, and inadvertently take policymakers at their word by

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[16] This critique is more relevant to some scholars who conceive of neoliberalism as a traveling rationality than others. Parts of Peck and Theodore's analysis resonate with Foucauldian accounts of the proliferating logic of governmentality Wacquant describes: "the programmer's world is one of constant experiment, invention, failure, critique and adjustment" (Miller and Rose 1990, 14). However, for Peck and Theodore at least, this constant experimentation is not simply a new technique of statecraft, as for Miller and Rose, but also a mode of imposing "normative authority" (Peck and Theodore 2010a, 171). It does have certain consistent economic objectives, though the strategies constantly mutate and travel. Peck and Theodore (2010a, 171) are explicit about these objectives: policies are "selectively harvested," "refined," and "purposefully re-circulated," often within previously defined ideological boundaries that uphold market rationalities.

looking to policy documents and transnational experts as evidence of neoliberalization. Roll-out neoliberalization becomes only a response to the prior phase of neoliberalization and its resulting social ills, rather than a set of potential continuities with institutional forms that predate neoliberalization. This approach tends to overstate the ubiquity and completeness of neoliberal institutional transformations.

The work of Akhil Gupta and Aradhana Sharma demonstrates the limits to glossing state programs as "neoliberal" in India's postcolonial context. Gupta and Sharma (2006) compare two generations of women's development programs in India: the first program, Integrated Child Development Services (ICDS) aims to provide large-scale social services, and the second program, Mahila Samakhya, aims to create more "empowered" and proactive women who seek out their own services from the state and NGOs, and appears to embody a more neoliberalized logic. Yet Gupta and Sharma (2006, 293) find that both programs reveal contradictions: "neoliberal empowerment programs in India do not follow and displace welfare programs. What we see instead is the rapid expansion of both types of programs." Thus, as Sharma (2008, xvii) argues, neoliberalism "is not the general, or even the primary, ethic and…sits in sometimes teeth-gritting harmony…with other political projects, situated histories, and ethical discourses." Gupta (2012, 293) relates these coexisting state projects to, on the one hand, a form of capitalism with a "narrow population base," and on the other, competitive populism, such that, as Sharma (2008, xxii) puts it, "poor people's activism…refuses to let the redistributive state fade away." Because of India's context of uneven development and competitive populism, ideal-type neoliberal programs are unlikely to last.

Two implications arise from these arguments for sex worker politics and HIV/AIDS programs. First, HIV/AIDS programs do not originate with roll-out neoliberalization and Western biomedicine alone. They have antecedents in prior developmental logics, in this case, in colonial venereal disease control policies and sex trafficking debates as well as a context of competitive populism in which marginalized groups demand social welfare. Second, constant contestation has upended what might be thought of as classic neoliberal principles, promoting collective solidarities and demanding standardized state protections for sex workers beyond the limits of what narrow surveillance efforts require or intend. The possibilities for this contestation originate in part in the "generative" aspects of neoliberal governmentality in a postcolonial context, which "spawns openings" for the marginalized to make claims on the state in "unexpected forms" (Sharma 2008, 196). Peck and Theodore (2010a, 171) point to the possibility that "distended networks of neoliberal policy experimentation may in fact be prone to capture and retasking"; Ferguson (2010) points to the possibilities within neoliberal logics for redistributive programs. But, as this dissertation shows, the possibilities for unexpected collective mobilizations do not result only from neoliberalisms; rather, they emerge within contradictions within the state, some of which may adopt neoliberal institutional strategies and some of which may not. Sex workers then seize on the "fissures and ruptures" (A. Gupta 2012, 109) within the state that HIV/AIDS helps to expose (Lakkimsetti 2011).

It is these articulations and struggles that are then represented as cohesive, deliberate policy imperatives as they are codified into traveling policy in the global arena. Despite the contradictions among state agencies and the wide proliferation of institutions and organizations connected to the state, there remains a "state-idea" (Abrams 1988): an imaginary of the state as a cohesive site from which governance is exercised. Ethnographers of the state, inspired by Foucault, show how this "state-idea" is produced not only through spectacular displays of sovereign power, but through everyday practices of classification, bureaucratic organization, and service provision (Mitchell 1991b; Mitchell 1999; Auyero 2012; Sharma 2008; A. Gupta 2012). Especially for those who depend on the state most for the basic elements of survival, these everyday practices, even if their operation is

arbitrary, convey a consistent understanding of the state (Auyero 2012) that, alongside visible displays of violence, produces a certain kind of political education. At the same time, I show that, within a transnational policy arena, states attempt to represent these social programs as cohesive achievements in relation to other states, in order to represent their own advancement and innovation within an internationally competitive policy marketplace. This vision of the state may be very different from the one experienced by people who are targets of social policy. But this dissertation suggests that both result from struggles over what policy should do and how it should do it that are then selectively codified and packaged for dissemination.

Viral Politics: HIV/AIDS and Citizenship

Analyzing the process by which sex workers in India reshaped HIV/AIDS approaches transnationally requires an understanding of collective mobilization not as a set of pre-formed groups making demands on the state, but rather a mutually constitutive process through which sex workers were categorized and then redirected this categorization into collective demands, as they began to identify themselves as sharing a structural location and developed solidarities. It requires, in other words, an understanding of the formation of sex workers' consciousness through their participation in HIV/AIDS programs, which they then mobilize when they engage the state. Sex workers developed this consciousness by interpreting their material and social conditions in particular ways, shaped by particular understandings of femininity; building alliances with other social movement groups; and articulating demands on state agencies. Distinct articulations of this consciousness across groups and cities then struggled over the shape HIV/AIDS policies ultimately took.

Since the early stages of the epidemic, social theorists have considered the ways in which the HIV/AIDS epidemic produces new ways of relating to the state (Scheper-Hughes 1994; Altman 1999; Comaroff 2007; Biehl 2004; Nguyen 2005; Nguyen 2010; Decoteau 2013b; Decoteau 2013a; Treichler 1987; Treichler 1999). Biehl (2004)'s discussion of "biomedical citizenship" draws on Petryna's (2004) account of "biological citizenship," arguing that as AIDS care is "pharmaceuticalized," previous "noncitizens" have a new opportunity to claim citizenship around their biological status as HIV positive, if they follow disciplinary forms of self-care. In an era of neoliberal restructuring, marginal people express their rights as biomedical rights, which the state fulfills through a cost-effective program that provides access to the pharmaceutical market. Nguyen (2010) situates his account in an ethnography of local and international NGOs that perform "triage" to identify those worthy of treatment. Those worthy of treatment are good "biomedical citizens," those who engage in testimonial practices, performing their stories and "breaking the silence" about their disease. Lakkimsetti's (2011) dissertation argues that sex workers' movements reflect fissures within the state between its governmental and juridical aims. One the one hand, the state aims to make "risky" populations more visible and more vulnerable to regulation, and, on the other hand, it continues to repress them through its penal apparatus. The slippage between the two allows for sex workers and sexual minorities to make claims as rights-bearing citizens in relation to the biopolitical arms of the state. In the process, however, even as sex workers participate in and resist state HIV programs, they deepen the state's "biopower project" (Lakkimsetti 2011, 48).

These accounts demonstrate the new possibilities for articulating claims on the state that HIV/AIDS has occasioned for marginalized populations like sex workers, sexual minorities, IV drug users, and, most often, people living with HIV. However, by deriving the form this activism takes from the state's response to HIV/AIDS—or transnational donor and NGO responses to HIV/AIDS—these accounts do not always explain variations among groups making claims in the

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age of HIV/AIDS, nor why certain approaches and interpretations prevail over others. By turning attention to the practices within movements that produce shared interpretations and claims, sociologists studying collective identity help to make sense of the ways in which different activist groups based on identity categories such as that of the "sex worker" take shape in the context of HIV/AIDS, and the struggles through which certain demands win out over others.

Sociologists have argued that collective identity plays a role in all phases of social movement organization: in the formation of collective claims, in recruiting new members into movements, in determining tactics, and as the outcome of movements, such that a shared collective identity becomes an end in itself (Polletta and Jasper 2001). While scholars vary in defining collective identity as an individual connection to a collectivity or a sense of collectivity produced through interaction, a key starting point of the sociological literature on collective identity in social movements is that collective identities do not exist de facto, but are created in and through movement: "To understand any politicized identity community, it is necessary to analyze the social and political struggle that created the identity" (Taylor and Whittier 1992, 352). Groups form collective identities by forming boundaries between themselves and other groups, by building consciousness of their own conditions, and negotiating claims with institutions and other movements (Taylor and Whittier 1992). Identities can exist in different layers, for example, at the level of organizations within movements, movements, and shared social categories (W. A. Gamson 1991; Rupp and Taylor 1999). They can also be deployed in distinct ways; for example, in Bernstein's (1997; 2005) analysis, groups may choose to deploy identity as a way of challenging dominant values and practices ("identity for critique") or as a way of gaining mainstream legitimacy ("identity for education") (Bernstein 1997). These choices are often both strategic and philosophical: gay rights movements in the 1980s, for example, had to choose between essentializing identity in order to make group-based or "ethnic" claims even as they sought to destabilize the symbolic boundaries of fixed identity categories (Epstein 1988; J. Gamson 1995).

This literature provides a useful basis for an account of sex workers' activism as an ongoing process through which solidarities are formed and sustained. Sex workers became a collectivity in part through their participation in HIV/AIDS program: it was, as Hunt and Benford (2004, 447) argue for the formation of collective identity, an "interactional accomplishment." Yet, I argue that this formation of collectivities was made possible because sex workers were involved in a large-scale state program, and because they shared experiences of social and economic exclusion. Thus, I build on the literature on collective identities by linking the formation of collective identity to the social and material conditions of sex workers on the one hand and to the state on the other.

Critiques of social movement literature argue that it has lost its basis in the social and material conditions that drive the formation of social movements (Valocchi 1999; Walder 2009; Hetland and Goodwin 2013). Much of the contemporary sociology of collective identity originates from the work of Melucci (1985; 1995), who sought to explain "new social movements" based on cultural identity that he saw emerging in 1970s and 1980s Europe. Melucci argued that these movements were neither an effect of structural contradictions (as in Marxism) nor an expression of shared beliefs (as in the work of Durkheim) but an *organizational* achievement, a social construction that must be actively built. Collective identities were the outcome of social movements, not their precondition. While this argument did not preclude the possibility of class-based social movements, based on these arguments, subsequent scholars of collective identity increasingly lost sight of the role of class in social movements altogether (Valocchi 1999). Further, as Hunt and Benford (2004, 437) argue, "collective identity replaced class consciousness as the factor that accounts for mobilization": in seeking to correct for what they saw as economistic approaches to social

movement formation, scholars downplayed arguments about the social conditions of movement participants and how they shaped movement participation, tactics, and goals, instead focusing on organizational practices alone. Theorizations of consciousness in both Marxist and feminist traditions provide a more direct link between social and material conditions to collective solidarities: in Marxist traditions, political struggle allowed the working class to recognize the conditions of its own material subjugation; for second-wave feminists writing about "consciousness raising," solidarity with other women produced consciousness of the conditions of patriarchy.

Analysis of sex worker politics in the context of the HIV/AIDS epidemic, then, demands an approach that holds sex worker activism and HIV/AIDS programs in tension with one another, and provides a relational approach to social movements as mutually constituted with state strategies across the state-society divide (Baiocchi 2005). As sex workers participated in HIV/AIDS programs, they formed interpretations of their own social and material conditions and, in turn, made demands on policymakers that ultimately reshaped the strategies of policy. These demands were not mechanical reflections of social conditions, however, but rather the outcome of ongoing struggles over how to interpret sex workers' conditions and represent them as "interests" (Molyneux 1985; Ray 1999; Ray and Korteweg 1999): more in line with Melucci's original suggestion that collective identity mediates between structural conditions and shared beliefs than later literature's focus on organizational practices alone. In the next section, I provide some historical background on sex workers' movements in order to situate the stakes of some of these struggles.

Sex Worker Activism in Transnational Context

Sex worker activism around the world can be characterized as incorporating varying degrees of claims for redistribution and claims for recognition (Fraser 1997). Hardy (2010) characterizes three "waves" of sex worker organizing around the world: a first wave of movements in the 1970s and 1980s that fit within the framework of identity-based "deviance liberation" movements; a second wave of movements in the South and North that began with HIV/AIDS goals and moved toward a greater emphasis on work and human rights; and a third wave of movements in the South that specifically places sex work within a labor framework and employs trade union models. By moving to an explicitly labor-based approach to organizing, this latter group has been able to draw on their links to other informal workers and make redistributive demands. By contrast, earlier identity-based movements focused on valorizing prostitute and sex worker identity, linking sex work to liberal concepts of freedom and autonomy (Davidson 2002), making demands for recognition rather than demands for redistribution.

In general terms, redistributive claims have long featured in feminist accounts of sex work. Kotiswaran (2011; 2007) shows that there is a long history of theorizing prostitution in relation to gendered reproductive labor, rather than as a stigmatized identity, dating back to socialist feminist thought in the 1970s. Fortunati's (1995) account, which influenced the Wages for Housewrok movement and socialist feminism in the 1970s, argued that capitalism was built on a dual work relation of waged labor within production and non-waged labor within reproduction. Prostitution and the family, she argued, were the two sectors of reproduction. The family reproduced labor power and prostitution sexually reproduced the male laborer. In some ways, Fortunati argued, prostitution differed from the work of the housewife: it had limited hours, and appeared more like a wage relation than housework. However, Fortunati (1995, 65) emphasized the "elasticity" between the two markets, such that "all women are 'prostitutes.'" In fact, it was in capitalism's interest to separate sex work and housework, positioning housework as ideologically favourable while tolerating some level of criminalized prostitution. Thus, opening up the definition of sex work challenged the

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subordinate position of women as well as capitalism more generally: "The only thing that will bring freedom from prostitution work is the common struggle of all women united in struggle against the non-directly-waged work-relation" (122). Focusing on the ideological position of sex work, Pheterson (1993) argued that the "whore stigma" operated to discipline *all* women, who must separate themselves from sex workers in order to qualify as respectable citizens.

These analyses collapse redistribution and recognition, showing how they operate together. However, many early sex worker movements did not include class-based calls for redistribution. Sex worker activists in COYOTE, founded in San Francisco in 1973, built their position for sex work as work through arguments around civil rights, the feminist right to choice, and public health (Jenness 1990; 1993)—not necessarily labor rights. Bernstein (2010, 78) suggests that the promise of the term "sex work" was its construction of sex work as "both a radical sexual identity (in the fashion of queer activist politics) and a normalization of prostitutes as "service workers" (see also Bryan-Wilson 2012) There were elements of a feminist labor politics in COYOTE's approach—for example, in its continued alliance with wages for housework activists—but activists in COYOTE tended to compare sex work to the work of skilled professionals, such as doctors, lawyers, artists, dancers, typists, and nurses (Jenness 1990), rather than the reproductive labor of the housewife or the classic exploited productive laborer of Marxist analysis. Further, COYOTE activists' embrace of the language of sexual experimentation served as a strategy of class differentiation, designed to separate old petit-bourgeois values of restraint and upward mobility from new petit-bourgeois values of fun and pleasure (E. Bernstein 2010, 83).

In a global perspective, the sex worker movement took the relationship between sex work and the working class more seriously, seeking to undo the boundary between sex work and other types of low-status informal sector work (Bindman and Doezema 1997). The concept of sex work as work gave sex workers access to international human rights norms and labor standards. Organizations of sex workers lobbied for sex workers' rights in Ecuador, Malaysia, Thailand, South Africa, Uruguay, and India (K. Kempadoo and Doezema 1998). Focusing on battling social stigma and reclaiming sex worker identity has been an important way to align with LGBTIQ movements and Northern sex worker movements, and refute abolitionist feminists who see all prostitution as a form of gender-based violence. Yet compared to Northern sex work movements, Kotiswaran (2011) argues that Indian sex work advocates have been more embedded in socialist feminism and critiques of cultural nationalism than in an argument for sex positivity and women's choice—thus reinforcing the redistributory elements of sex worker politics. These tensions continue to remain in contemporary sex worker activism in India. Sex workers' rights claims associated with sex-radical feminism and freedom of choice sit uneasily with sex workers in India, who are more likely to position themselves as poor women demanding social welfare.

Methods

In writing about the possibilities for ethnography in this transnational context, Burawoy (2001, 157) argues that "the global [is] produced in the local," and that "globalization is the production of (dis)connections that link and of discourses that travel." It is through following these connections and threads that ethnography can illuminate "the lived experience of globalization" (Burawoy 2000, 4). Building on this account, Peck and Theodore (2012, 28) argue for a "distended policy approach" to ethnography that "bring[s] fast policies to the ground": "'following the policy' will often entail methodological travel, along the paths carved by the policies themselves" (p. 24). This dissertation attempts to put into practice this provocation to "follow the policy," while simultaneously remaining attentive to the political milieus in which the policy becomes meaningful. I have attempted to meld

these seemingly contradictory goals through a combination of 47 interviews with circulating policy experts and analysis of policy documents on the one hand and a year of ethnographic observation and interviews with 102 activists, sex workers, and peer health educators in Bangalore and Nairobi on the other.

My strategy for "following the policy" begins by tracing HIV policies through India in the 1980s and early 1990s. Beginning with a history of sex work regulation in India, drawing on secondary sources, I move into a history of the travel of HIV prevention "models" for working with sex workers within India starting in the early 1990s. I draw here on program and policy documents and a set of thirty-three interviews with government officials, NGO staff, and key activists around India. In order to contextualize my interviews in distinct parts of India, I accompanied my interviews with key activists with visits of two to three days to their organizations, where I conducted informal discussions with staff and visited red-light districts or sites of sex work where the organizations operate. I also attended conferences, meetings, trainings, and protests, notably the week-long Sex Workers' Freedom Festival in Kolkata. My interviews ranged from those at the center of HIV/AIDS policymaking, such as former directors of the National AIDS Control Organization (NACO), to critical interlocutors of sex worker mobilization, such as Dalit and feminist activists in Bangalore who had observed sex worker mobilization and, at times, worked with sex worker activists. The complex spatial genealogy of sex worker organizing in India meant often following threads and links my interviewees suggested. This open-ended approach required me to constantly reformulate what I thought of as my "research site," as my interviews themselves led me to uncover new pathways and connections.

My ethnographic fieldwork focuses specifically on sex worker organizing in the city of Bangalore. Bangalore was a useful place to 'bring fast policy to the ground' for three key reasons. First, while sex worker mobilization in relation to HIV prevention is largely thought to have origins in Kolkata, and has been much written about in scholarly and popular media, Bangalore is one of the key sites where, in my reconstruction of traveling policies, "community mobilization" became packaged into a "model" for dissemination. This process of translation, of course, has occurred at multiple sites—policymakers in Delhi drew on Kolkata experiences to devise national policy, and NGOs in Sangli and Mysore have independently participated in transnational training networks to disseminate their own models. However, it was in Bangalore that the Gates Foundation funded an agency, which I call Karnataka Health Partners (KHP), to conduct research alongside program implementation that would then become a knowledge bank for international consultation. KHP became a home base for public health scholars and medical anthropologists from universities in North America. Thus, the majority of public health literature on sex worker mobilization and HIV prevention in India focuses on Bangalore and Karnataka, and Kenyan health officials readily explained to me that their approach to implementing Indian ideas of HIV prevention was based on the Karnataka case. Indeed, Karnataka became useful for emulation because it was thought to demonstrate the success of community mobilization *without* reliance on Kolkata's vibrant red-light districts and left political culture. While Karnataka's sex worker movement has never been considered a player on the national stage in the manner of Kolkata sex worker activism, it met the requirements of "success" according to public health experts—reduced transmission rates of HIV.

Second, despite its relatively less large-scale mobilization, Karnataka offers one of the only examples I identified of a sex worker organization, the Union, that both participated in national activist networks and positioned itself outside the HIV prevention realm. As I will explore later, this is in part related to Bangalore's particularly working-class sexual minority movement, which provided a home base for sex worker organizing outside of HIV prevention mandates. The

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presence of the Union offered a particularly fruitful opportunity for comparison to mainstream HIV prevention organizations, in contrast to the Kolkata or Sangli contexts, where one organizational approach, and one charismatic leader, dominated. Third, I drew on my own fluency in Kannada, the language most often spoken in Karnataka, and my familiarity with Bangalore to seek out new connections and understand the story of HIV prevention policies within Bangalore's social movement context. My comfort in navigating the city positioned me to notice dynamics outside of HIV policy. I might have missed these dynamics if my starting point had been to see the city through the eyes of technocrats I had followed through a policy network.

While I describe my approach within Karnataka in greater detail in subsequent chapters, my ethnographic data centered on two organizations I identified as playing a prominent role in sex worker activism in Bangalore from opposing viewpoints: a sex worker union that developed as an oppositional response to mainstream HIV-focused sex worker organizations, and a large sex worker organization that coordinated most of Bangalore's HIV prevention work among sex workers but was beginning, at the time of my fieldwork, to shift into social entrepreneurship activities. Within the two organizations, I interviewed a total of eighty-two members and staff, of whom seventy-three were current or former sex workers. I also interviewed ten members of an additional sex worker organization focused on HIV prevention. With these organizations, I supplemented my in-depth interviews with participant observation, attending protests, meetings, and training sessions and regularly visiting field offices, sites of sex work, and sex workers' homes. Whenever I was asked, or at least not refused, I participated in organizational activities. My position as a visibly middle-class Indian American woman, at times, generated unequal relations in conversations in a context where foreign visitors were often sources of funding or agents of evaluation. At the same time, because I appeared younger than many of my interviewees and was unusually bicultural, I became a point of curiosity for people I met, and questions about my own family, migration story, and marriage became a starting point for open conversations about family, relationships, and sexuality. Speaking in Kannada also allowed me to distinguish myself, to some extent, from the North American researchers and visitors who were a frequent presence in organizational offices. However, I was often well aware that my research was taking place in a context where research had become ubiquitous for organizations working with sex workers, and that my research was, at first glance, not very different from the proliferation of studies on sex work in Bangalore. In addition to obtaining ethical research approval from UC Berkeley, I also sought permission from the organizations with which I worked, as well as meeting with groups of sex workers when entering a new official space to explain my background and research project. Before leaving Bangalore, I met with leaders from both organizations to discuss what I would do next with my interview data. This process seemed particularly important in a context where sex workers' stories and insights had so often been used to market policy approaches, publish academic papers, and justify donor intervention without any attempt to discuss with them how their participation was being used.

I originally envisioned my in-depth interviews as organized around sex workers' activist participation. My questions dealt largely with their experiences of NGO work, their activism, and their identities as sex workers. An early conversation with a sex worker activist, however, convinced me to begin thinking about the life histories that intersected with activism. I re-organized my interview to follow sex workers' lives, their stories of migration, their paths into and out of sex work, their marriages and children, their introduction to NGO work, and their paths into activism. Because many of my respondents worked as sex workers in secret, most of my interviewees preferred to be interviewed at their NGO office. Because I visited one of the NGO offices where I was working almost every day while conducting fieldwork, I met most of my interviewees several

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times and shared meals and informal conversations with them before we conducted a formal in-depth interview. Several of my interviewees became friends I would visit and keep in touch with in the years after I completed my fieldwork.

I end the dissertation with a discussion of the recapitulation of HIV prevention efforts with sex workers in Nairobi. By the end of its stipulated funding period in India in 2012, the Gates Foundation began shifting its focus to "technical assistance" and the dissemination of findings from its "experiments" in India. Delegations of public health officials, donors, and NGO workers from sub-Saharan Africa began to visit Bangalore to participate in training sessions with KHP staff. Designated "Learning Sites," including the two organizations I studied, hosted these delegations and introduced them to community mobilization approaches. While in Bangalore, I observed a training session for a group of Nigerian public health officials, interviewed those involved in coordinating the sessions, and watched testimonial videos from African health officials about their experiences in Bangalore. I also collected the articles, handbooks, brochures, and slide presentations that were most often used to explain the Indian approach to visitors.

I then "followed the policy" to Kenya. I chose Kenya as a site because it offered a direct link to programs in Bangalore: two former staff members from Bangalore had been asked by BMGF to set up programs in Kenya modeled on the Karnataka approach, and the effort was coordinated by the same Canadian university that had spearheaded KHP's activities. The new Expert Group in Nairobi, modeled on KHP, had set up two new Learning Sites, one in Nairobi and one in Mombasa, that would incorporate Indian methods and, in turn, serve as training sites for policymakers from other parts of sub-Saharan Africa. Institutionally, the Kenya program mirrored the Indian approach: sub-contracted "technical" offices mediating between non-governmental entities and the Ministry of Health. In this sense, following the policy from Bangalore to Nairobi allowed me to observe two nodal points in the movement of the model. The field of possible research participants was relatively smaller in Kenya, as sex worker activism and HIV programming was limited to a handful of organizations. I interviewed twenty-one members or clients of organizations who were sex workers and thirteen senior staff members, government officials, and researchers, two of which were former sex workers. While my inability to conduct a participant observation component comparable to my India fieldwork was partly a result of my much more limited time in Kenya, it also came of the more limited number of organizations available to study. When I arrived in Nairobi, the oldest sex worker organizations had existed since the late 1990s, but they operated on a much more limited scale, focusing on public health research rather than large-scale organizing. Most more sustained efforts had started after 2005, and the effort to implement an India-style sex worker program was only a year old. Where possible, I spent time in the offices I was studying before and after interviews, and accompanied peer educators on field visits to places where sex workers lived and worked.

My ethnic background positioned me very differently in Kenya than it had in India. In India, I appeared socially closer to sex workers and activists than researchers from North America and even elite English-speaking Indian researchers and NGO workers from outside Karnataka. In Kenya, I was often taken for an Indian Kenyan, and thus assumed to be from a wealthy business family. I was sometimes confused with Namita, the Indian HIV expert who had moved to Kenya to replicate the Indian program. While in India interviewees had readily confided in me their frustrations with their work and the details of their lives, in Kenya it took longer for an interview to get past superficial pleasantries. My lack of cultural familiarity with Kenya highlighted the limitations of transnational research that covers a broad geographical terrain but seeks to be attentive to everyday practices. At the same time, my experiences in India helped me to focus my

attention on key dynamics in Kenya, while the Kenyan program allowed me to understand processes of policy formulation and evolution in India in an entirely new light.

Outline of the Dissertation
Overall, this dissertation places the export of "models" of HIV prevention—what I call "viral policies," policies that move quickly from place to place—in relation to sex workers' group-based demands and state responses that produce those policies—what I call "viral politics," struggles over the role of sex workers in disease prevention and their right to social welfare. I "follow the policy" and successive rounds of recycling, contestation, repackaging, and export.

Chapter 1 provides historical background on histories of sex worker regulation and movement, and of HIV prevention for sex workers in India. I show how the "sex worker" as category has always been produced in relation to state regulation, public health panics, and social movements for moral reform. I discuss debates over the regulation of prostitution starting in the 19th century in India. I then discuss the early years of HIV response, which recycled approaches imported from sub-Saharan Africa and carried over from colonial venereal disease control strategies to repressively detain sex workers, and the early activist reaction to this repression, which instantiated the first major shift in Indian HIV/AIDS approaches toward sex worker empowerment and community participation. I argue that state policies toward sex workers have always been the product of contestation, and show how policy evolved in a back-and-forth relationship with sex worker activists, such that understandings of sex work were debated and struggled over in the process of making policy. I argue that the oppositions within the state, in alliance with social movements, produced key policy shifts in sex work law and policy over time.

In Chapter 2, I analyze the influential sex worker program for HIV prevention in Kolkata and the "import" of the program from Kolkata to Bangalore. Beginning with community mobilization programs in Kolkata, I follow the "model," and the experts who actively marketed the model, into national policy and the Gates-Foundation-funded Avahan program. I argue that distinct political cultures and structures of sex work in Kolkata and Bangalore shaped the formation of sex worker programs in each city, but that donors, state agencies, and NGOs mediated the translation of programs from one place to the next.

In Chapters 3, 4, and 5, I analyze struggles over sex worker programs, HIV prevention, and the definition of sex work as community participation programs were "repackaged" in Bangalore. In Chapter 3, I discuss ways in which organizations and individuals within the HIV prevention program demanded control over resources by redefining the concept of the "community." I show how the term "community" operated in three ways: to displace responsibility for containing the epidemic onto those most at risk, to demand control over resources and projects, and as a code word to identify those in a stigmatized sexual category and bind them together. In Chapter 4, I compare two different organizations, a collective and a union, to highlight two distinct approaches to politicizing the HIV prevention model within Bangalore. Both challenged what they saw as the state's reductive approach to HIV prevention, but one through an ethic of respectable femininity and one through an ethic of transgressive sexuality. I argue that this variation results from the distinct sets of organizational alliances these two organizations leveraged as they interpreted the material and social conditions of sex work. Within the HIV/AIDS program, the sex worker collective prevailed over the union in coming to define what would be exported as "best practice," but in Chapter 5, I show how sex workers participating in the union also formed a shared consciousness through their participation in HIV/AIDS programs. Comparing male, female, and transgender sex workers, I analyze each group's distinct conditions of work and visibility in public

space, and show how these diverse constituencies "became" sex workers through a process of interpreting their shared structural location. Together, Chapters 3, 4, and 5 demonstrate the ways in which sex workers formed a shared consciousness in relation to state categorizations (Chapter 3), local social movements (Chapter 4) and their organizations (Chapter 5) as they interpreted their material and social conditions.

In Chapter 6, I analyze the "export" of the repackaged model from Bangalore to Nairobi. First, I show how technocrats actively abstracted elements of political contestation in India, rendering participation technical and positioning all challenges as validation of a pre-existing plan that could be executed in a new place. This process actively positioned the Indian "model" as a cohesive, reproducible object, and was underpinned by ideas of India as a more "advanced" country than Kenya. Second, I show how technocrats then reached the limits of this approach. Without a centralized state approach to HIV prevention as in India, and without sex worker organizations with social movement alliances, the program failed to generate the energy it did in India. These struggles demonstrate that it was the contestation and opposition to state programs in India, and the ability of the state to respond to and adapt in relation to this opposition, that produced its "success." Once represented as a reproducible, exportable "model," programs failed to function as they had in India.

Table 1. Outline of the Dissertation

Across India	Chapter 1: Early HIV/AIDS Response in India
Kolkata→Bangalore	Chapter 2: The Kolkata Model Exported to Bangalore
Bangalore	Chapter 3: Relations Between State Agencies, NGOs, and Activists
	Chapter 4: Social Movement Alliances and the Ethics of Femininity
	Chapter 5: Conditions of Sex Work Among Men, Women, and Transgender Women and Developing a "Sex Worker" Consciousness
Bangalore→Nairobi	Chapter 6: Exporting the Model to Kenya

My analysis aims to analyze both struggles over policy in Bangalore and the travel of policies into and out of it. Chapters 1, 2, and 6 form a narrative of traveling HIV/AIDS policies regarding sex workers and their shifts over time as they moved from one context to another, first into Bangalore (based on experiences in Kolkata and northern Karnataka, and channeled through national policy and the Gates Foundation program) and then out of it (to various countries, including Kenya). These chapters account for "viral policies." But my dissertation argues that these "viral policies" must be understood as a product of "viral politics," the subjects of Chapters 3, 4, and 5. These chapters provide an analysis of how struggles across institutions and groups within and outside "the state" produced a particular version of HIV/AIDS prevention within Bangalore, as well as new collectivities of sex workers with distinct interpretations of their material and social conditions. Reading these two analyses together demonstrates how the messy process of governance in a postcolonial context is subsequently, as Mitchell (1991a) puts it, "enframed," packaged for export as a signifier of state effectiveness and national progress, but in a selective manner that leaves many hard-fought battles behind.

The category of the "sex worker" has always been a contingent one, and the HIV/AIDS epidemic has increasingly exposed its inconsistencies (Pheterson 1990; Hunter 2002; Standing 1992; Booth 2004, 96). Is a sex worker a sexual worker or a respectable mother and entrepreneur? Is she a disease vector to be monitored or a citizen to be protected? Throughout this dissertation, I emphasize the unstable meaning of the concept of the "sex worker." Sex workers in Kolkata's first

HIV prevention programs live in well-defined red-light districts; sex workers in Bangalore work more flexibly out of homes, bus stations, and lodges; and sex workers in Nairobi work in bars, sex dens, and lodges. Men, women, and transgender sex workers relate to sex work in distinct ways, and may or may not see their sex as "work." As Lata's story showed, sex work delineates one facet of a complex series of economic and intimate strategies in the life of a woman who does *vritti,* a woman who works.

Starting in the 1990s, a range of scholars has critiqued these ideas of prostitutes as vectors of HIV, arguing that, instead of falling back on the simplifying concept of prostitution, sexual practice in sub-Saharan Africa must be understood as dynamic and transactional, situated within local migration patterns and political economies (Hunter, 2002) and complex "ties of dependence" (Swidler and Watkins, 2007). In an early critique, Standing (1992) argued that "much sexual exchange in Africa has a monetary component but it would be quite inappropriate culturally to define it as prostitution" and suggested that, in HIV programs, "risk populations are assumed rather than revealed" (477). Ethnographic studies in South Africa suggested that, in fact, their respondents vehemently protested against the definition of women who sold sex as prostitutes, instead relying on concepts such as *ukuphanda* ("getting by" in Zulu) (LeClerc-Madlala, 2003; Zembe, 2013; Wojcicki, 2002; Hunter, 2002). Thus, to use the concept of "prostitution" was a Western imposition. Swidler and Watkins (2007, p. 147) argue that transactional sex is not "akin to prostitution, a degraded form of sexual expression forced on vulnerable women by economic desparation," but rather anchored by moral obligation and ties of dependence, as "one of the many ties of unequal exchange in which Malawians and other Africans engage."[17]

This scholarship made important interventions into conventional wisdom about sex work in sub-Saharan Africa. However, it also reinforced a distinction between "transactional sex" and "prostitution" that suggested a rigid definition of sexual labor. Sex workers were "others," based in cities in the global North, not to be found in sub-Saharan Africa, where sex often involved economic exchange. More recent scholarship has suggested that the relationship between "sex work" and other forms of sexual relationships are more dynamic in sub-Saharan Africa and elsewhere (Constable, 2009). Public health studies have noted ways in which more formal "clients" of sex workers can shift into becoming intimate partners, or women can move in and out of sex work in response to economic shocks (Benoit, 2013; Stoebenau, 2009; Robinson and Yeh, 2011). Benoit (2013) concludes that relationships could not be neatly categorized as "affective" or "transactional" but instead "exist on a continuum of risk and support" (10). Sociologists and anthropologists (E. Bernstein 2010; Hoang 2010; Boris, Gilmore, and Parreñas 2010) show that exchanges of gifts and money are configured differently in different segments of sex work markets, as well as understandings of work. Faier (2013) shows how, in Japan, how a group of Filipina bar hostesses defined one of their friends as a "prostitute" as a way of managing their own respectability and separating themselves from the act of prostitution; Cabezas (2004, p. 1001) shows how, in the Dominican Republic and Cuba, "'Prostitute,' or 'sex worker,' is an identity assigned in specific situations, contingent on the social location and perceived characteristics of the participants….The category of 'sex worker,' therefore, comes with its own disciplinary functions and tends to signify the participation of a subordinate racial, gender, and class 'other.'"

In this dissertation, I follow the approach of these studies, showing that sex work, and identity as a sex worker, is open to redefinition in specific political and organizational contexts. As Lorway (2009) notes in a study of male sex workers in Mysore, India, sex workers "become" sex

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[17] Much of this literature comes from South Africa, Malawi, Tanzania, and Kenya.

workers through experiences of sexual exchange, desire, and political recognition that unfold over time, and identifying as a "sex worker" is a process that occurs within a political context, rather than existing as a predetermined identity. The category of the sex worker is the basis for both surveillance and solidarity. Critiques of the category of the "sex worker" as distinct from other forms of transactional sex (Hunter 2002) point to the subtleties of the exchange of sex and money in contexts of economic precarity, but they also reinforce restrictive definitions of sex work as "other" to the forms of work and sexual exchange that occur in marriage and in casual sexual relationships. In other words, rather than noting that *all* sexual relationships under capitalism are also economic, thus undoing the boundary between housework, casual relationships, and sex work, as materialist feminists have long sought to do, these accounts positioned sex workers as fundamentally distinct from other sexual or intimate laborers. A central tension sex worker organizations face, then, is the tension between the classification of the sex worker through HIV programs, which allows space to build solidarity, and the fluid ways in which sex work, housework, and other informal work interact in practice. The category of the "sex worker" is not necessarily a primary one for the sex workers I interviewed, but it gains resonance in the process of building social movement alliances and linking sex workers' struggles to other forms of gender, sexual and class marginalization.

In the conclusion, I return to questions about the classification of sex workers and the future of sex worker politics. With their labor situated at the nexus of patriarchal and capitalist relations, and subject to state regulation both through violent criminalization and through the medical gaze, sex workers in many ways collapse dichotomies between sex and labor, between gendered and classed exploitation. Sex workers themselves, through struggle, have positioned their own critiques of power relations within a range of political alliances, from those against religious communalism to those for good governance, from those against sexual conservatism to those against caste oppression. It is maybe because of this multifaceted creativity that so many feminist activists I met felt that sex worker movements held within them a new kind of promise.

Chapter 1
Redefining the "Sex Worker":
State Agencies and Social Movements in Colonial and Postcolonial Sex Work Law and Policy

When I asked at the Durbar Mahila Samanwaya Committee (DMSC) in Kolkata for the contact information of West Bengal State AIDS Control Society (WBSACS)—the agency that coordinated HIV prevention programs in the state—I received bemused responses. "You can talk to them," I was told, but they won't be able to tell you much. Indeed, when I finally located Dr. Shekar in the small WBSACS office in the labyrinthine ministry of health complex on a rainy afternoon, it was the work of DMSC, not the work of his office, that he described:

> "They developed the concept of empowerment of sex workers. This is an international event. No country in the world has developed this model. They started the intervention as DMSC to protect health, and after that came empowerment, rights, and other things."

Dr. Shekar explained that SACS itself had no model of sex worker empowerment, and had begun by providing health programs for sex workers. It was DMSC that had developed an "empowerment" model, and this "unquestionable model" now had "worldwide acceptance"—it was even a case study in a major textbook of preventive medicine. For Dr. Shekar, this discussion of DMSC was not an abdication of state responsibility, but a demonstration of success for the state and for the country. The "international event" of DMSC's worldwide renown was something in which he took pride, while the state played a continued role of "supporting as a state body" and "mentoring DMSC as per national policy." In short, DMSC's innovation lay outside the state's deliberate plans, but now Dr. Shekar enjoyed DMSC's reflected glory.

This innovation, for Dr. Shekar, was based on a definitional shift toward thinking of sex workers as people with a legitimate claim on social welfare:

> "Sex work has been there since time immemorial. You can see from mythology that sex work was there, is there, and will be there. [But] modern society is not concerned about their health, education, rehabilitation, and legal rights to have social relations. We are denying these rights."

This shift in Dr. Shekar's perspective toward sex workers, from seeing them as targets of disease containment to citizens in need of empowerment was not inevitable. It resulted from a long process of protest in Kolkata led by DMSC, with support from sex worker groups across the country and transnational agencies and donors. It also emerged through oppositions *between* state agencies, the National AIDS Control Organization and the Ministry of Women and Child Development in particular, each engaged with distinct groups of activists. This process of contestation, within and outside state agencies, was one of a long history of conflicts over understandings of the sex worker that dated back to the colonial period.

Particularly because shifting law and policy around sex work hinges on understandings of the definition of sex work itself—understandings that are social and political—it cannot be analyzed as the product of isolated technocratic deliberations. In responding to scholars who, he claims, overstate the autonomy of the state, Hall (1993) conceptualizes policymaking as a process of social learning, drawing on Heclo's (1974) idea that governments "puzzle." Dividing these social learning processes into those of first order change (the settings of policy instruments), second order change

(the types of policy instruments used), and third order change (the overarching goals of policy), Hall argues that third order change results not simply from technical solutions or experiments to problems, but from political battles that are "more sociological than scientific" (Hall 1993, 280). In other words, for policy *goals* to shift, policy *paradigms*, the underlying assumptions that drive social policy, must shift, and these paradigms can only shift through political battles "fought in the public arena" (Hall 1993, 287)—as Hall understands them, outside the official institutions and visible confines of the state.

In this chapter, I argue that, starting in the colonial period, the making of law and policy regarding sex work took place through battles in the "public arena" over the definition and morality of sex work—battles that intensified oppositions *between* state agencies. An understanding of sex work requires a disaggregated view of the state, as different agencies within the state promote distinct definitions of sex work. I show how these divergences were intensified by movements for moral reform and efforts to control the spread of venereal disease in the colonial period and HIV/AIDS starting in the 1980s.

Table 2. Understandings of Sex Work and Related Policy Approaches

Approach to Sex Worker	Policy Approaches
Vector of disease	Medical monitoring Compulsory disease checks Quarantine and detainment
Citizen	Access to social welfare programs Advocacy against stigmatization of sex work
Victim	Criminalization of sex work and those involved in sex work Rehabilitative programs for those "rescued" from sex work

The crux of these divergences was the definition of sex worker as a vector of disease, a victim of sexual exploitation, or a citizen in need of social welfare. As Table 2 shows, these different definitions of sex workers were linked to distinct policy approaches: understanding sex workers as vectors of disease underpinned programs for regulation and medical monitoring, understanding sex workers as citizens underpinned programs that promoted sex workers' access to social welfare programs, and understanding sex workers as victims underpinned programs that criminalized those involved in facilitating sex work and rehabilitative programs that sought to channel former sex workers out of the trade. When the HIV/AIDS epidemic arrived in India, the initial state response was to recycle imported approaches from sub-Saharan Africa and from the colonial period that positioned sex workers as vectors of disease. Through successive rounds of protest, the official approach within HIV/AIDS programs shifted toward positioning sex workers as citizens. But this definition continued to be opposed by other agencies within the state, in alliance with movements outside it that saw sex workers as victims. The state's focus on sex workers in both managing disease and containing general moral panic was never in question, but as these struggles played out, the relationship between sex workers and state agencies shifted in successive rounds of policymaking.

Feminist theories of the state have been key in conceptualizing the state as not a singular entity but rather a set of overlapping institutions that can have contradictory modes of gendered regulation (W. Brown 1995; Fraser and Gordon 1994; Haney 1996; Haney 2010; Gordon 2012). Sex workers have long been caught between the state's "right" and "left" hands, defined as both criminals and objects of medical surveillance. On the one hand, scholars have argued, sex workers

are abject non-beings against whom "respectable" women are defined (Pheterson 1993). On the other hand, scholars have shown, preserving sex workers' sexual health has long been considered crucial to maintaining the health of the population (Levine 2003; Whitehead 1995; Tambe 2009). Thus, sex workers are caught between the criminal and biomedical functions of the state. In the colonial period, debates over prostitution pitted a "regulationist" approach to monitoring sex workers' health, promoted by medical officers and the British military, against moral reformers who sought to criminalize the exploitation of prostitution, and eventually the latter won out. In the postcolonial period, debates pitted HIV prevention programs that monitored sex workers' health, now in alliance with organized groups of sex workers, against anti-trafficking advocates who sought to the intensify the criminalization of the exploitation of prostitution. In the context of HIV/AIDS, unlike in the colonial period, the former won out (Lakkimsetti 2011; Lakkimsetti 2014), and groups of sex workers leveraged HIV/AIDS programs to challenge the criminal arms of the state as well as, eventually, the biomedical arms as well.

In placing debates over sex work in historical perspective, this chapter highlights important continuities with prior state engagements with the world of prostitution. The history of Indian prostitution policy shows that sex workers have always been the locus of anxieties about disease and disorder. Thus, while Indian HIV/AIDS policy shifted in *how* it approached sex workers, the *need* to focus on sex workers in the disease response, and intensify surveillance of sex workers in the face of an epidemic, was almost never in question. At the same time, HIV/AIDS demanded that the state engage in novel ways with sex worker NGOs and activists, repositioning them as citizens in addition to disease vectors.

Figure 1. Colonial and Postcolonial Debates Over Sex Work
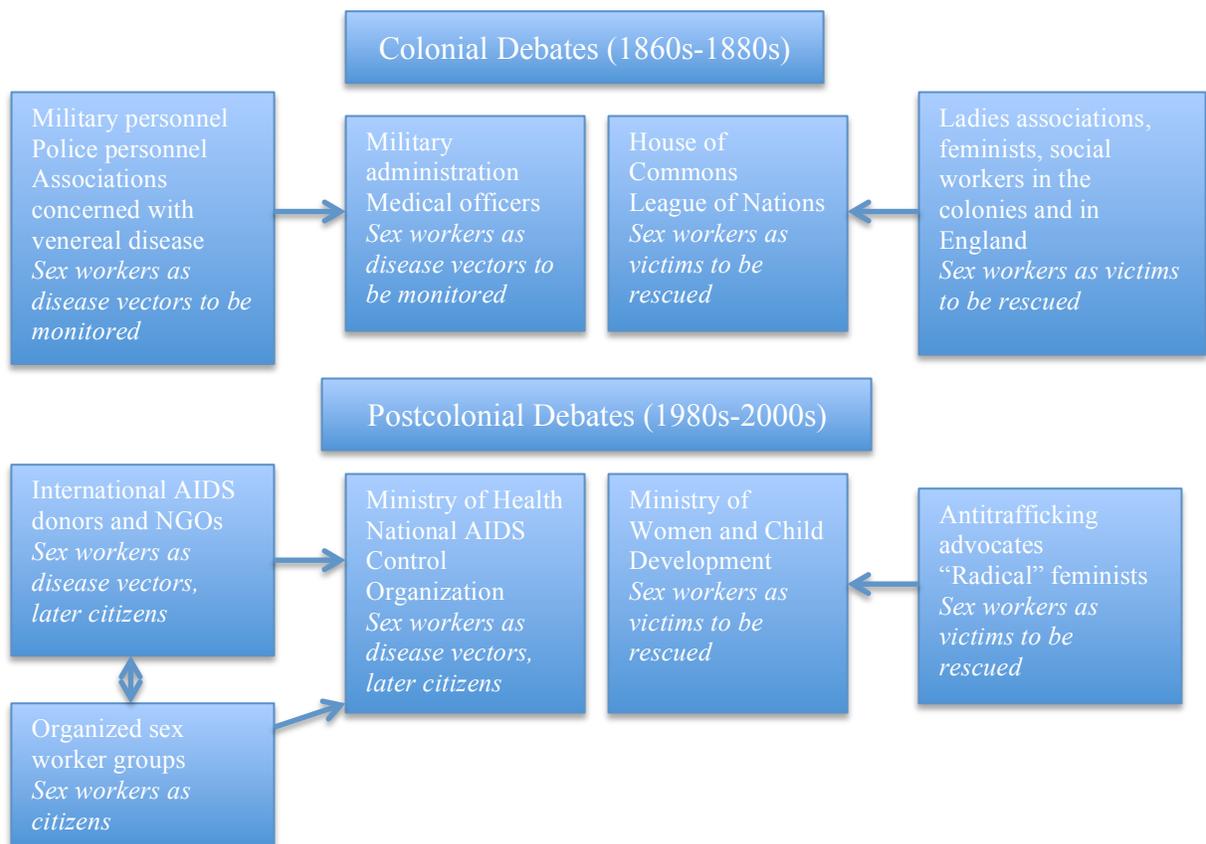
Figure 1 schematizes relationships between colonial and postcolonial state agencies and groups of reformers and activists advocating for distinct understandings of sex workers. In the colonial debates around the Contagious Disease Acts in the middle of the 19th century, understandings of sex workers as vectors of disease came into conflict with understandings of sex workers as victims of sexual exploitation to be rescued. In the postcolonial debates around HIV/AIDS in the 1980s to 2010s, understandings of sex work as vectors of disease were now allied with and pressured by organized groups pushing for understandings of sex workers as citizens, but these approaches remained in conflict with understandings of sex workers as victims of sexual exploitation to be rescued. At least in the height of the impending HIV/AIDS crisis, the former won out.

Colonial Debates: Sex Workers from Vectors to Victims
      Accounts of ancient and medieval relationships between prostitutes and the state in India suggest that prostitutes had relatively good social and legal standing (Nair 1994; Vijaisri 2005; Tambe 2009; Ramberg 2011). Ancient texts from various parts of India describe a rich and varied courtesan tradition in which prostitution was integrated into public and religious life. This role of prostitution was the site of fascination and discomfort for colonial British lawmakers, who saw it as a sign of Indian moral degeneracy, even though the British military presence was closely intertwined with prostitution and the brothel industry in major Indian cities. In response to panics about racial miscegenation, sexual perversion, and contagious disease, British regulation sought to contain, monitor, and regulate sex work, but not necessarily to eradicate it, as both military and police personnel profited from their involvement in regulating prostitution (Burton 1994; Levine 1994; Whitehead 1995; Levine 2003; Tambe 2009) as well as patronizing prostitutes.
      The Contagious Disease Acts, passed in the British parliament in 1864, represent a key feature of this "regulationist" approach (Tambe 2009). In essence, the Acts mandated compulsory venereal disease check-ups for prostitutes; if a prostitute was found to have a venereal disease, she could be detained in a "lock hospital." During this period, prostitutes were less and less considered to be pursuing a legitimate occupation. For example, in the 1864 census, prostitution was an occupation under "luxuries and dissipation," but by 1871 it was categorized under "miscellaneous" near "disreputable professions." In prison reports, prostitutes went from being categorized as pursuing an occupation, alongside maidservants and dancing girls, to being part of the "marital status" column (Tambe 2009). The Acts crystallized tensions around race and sexuality in imperial Britain: in a response to venereal disease, Levine (2003) shows, prostitutes dominated official imaginations, and the difference between isolation and control of prostitutes and disease was often blurred. In everyday ways, Tambe (2009) shows that sex workers were able to resist medical intrusions into their lives. For example, some four-fifths of women in prostitution in Bombay evaded the mandatory health checks of the Contagious Disease Acts by getting married, claiming to be "kept women," petitioning the court, bribing officials, covering for each other, or simply leaving Bombay. Levine (2003, 63) writes of an 1888 letter describing an incident when "the prostitutes of Calcutta collectively protested to the Viceroy against the use of 'telescopes' in the medical examinations to which they were subjected."
      The Contagious Disease Acts were eventually repealed in 1886, in response to protests across the British Empire by ladies associations, feminists like Josephine Butler, and social workers who saw the Acts as a violation of women's freedoms and uneven in their punishment of women instead of men. These groups generally understood sex workers as victims to be rescued (Tambe 2005). Periodic reform movements also railed against the immorality of prostitution in general. By the late 19th and early 20th century, policies entered an antitrafficking and eventually an abolitionist

phase, in which reformers sought to wipe out prostitution altogether (Tambe 2009). In 1909, the Mysore princely state abolished the devadasi system,[18] and in 1934 and 1947, Bombay and Madras followed suit (Law Commission of India 1975; Nair 1994; Vijaisri 2005; Kannabiran 1995). By the 1920s and 1930s, Calcutta, Bombay, Uttar Pradesh, Punjab and Mysore (modern Karnataka) passed various acts that criminalized aspects of prostitution and stipulated the rehabilitation of prostitutes arrested for soliciting. These laws came around the same time as international panics around sex trafficking were beginning to emerge: the International Convention for the Suppression of the Traffic in Women and Children was passed in 1921 at the League of Nations. Soon after independence, in 1950, India signed the Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others, and in 1956 passed the Suppression of Immoral Trafficking Act (SITA). SITA was amended in 1986, and renamed the Immoral Traffic (Prevention) Act (ITPA), but its core elements were largely similar to those of the 1956 act, which, in turn, was based on laws passed in the 1920s and 1930s.[19] It was not until 2006, in the height of the HIV/AIDS response, that ITPA would again come up for public debate.

The Initial HIV/AIDS Response (1986-1992): Sex Workers as "Reservoirs of Disease"
Physicians documented India's first known case of HIV in 1986—a woman doing sex work in Chennai was found to be HIV positive. By the end of 1986, six people living with HIV had been identified in India, all of them sex workers in Chennai. The title of an article reporting on the cases in *Nature*—"Pool of infected women? AIDS in India"—suggests the emerging focus on sex workers at the time (Jayaraman 1986b). That the first cases of HIV were sex workers may have been a self-fulfilling prophecy. Early approaches to HIV in India recycled colonial venereal disease policies in two ways. First, they recapitulated the "regulationist" approach to prostitution in the British Empire, which positioned sex workers as vectors of disease and responded by detaining HIV positive sex workers indefinitely. Second, they recycled models of disease spread that had been developed in sub-Saharan Africa. As Mahajan (2008) argues, early epidemic estimates and prevention strategies built on existing epidemiological risk categories derived from other locations (see also Karnik 2001).

When Matthew, the director of an HIV prevention program for men in sex work in Nairobi, visited India, he told me he was surprised to learn that Indian programs had once drawn on Kenyan approaches in the early stages of the epidemic. "India actually learned from Kenya…even when people started the Avahan project, and all, they actually came to see Kenya." One major link was a Canadian university that would help to coordinate the Gates Foundation's funding of HIV prevention programs in southern India. The university's presence in Nairobi dated back to the early 1980s, when researchers began studying HIV resistance among a group of sex workers. Vishnu, a professor who would go on to design large-scale studies and eventually coordinate programs across Karnataka, explained, "the Kenya approach was definitely a basis for us. We had already worked

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[18] Devadasis played an important role in courtly and religious life in south India until independence. Devadasi practices in various regions involve religious practice and performing arts; many devadasis were renowned artists. Devadasis also engaged in multiple sexual relationships and exchanges, and under British policy were defined as traditional prostitutes (Kannabiran 1995).
[19] The main difference between ITPA and SITA was its gender-neutral language. In line with the Convention, ITPA was meant to accommodate forms of trafficking other than sex trafficking, such as trafficking for forced labor, but the law revealed a continued focus on women and girls trafficked for sex work.

with sex workers…We did small scale cohort studies in Kenya." Studies done in Kenya became the basis for programs in India: "Kenya was a research project. Now it's programming."

Studies in Nairobi and elsewhere in sub-Saharan Africa were not only the basis for programs in India—they were also the basis for reinforcing the relationship between sex work and HIV in the public health literature. Among the first studies of HIV/AIDS in sub-Saharan Africa were of sex workers in Nairobi (Booth 2004). For example, a well-known (though small) study in Nairobi (Kreiss et al. 1986) had found HIV antibodies in 66% of low-income sex workers. Early in the study of the epidemic in sub-Saharan Africa, public health researchers turned to prostitutes as a natural "reservoir" (D'Costa et al. 1985; Kreiss et al. 1986) of disease, with women the sources of disease and men its mobile transmitters (Booth, 2002). Hunter (2010) shows that, in South Africa, this model, which assumed that male migrants acquired HIV from sex workers and then spread HIV to their stationary female partners in rural areas, represented a new application of earlier models of the spread of syphilis under apartheid migrant labor systems. In these studies, the category of the sex worker, as Booth points out, was poorly defined; who counted as a sex worker was unclear, and often defined by the neighborhood in which a woman lived. Sometimes, a man simply reporting that he had contracted HIV from a prostitute was taken to be evidence of the epidemic spreading through prostitution. These categories were nevertheless imported from sub-Saharan Africa and applied to the Indian epidemic. The "most-at-risk" or "vulnerable" categories of female sex workers, men who have sex with men, and IV drug users were already in use and regularly thought of as key vectors of disease before anyone in India had been tested for the virus.

In the early years of HIV response, the Indian government focused on intense screening of blood products and sometimes forcible testing of sex workers and other "sexually promiscuous" groups thought to be at high risk (Asthana 1996). Government officials insisted AIDS was mainly a foreign threat, so after HIV was detected in an African student in Chennai (Jayaraman 1986a), new visa directives required HIV tests for foreign students. Within this early conceptualization, sex workers appeared as dangerous in part because they were thought to have sex with foreigners (Asthana 1996, 186). Very quickly, these repressive measures were met with protest. For example, the 1989 AIDS Prevention Bill, which allowed for random, mandatory blood tests of sex workers, was protested by the AIDS Bhedbhav Virodhi Andolan (Movement Against AIDS-Related Discrimination) and was eventually withdrawn without reaching the status of an Act (Misra 2006, 47). In 1988, activists went to court to challenge the detention of five HIV-positive sex workers in Chennai, resulting in over 800 detained women being released in the state of Tamil Nadu.

These early activist efforts resulted both from the movement backgrounds of activists becoming interested in HIV/AIDS—Shyamala Nataraj, who led the effort in Chennai, had come from a background in development journalism and consumer rights activism—and the everyday ways in which sex workers protested their confinement and mistreatment. For example, Nataraj described an encounter at a vigilance home, or detention center for sex workers, where HIV-positive sex workers were housed:

> "And [the superintendent] said, you know, this lady's come, she has a lot of money, she's going to come and help you….Then one girl, she couldn't have been older than you, probably younger, very beautiful, came up to me and sort of spat on my face. And she said you come here, you write about us, you make money, you publish these things, you have a name, while we continue to stay like this. What right do you have? Who gives you the right to come and do this? It's because I'm poor, and you're rich….They say I have AIDS. So what? My parents will take care of me. Who are you to tell me that I can't be with them?

> Then she said if you come back one more time, I'll kill you and then I'll kill myself. And she turned around and ran off, just sobbing, and a lot of women followed her."

Such encounters with HIV positive people, and the coercive conditions under which they were initially kept, inspired activists to shift the terms of disease prevention toward an analysis of marginalization and an interest in legal rights. In other cases, the abusive conditions of the HIV/AIDS response led activists to push for social support systems. Chitralekha, who started one of the first HIV/AIDS organizations in Karnataka and worked closely with women in sex work who would go on to run Bangalore's major sex worker organizations, described her reaction to early HIV/AIDS policy from a mental health perspective:

> "I think I got involved more from the mental health point of view, because we felt that everybody's talking about the infection and the public health part of it, but very few people are talking about the individuals involved….And actually what are their needs? People were only looking at public health needs….So even our first program with women in sex work was called sex worker protection program. Not HIV prevention program, so because in those days there was this whole thing about sex workers are a reservoir of infection, and who will they spread it to…so it was not so much about oh my god what must this person be going through, how has his life or her life changed?"

Chitralekha became involved as a volunteer, counseling people who had tested positive in government hospitals. The narrow surveillance focus of early efforts at HIV/AIDS control drew her attention, and pushed her to challenge state policies. Eventually, the kind of counseling Chitralekha began doing became integrated into HIV/AIDS policy at the national level. The next round of HIV/AIDS policy-making built on these activist engagements, moving increasingly into the realm of social and legal concerns.

> Manju, who led an NGO based in Maharashtra that began working with sex workers in 1992, had a more clear movement orientation when she entered HIV prevention work:
> "The reason [our NGO] is different is that it grew out of the feminist movement. So it's essentially the old feminist leftist principles that one believed in [that] helped build the ideology of [our NGO]. So if you're looking at what that actually means, the key strategies [we] had written up long back, when we started this work, was self-determination, a woman-centered intervention…we thought, without that, we are not going to do it."

For Manju, beginning to work with sex workers meant working with feminist friends and colleagues to challenge their preconceptions about the inherent exploitation of sex work. It also meant challenging narrow approaches to sex workers from the start. Describing HIV/AIDS NGOs, she noted, "We are a set of NGOs who imagine we are movements because some of us have come out of very structured movements…We bring in the principles of those movements into the NGOs." These early challenges to coercive HIV/AIDS policy would inform subsequent rounds of policymaking, as well as setting the stage for sex workers' further engagements with other social movements. Figure 2 presents a timeline of key policies related to sex work and HIV/AIDS starting in the middle of the 19th century. The next three sections discuss three subsequent rounds of policy in which the sex worker was successively redefined, from a vector of disease to a citizen—always in conflict with persistent conceptualizations of sex workers as victims of sexual exploitation. With

each phase, the state increasingly shared responsibilities for administering HIV programs with non-governmental entities like NGOs and CBOs.

Figure 2. Timeline of Key Policies Related to Sex Work and HIV/AIDS

1862	Indian Penal Code (IPC) comes into effect
	Sections 372 & 373 criminalize clients and brokers involved in hiring prostitutes under 18
	Section 377 criminalizes sexual activity "against the order of nature"
1864	Contagious Disease Acts passed in British parliament
	Allow for arrest, detainment, and mandatory health check-ups for prostitutes
1886	Contagious Disease Acts repealed after protests
1909	Mysore princely state (modern Karnataka) abolishes devadasi (traditional prostitution) system
1923-1936	Calcutta, Bombay, Uttar Pradesh, Punjab, and Mysore pass Suppression of Immoral Traffic/Prevention of Prostitution Acts
	Criminalize various activities related to prostitution
1934	Bombay Devadasis Protection Act passed
1947	Madras Devadasis (Prevention of Dedication) Act passed
1956	Suppression of Immoral Trafficking Act (SITA) passed based on previous acts
1986	SITA amended, renamed Immoral Traffic (Prevention) Act (ITPA)
	Act mostly unchanged, but now uses gender-neutral language
	First case of HIV identified in Chennai
	National AIDS Committee constituted
1987	National AIDS Control Policy adopted
1989	AIDS Prevention Bill introduced in Parliament
	Allows forcible detainment and testing of high-risk groups
	Medium Term Plan for HIV/AIDS Control launched
	Focuses on Maharashtra, Tamil Nadu, West Bengal, Manipur, and Delhi
1992	AIDS Prevention Bill withdrawn after protests, pressure from World Bank
	National AIDS Control Organization established
	National AIDS Control Program Phase I (NACP I) begins
1994	AIDS Bhedbhav Virodhi Andolan petitions Delhi High Court to challenge constitutionality of Section 377 of IPC
1999	NACP II begins
	State AIDS Control Societies established
2001	Naz Foundation (an HIV/AIDS organization) files public interest litigation seeking repeal of Section 377 of IPC
2003	Bill and Melinda Gates Foundation's Avahan program begins
	Focus on Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu
2006	Ministry of Women and Child Development introduces ITPA Amendment Bill in Parliament
	Amendment includes criminalizing clients of prostitutes
2007	NACP III begins
2009	Delhi High Court overturns Section 377 of IPC
2009	ITPA Amendment Bill lapses after protests from sex worker groups and HIV/AIDS

HIV/AIDS Policy (1992-2012): From Vectors to Citizens, Against Victimization
NACP I (1992-1997): Biomedical Surveillance of Sex Workers

        The first National AIDS Control Policy (NACP-I), initiated in 1992, marked a shift from this early focus on detention, screening, and blood safety programs. Though nearly 40% of the $113 million in funding for NACP-I was still allocated to blood safety programs, 21% was devoted to "promoting public awareness and community support" (Johnston and Ainsworth 2003, 41). The focus on sex workers and "high-risk groups" persisted: in 1993, 30% of sex workers in Bombay were thought to be HIV positive, an alarming number at the time (Asthana 1996, 185), and media attention to HIV largely focused on sex workers rather than discussing other pathways of sexual transmission. However, the AIDS Prevention Bill had been withdrawn and sex workers were no longer coercively detained for testing.

        Early on, the World Bank played a key role in creating the administrative structure that would shape later AIDS policy. European and North American development experts generally felt that the Indian government was ignoring what they felt was destined to become the next epicenter of the AIDS epidemic. Estimates in the late 1990s suggested that India had nearly 4 million people living with HIV, a number second only to that of South Africa (Johnston and Ainsworth 2003), and experts predicted there would be 37 million HIV-positive Indians by 2005 (World Bank 2006, 7).[20] The Bank contributed a $84 million credit to the NACP-I effort on the condition that the government, for the first time ever in a disease control effort, establish a separate agency dedicated to AIDS control, headed by a high-ranking health official. Creating a separate agency, the World Bank argued, would insulate AIDS control from bureaucratic backlogs and allow for innovation and experimentation.[21] The director of NACO at the time relied on the Bank for "expertise" on surveys, evaluation, and monitoring, but also used the Bank more strategically for advocacy: "if the Bank guy comes and tells something to the political leaders here, they listen." The involvement was influential, but the World Bank generally downplayed it, suggesting that "a more public advocacy role by the Bank…could have strengthened the perception that the HIV/AIDS program was externally driven" (Johnston and Ainsworth 2003, 11). The Bank's involvement raised the profile of HIV/AIDS and marked it as exceptional within the realm of health programming. It also pressured the Indian

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[20] This was a projected figure. In fact, when 2005 came around, official estimates put the number at 5.7 million (UNAIDS 2006, 511), a drastically lower figure than the early predictions, and the number was revised down to 2.4 million by 2007 (UNAIDS 2008, 219).

[21] Insulating HIV/AIDS from standard political procedure as an exceptional emergency would be key to the Indian program, allowing the National AIDS Control Organization (NACO) to move more quickly and attract more international donors than other government departments. In the long term, this approach would leave HIV/AIDS programs separate from those of other health initiatives, a challenge of much concern among HIV/AIDS experts at the time of my fieldwork in 2012-3.

government to abandon more coercive policy initiatives. Another role the Bank played was to push for greater involvement of non-governmental entities in the AIDS response, especially in HIV prevention. While an evaluation of World Bank funding to NACP-I criticized the program for "greatly overestimat[ing] the capacity of NGOs" (Johnston and Ainsworth 2003, ix), at the same time it pushed for a continued role for the state in training NGOs to extend its work.

In general, however, NACP I continued the early focus on surveillance of sex workers and other "high-risk groups," while building an administrative apparatus and basic elements of HIV/AIDS control. A former NACO director described the focus as a response to data: serosurveillance data collected between 1992 and 1998 "showed very clearly where the infections were coming from," and 75 to 80% of infections originated with sex workers. This focus on sex workers would expand and intensify under the subsequent phases of national HIV/AIDS policy.

NACP II (1999-2006): From Surveillance to Social Services and NGO Partnerships

HIV/AIDS policy gained momentum and resources in the second round of the National AIDS Control Program (NACP II). The World Bank continued to play a role in policy formulation, but as NACO established a reputation, it attracted a wider range of donors. Thus, in 1999, the budget for national AIDS control quadrupled to $460 million (NACO 2010, 13), with the World Bank contributing $242 million and a variety of donors contributing the rest, including a substantial $102 million from the British Department for International Development (DfID) and $35 million from the US Agency for International Development (USAID) (World Bank 2006, 20).[22] In 2003, the Gates Foundation's Avahan program was launched, committing $258 million until 2008 for its six focus states, Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu (Ng et al. 2011, 1643). With its greater funding and technical expertise, NACO also began to set its own priorities, asking donors to, according to one former NACO director, "put the money into the kitty" so that it could decide where to direct resources and how to prioritize programs. This way, donors would not simply pursue projects that appealed to them, but provide resources toward meeting centrally determined objectives.

As national AIDS policy evolved, it increasingly accommodated a role for what policy documents called the "structural" aspects of disease, and increasingly approached NGOs as partners in providing social services for sex workers and other high-risk groups. The shift intensified with each iteration of NACP, as activist critiques were increasingly absorbed into administrative consultations and the state HIV prevention approach. NACP-II argued that "HIV/AIDS is not merely a public health challenge, it is also a political and social challenge" and called for a "paradigm shift" toward "a more holistic approach looking at AIDS as a developmental problem" (NACO 1999, 5). Importantly, this "holistic approach" retained and intensified the focus on high-risk groups from earlier version of HIV/AIDS policy. In NACP-II documents, the focus on "early, aggressive, preventive interventions among high risk groups" was unequivocal (World Bank 2006, 10). As Figure 3 shows, high-risk groups were at the figurative center of public health understandings of epidemic spread. These "core HRGs" (like female sex workers) would spread HIV to "bridge

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[22] The issue for HIV/AIDS programming was never a lack of money: a 2003 government audit argued that "NACO should immediately assess the unspent balances lying with the State AIDS cells," as some "could not utilize even 25 per cent of the funds provided to them" (CAG 2003). Both NACP I and NACP II were extended by two years each when they were unable to absorb funds, which a World Bank evaluation explained as the result of both low capacity and the availability of extensive additional funds (World Bank 2006, 9).

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populations" (like truck drivers) who would spread it to the "general population" (truck drivers' wives). Targeting the "core HRGs" was thus the most efficient way to prevent the spread of HIV. While nearly a quarter of project costs were still devoted to blood safety, 23% were also dedicated to "targeted interventions" with high-risk groups (World Bank 2006, 15).

Figure 3. Map of Sex Workers' Role in the Epidemic
(NACO 2007)

Figure 1.1 Illustration of an HIV Transmission Network
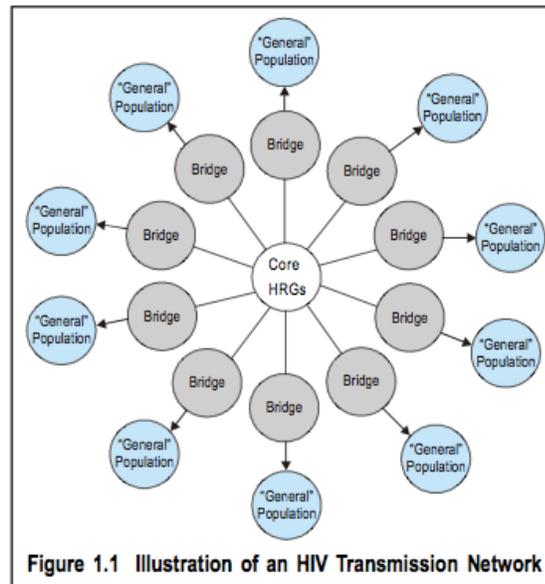
Part of this focus on targeted interventions was an adaptation to "global best practice," and the World Bank funded 86% of targeted interventions, while the government funded a larger proportion blood safety and administrative costs (World Bank 2006, 15). But the approach to high-risk groups also aligned with the colonial legacy of positioning sex workers on the edge of national purity. By framing the epidemic as the problem of sex workers, NACO continued the colonial tradition of combating venereal disease by containing the sexual morality of certain groups of women[23], rather than the sexual morality of the population at large.

In line with World Bank inclinations, NGOs and community-based organizations (CBOs) were increasingly key to the targeted intervention approach, because "socially marginalized sections…are not normally accessible through the traditional government machinery" (NACO 1999, 22). Active NGOs provided access to populations previously invisible to the state, which proved particularly important in areas without clearly defined red-light districts or with populations such as men who have sex with men, whose existence bureaucrats almost completely denied. NGOs ran the targeted intervention programs as well as being consulted regularly in the shaping of policy. They

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[23] While high-risk groups technically included female sex workers, IV drug users, and men who have sex with men under the NACP, female sex workers tended to dominate the agenda and the public face of HIV prevention until the mid-2000s. At the end of NACP II, state AIDS control societies reported having reached just 6% of men who have sex with men through targeted interventions compared to 35-45% of female sex workers (World Bank 2006, 34)

thus increasingly took on state functions, while pushing back on the state to shape how it directed its resources. NACP-II's broadened engagements with non-governmental entities were often a conscious effort to set up the state's own interlocutors and sources of pressure. As a semi-independent body, NACO could align itself with government or with social movements depending on the situation. A former director of NACO at the time reflected,

> "State has a role to play, but we can't leave everything to state. Sometimes state needs to be pressurized through these organized social movements. [*So the state has to set up institutions to pressure itself?*] Yeah! That is a clever way of doing it. You set up an institution and use that as a pressure group to put pressure on the government. NACO was a state creation, but NACO sometimes becomes an activist organization."

NACO's "exceptional" status outside the Ministry of Health, with its unique network of state AIDS control societies registered as societies, rather than as government departments, furthered the goal of separating HIV/AIDS control from the usual bureaucratic backlogs of government funds transfers and policy development. In this way, HIV/AIDS response itself operated like a public-private partnership, with the tasks of disease prevention out-sourced to semi-autonomous government bodies, NGOs, and high-risk groups themselves.

NACP III (2007-2012): Sex Workers as Citizens and the Conflict with Victim Narratives

As sex worker organizing gained in momentum, the more generalized panic about the AIDS epidemic in India began to lessen. In 2007, India's heath minister revised estimates of the number of people currently living with HIV drastically, from 5.7 million to 2.4 million cases[24] (Mahajan 2008, 585). After over a decade of dramatic statements from Northern development institutions about India's denialism and refusal to engage with its ticking time bomb of an AIDS epidemic, this revision marked the beginning of a new phase in Indian AIDS policy. India's "concentrated epidemic" was now conventional wisdom, and the epidemic in India was no longer considered to be on an "African trajectory"[25]: it was a qualitatively different epidemic that required a unique response focused on high-risk groups.

Despite the indications that HIV/AIDS presented less of a large-scale calamity in India than initially predicted, HIV prevention efforts expanded and intensified. In the third round of the National AIDS Control Program (NACP III), the budget again more than quadrupled to $2.5 billion. The period of 2007-8 represented a peak in India's receipt of foreign aid for HIV/AIDS between 1999 and 2012: the OECD reported that donors committed $832 million in aid to India for STDs and HIV/AIDS in 2007. HIV/AIDS funding accounted for nearly 10% of all foreign contributions to Indian associations and organizations in the 2008-9 financial year.[26] In 2008, the Gates

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[24] In the late 1990s, experts had projected that by 2005 India would be home to 37 million HIV positive people. By 2007, the 5.7 million estimate was already much lower than this prediction.
[25] While models of epidemic spread that partly inspired India's initial focus on sex workers in the HIV epidemic originated from research in sub-Saharan African, the "African trajectory" suggested a move from high-risk groups to the "general population," a trend India attempted to prevent at the outset.
[26] Bilateral aid data come from the OECD Creditor Reporting System. I compiled funding commitments from all donors for STD and HIV/AIDS to India between 1995 and 2012 in constant 2012 US dollars. After 2007, bilateral funding commitments for STD and HIV/AIDS dropped, and

Foundation pledged an additional $80 million, to be used before 2013. NACO reported that about 60% of funds for NACP III came from external assistance (NACO 2014).

The NACP III development process involved more collaboration with non-governmental entities than ever before, with 14 working groups, composed of experts and activists from NGOs and CBOs, conducting consultations all over the country (NACO 2010, 15). The approach now expanded even further its focus on high-risk groups and its engagement with NGOs and CBOs, now relatively well established, to reach them. Nearly 70% of the NACP III budget was earmarked for prevention efforts, a third of which was to go to high-risk groups (NACO 2010, 14). Further, the policy now explicitly included attention to "the enabling environment" for high-risk groups—the legal and political context that shaped these groups' ability to practice safer sex—addressing "key stakeholders" and "power structures," "crisis management systems," and "legal rights" (NACO 2007, 15).

Table 3. Three Phases of the National AIDS Control Program

Phase	Duration	Funders	Budget[27]	Main focus
NACP I	1992-1999	World Bank, Government of India	$113 million	Blood safety, public information campaigns
NACP II	1999-2006	World Bank, various other donors[28], Government of India	$460 million	Blood safety, targeted interventions, public information campaigns
NACP III	2007-2012	World Bank,	$2.5 billion	Targeted

by 2012, donors committed $100 million in bilateral aid for STD and HIV/AIDS in India. For foreign contribution data, I compiled funding amounts for HIV/AIDS from the Foreign Contribution Regulation Act (FCRA) Annual Reports between 2005 and 2012. At the peak of foreign contributions for HIV/AIDS, in 2008-9, they comprised 1,049 crore rupees, or about $175 million in 2009 US dollars. Between 2001 and 2007, foreign contributions for HIV/AIDS comprised between .5% and 4.2% of all foreign contributions; in 2011-12 they comprised 2% of foreign contributions.

[27] These budget numbers come from a NACO summary report (NACO 2010). Because of continual revisions of budget estimates, documents from various stages of the NACP report different budget numbers; for example, the World Bank report on NACP II reports a budget of $433 million (World Bank 2006, 20). There are also discrepancies in reports of expenditure; for example, a 2003 government audit (CAG 2003) reports expenditure levels of 75% for NACP I and 46% for the first four years of NACP II, while NACO reports expenditure levels in the region of 98-99% (NACO 2014).

[28] NACP II was funded mainly by the World Bank at first with limited funding from the US Agency for International Development (USAID); DfID (the UK Department for International Development) entered the program in 2000, Canadian International Development Agency (CIDA) in 2001, and the UN Development Program (UNDP) and Australian Agency for International Development (AusAID) in 2003. The Global Fund for AIDS, TB, and Malaria, founded in 2002 as a central agency for the coordination of funds from various bilateral and private donors, became a major funder of Indian HIV/AIDS programs starting in 2003 (NACO 2014).

		Gates Foundation, various other donors[29], Government of India		interventions focused on high-risk groups

The increased focus on sex workers, as well as men who have sex with men and IV drug users, resulted in a major scale-up of these groups' involvement in the HIV/AIDS response. By 2012, when NACP-III had come to a close, NACO reported that its coverage of women in sex work in its targeted intervention programs had increased from 22% to 78% (NACO 2011, 2). While NACO documents expressed some disappointment at the failure of CBOs to reach full independence from NGOs and sustain programs in the long term, a new language of citizenship appeared: "people fighting the battle with or of HIV/AIDS are valued citizens, whose life is as important as anyone else's" (NACO 2011, 32). Thus, over the course of twenty-five years, the state had shifted from seeing HIV-positive sex workers as criminals to be detained to seeing them as marginal populations to be tolerated, but nevertheless included as "citizens." The state's experience with policy had gradually resulted in more and more varied engagements with these citizens, and a more and more expansive responsibility placed on citizens to manage their own risk.

This historical shift in the state's relationship to sex workers came into direct conflict with understandings of sex workers as victims of sexual exploitation in 2006, when the Ministry of Women and Child Development proposed a set of amendments to the Immoral Trafficking (Prevention) Act (ITPA). ITPA was the colonial-era law that had changed little since its first passage in 1956. ITPA did not technically prohibit the act of prostitution, but it did give police officers and local magistrates considerable power to harass and detain sex workers indefinitely for related offenses, like soliciting or living off the earnings of a prostitute (Kotiswaran 2011). While HIV prevention programs had mainly dealt with ITPA through "sensitization" programs that sought to educate police on the realities of the law and discourage sex worker harassment as a way of promoting condom use, the new amendments threatened to undermine these efforts. It would now no longer be illegal to solicit clients, but police would be able to arrest clients of sex workers, a policy likely to drive sex work underground and threaten sex workers' livelihood. The proposal proved to be a galvanizing force for sex worker organizations around the country, and sex workers attended rallies, wrote letters, and participated in consultations demanding the proposal be rejected. HIV/AIDS proved an important argument in these efforts. NACO itself submitted statements against the amendments, pitting two governmental agencies against each other (Lakkimsetti 2011). The New-Delhi-based NGO Lawyer's Collective issued a statement that the amendments would "undermine HIV prevention, increase transmission and endanger the health of millions in this country" (Lawyer's Collective 2007). If sex work were further criminalized, and sex work driven further underground, sex workers would no longer be available to participate in HIV prevention programs. Eventually, the bill was suspended, and sex worker activists considered the incident a

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[29] NACO reports that NACP III received funds from the World Bank, DfID, the Global Fund, and USAID. The World Bank's role in funding NACP decreased over time; it contributed around 75% of funding for NACP I and NACP II, and 21.4% of funding for NACP III (World Bank 2003, 41; World Bank 2006, 15; World Bank 2013, 3–4).

measure of success. "Our best support was HIV," said Shruthi of Lawyer's Collective. "The message was very clear: if you criminalize clients, all your interventions will collapse."

A similar process took place with sexual minorities. After recommending that condoms be provided to men in prisons, and being refused on the grounds that homosexuality was illegal in India, the AIDS Bhedbhav Virodhi Andolan filed the first petition challenging the constitutional validity of anti-sodomy law (Section 377 of the Indian Penal Code) in the Delhi High Court in 1994 (Kole 2007). Seven years later, the Naz Foundation, an HIV/AIDS and rights organization based in Delhi, filed public interest litigation seeking repeal of Section 377. In 2009, the Delhi High Court overturned Section 377, effectively rendering homosexuality legal. Here again, the organizational base of HIV/AIDS organizations, as well as the ways in which HIV prevention brought the concerns of sex workers and sexual minorities to the attention of a broader range of activists, helped fuel national-level mobilization that helped inspire legal reform (or, at least in the case of sex workers, prevent laws from becoming more restrictive).

The role of HIV/AIDS in both mobilizations was particularly apparent in the aftermath of the era of HIV/AIDS status as a crisis. When the Ministry of Women and Child Development again proposed amendments to the ITPA in 2013, Shruthi pointed out, "there is no mobilization now." With the period of extensive funding HIV/AIDS programs coming to a close, she suggested, "India has managed to contain HIV without reforming sex law." In 2014, the Supreme Court dismissed the Delhi High Court's decision, reinstating Section 377 of the Indian Penal Code. The Indian government now planned to integrate HIV/AIDS into the National Rural Health Mission; Sahana, from the Naz Foundation, called it "going back a hundred steps." With HIV/AIDS no longer a focus of government and public attention, sex worker and sexual minority citizenship was again in question.

To some extent, however, sex workers' inclusion as citizens in the time of the HIV/AIDS crisis could not be undone. Over the course of twenty-eight years, the relationships between sex workers and the state had undergone some significant shifts: sex workers, at least in some arenas, were now considered citizens with access to state services. In 2012, in the aftermath of the notorious Delhi gang-rape, as Parliament deliberated a Criminal Law Amendment Bill that would define prostitution as a form of sexual exploitation, the reaction from sex worker networks was almost immediate. Protests took shape within a day all over the country, and the Verma Commission, on whose report the bill was based, almost immediately issued a clarification noting that the definition did not apply to those who engaged in prostitution "of their own free will." In 2013, Parliament passed the act with the word prostitution omitted altogether. Sex worker groups had been consulted by the Verma Commission in the preparation of the report, and immediately accommodated after they protested the outcome.

Conclusion
The making of an exportable model involves a messy process of contestation at multiple scales of policymaking and lawmaking. This chapter has focused on this contestation at the level of national policy. Following Hall's (1993) insights about how states "power"—and how paradigm shifts in policy can only be understood by opening up the "black box" of the state—I have shown how oppositions between state agencies, intensified through engagement with social movements, have shaped policymaking. Underpinning policy and law relating to sex workers are moral categorizations of sex workers as victims of sexual exploitation, vectors of disease, or citizens. Throughout, I have emphasized the contingency of the concept of the sex worker and the ways in which biomedical knowledge and institutional approaches have traveled transnationally in fixing particular definitions

and concepts across contexts. I have shown how each of these conceptualizations lead to differing policy approaches, and how they have been promoted by different state agencies and social movement groups over time. Indeed, over time, state agencies increasingly incorporated social movement groups into the policymaking process through official channels and consultation processes.

In many ways, India's contemporary HIV/AIDS response is a recapitulation of colonial debates about venereal disease. In the colonial period, the impulse to regulate and medically monitor prostitutes as vectors of disease, pushed by health reformers and the colonial military and police, faced opposition from feminists and ladies associations who thought of prostitutes as victims of exploitation in need of rescue. As a result, the Contagious Disease Acts were first passed and then repealed throughout the British Empire. In the era of HIV/AIDS, the balance shifted in favor of the regulationist impulse. This chapter has shown how a conception of sex workers as vectors of disease won out over one of sex workers as victims as the Ministry of Health came into conflict with the Ministry of Women and Child Development. In turn, the vector of disease conceptualization was challenged in the contemporary era by organized groups of sex workers who, through successive rounds of policymaking, pushed for the redefinition of HIV/AIDS policy to include the structural, social, and legal concerns of sex workers. In the next chapter, I begin to analyze differentiations in the kinds of demands sex workers place on state institutions by shifting to a discussion at the level of the city. I show how HIV prevention programs for sex workers changed as they traveled from Kolkata, where sex work is practiced in red-light district and there exists a vibrant left political culture, to Bangalore, where sex work is practiced in a dispersed way and there exists a political culture of social entrepreneurialism and private enterprise.

Chapter 2
From Sexual Labor Movement to Decentralized Social Services:
Political Cultures, Structures of Sex Work, and Policy Translation from Kolkata to Bangalore

In July 2012, I sat in the audience, surrounded by sex workers from Karnataka, as the Sex Worker Freedom Festival began. Timed to overlap with the International AIDS Conference, that year in Washington, DC, the conference served as an alternative site for the many sex workers involved in HIV prevention work and sex workers' rights activism. Many of the speakers at the conference were ineligible for U.S. visas because they had done sex work.[30] But the conference was also held in Kolkata because it had become an international rallying point for sex worker activism in the global South. Since the Durbar Mahila Samanwaya Committee (DMSC) had formed in 1995, sex worker activists from Kolkata had been involved in policy consultations, a Supreme Court panel on sex worker issues, and national and international networks of sex worker activists. They were part of feminist and labor networks, and were beginning to organize with women in domestic and construction work. Cited in World Bank reports, studied in public health courses, and referenced in HIV prevention programs around India and the world[31], the activism of these sex workers had become a starting point toward new ways of imagining how biomedical interventions and political participation might coincide.

The opening ceremony consisted of lighting lamps and several deferential speeches to honored guests. Madan Mitra, an MLA and West Bengal Minister of Sport and Transport in the new Trinamool-Congress-led government, gave a glowing speech to the attending sex workers. Addressing "all my friends, my transgender [friends], all my male sex worker friends and female sex worker friends," he explained,

> "I personally feel that the more you try…to hide the problem of sexual life, the more there are problems….I am a politician. I enjoy my social life. A doctor, an engineer, a postman, a journalist, everybody from different walks of life enjoys their social life. But only sex workers are not provided with social amenities….They must get all sorts of not only fundamental rights; they should also be given some responsibilities. Because whatever sex workers have, they have because of their massive sacrifice for society and for the country."

In this political milieu, sex workers had become a category of rights- (and responsibility-) bearing citizens. They were "mothers" worthy of respect who sacrificed for society. Indeed, as the politician went on to say, "the most important and largest den of sex workers in the world" constituted a vote bank in a neighborhood in which he was proud to have contested. This despite the fact that sex workers can legally be arrested and detained for soliciting in India[32], and the Supreme Court the year

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[30] The United States considers those who have engaged in prostitution within 10 years of the date of application ineligible for visas "on criminal and related grounds," under the Immigration and Nationality Act Section 212(a), (2)(D). The U.S. lifted its travel restrictions on HIV positive visitors in 2010.

[31] See, for example, Jenkins 2000; K. Kempadoo and Doezema 1998; Jana et al. 2004.

[32] The laws pertaining to sex work in India include the Indian Penal Code—which prohibits buying or selling prostitution under the age of 18 (Section 372/3), sexual activities "against the order of nature" (Section 377), and creating a "public nuisance" (Section 268)—and the Immoral Trafficking (Prevention) Act (ITPA). ITPA does not explicitly prohibit prostitution, but prohibits activities

before, in an otherwise rather sentimental order peppered with references to Bengali novels and Fantine in *Les Miserables*, nevertheless had declared that "sex workers obviously cannot lead a life of dignity as long as they remain sex workers" (Katju and Misra 2011, 5). The conference, attended by representatives of Amnesty International, UNFPA, and a range of sex worker collectives from around the world, and funded by high-profile donors such as the Open Society Foundation, UNAIDS, and HIVOS,[33] demonstrated DMSC's remarkable ability to win Northern donor and local political support for an unlikely cause—the status of sex work as work like any other—that might have seemed unthinkable before the HIV/AIDS epidemic.

The sex worker activists were divided into various regional as well as ideological factions. There was an international contingent of sex worker activists from Europe, Southeast Asia, and sub-Saharan Africa, and then a much larger group of Indian sex worker activists. While nightly videoconferences with attendees of the Washington, DC conference attracted attention from the international contingent, many of the Indian sex workers seemed less interested in discussions of international consensus documents and donor policy. Even their clothing was different: some of the European activists wore flashy, skin-baring clothes and had dramatic haircuts that drew fascination from the gathered Indian reporters. By contrast, while some transgender women sex workers from India wore bright colors and rhinestones, most of the female-born women sex workers dressed in low-key saris with traditional jewelry, their hair in long braids.

These ideological differences were not simply national. Among the Indian sex worker activists, there were both advocacy-oriented groups and groups more devoted to social services or HIV surveillance; there were also groups from two different networks of sex worker activists. My colleagues from Karnataka participated unevenly in the proceedings, but it was clear that the Kolkata context looked very different from their own organizing. Within the Karnataka group, some participants were from Mysore, where the prominent sex worker organization was closely affiliated with DMSC and had helped to organize the conference. By contrast, many of the sex workers from Bangalore organizations were against activism outright. "We have children and families. We are mothers," one told me, gesturing uncomfortably to the flamboyantly dressed European sex worker activists. She didn't like sex worker groups who chased headlines and attention. Others said it was simply not possible for sex workers to speak openly in Karnataka, even if they wanted to. Sex workers in Bangalore, one participant explained, would not want to live separated off from other families like sex workers in the red-light districts of Kolkata. At the same time, she longed to bring the spirit of DMSC to Karnataka with her. "Over here, everyone is open. In our area, it's hard…if I went to Bangalore and held an event this openly, so many people would have come in shaking in fear, looking around to see who was looking at them. Here it's not like that."

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related to it, including living off the earnings of a prostitute, conducting prostitution within 200 meters of a public place, or soliciting for the purposes of prostitution. (In one workshop I helped conduct, an activist described the law as offering food, but then prohibiting the use of a plate, a spoon, or hands.) Once arrested, a female offender can be detained in a corrective institution until the court is convinced that she is likely to lead a "useful and industrious life."

[33] Donors also included the American Jewish World Service, the Dutch Ministry of Foreign Affairs, UNFPA, AIDS Fonds, and the secretariat of the International AIDS Conference. Notably, three of these donors, the Dutch Ministry of Foreign Affairs, AIDS Fonds, and HIVOS, are based in the Netherlands. At the conference, a representative of the Dutch Ministry of Foreign Affairs spoke about the Netherlands' commitment to sex workers' rights. See Bernstein (2010) for an insightful account of Dutch prostitution policy, which here informs the Netherlands' foreign aid agenda.

Though its sex worker activism had taken shape very differently from Kolkata's, Bangalore was the site of many transnational engagements of its own. When I returned to Bangalore later that year, several high-level delegations of health officials from sub-Saharan Africa visited the offices where I began spending time. Sex worker HIV prevention efforts in Karnataka were now also cited in World Bank documents and public health journals. Indeed, Karnataka had become the site of intense production of technical knowledge about how to involve sex workers in HIV prevention. Karnataka lacked the large-scale sex worker activism for which Kolkata's Sonagachi red-light district was now famous in public health circles. The version of sex worker participation technical staff talked about in training sessions and manuals in Karnataka was largely stripped of the trade union identity, the social movement links, and the radical analysis of sexual labor that underpinned DMSC's politics.

In this chapter I examine the travel of sex worker programs for HIV prevention from Kolkata to Bangalore. I ask two questions. First, as policies were implemented, and translated from one place to another, what was included and what was left out, and how did these shifts in turn influence national policy? I focus on Kolkata and Bangalore, not because they were the only sites at which knowledge about sex workers in India was produced and activist goals formulated, but because they were two nodal points in the story of the traveling policy "model" of HIV prevention policy. Second, what political, social, economic, and spatial factors in Kolkata and Bangalore shaped the forms sex worker activism and HIV/AIDS programs took in each place?

First, I argue that the role of surveillance and the idea of sex workers as vectors of disease persisted as programs moved from place to place and sex workers came to challenge and redefine HIV/AIDS programs, the idea of sex workers as citizens traveled less easily. Initially faced with a conceptualization of sex workers as vectors of disease, Kolkata sex workers responded with advocacy that connected HIV/AIDS to political and social inclusion. As the program was translated and packaged for incorporation into national policy, however, the model became a *social services* model that only nominally allowed for sex worker participation. Within the Bangalore context, this social services model became increasingly technical and decentralized, focusing on individual-level planning and monitoring.

Second, I compare Kolkata and Bangalore to explain why programs took shape so differently in the two places. I argue that the differences that shape sex worker activism lie in a) distinct histories of sex work regulation, leading to distinct spatial organizations of sex work and b) distinct political cultures (Ray 1999), with a dominant left political culture in Kolkata and a relatively decentralized, partly privatized political culture of social entrepreneurship in Bangalore. These factors shaped sex worker activism such that Kolkata programs adopted approaches from the labor movement—if not always successfully making concrete labor alliances—and Bangalore programs took the approach of technical efficiency and decentralization.[34]

As HIV/AIDS programs changed through successive rounds of experimentation and repurposing in different parts of India, sex worker programs were infused with meanings embedded in the political milieus of their regional contexts. Ray's (1999) use of political fields to analyze women's movements in Kolkata and Mumbai provides a useful tool for understanding this process. In Ray's analysis, women's movement organizations articulate their interests within a specific political field that provides both room for maneuver and accounts for structural constraints. Ray

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[34] As I will show in Chapter 3, political culture did not completely limit organizations' ability to pursue advocacy for redistribution and recognition. For the purposes of this chapter, I focus on the *dominant* HIV/AIDS policy paradigm in each city.

(1999, 7) argues that two factors comprise the political field: the distribution of power ("the pattern of concentration or dispersal of forces within the field") and the political culture ("the acceptable and legitimate ways of doing politics in a given field"). Focusing on political culture, I argue that, as HIV prevention programs moved between different parts of India, they were transformed in the process of transit as well as in the political cultures in which they then took shape.

In the next section I show how policies shifted as they moved from Kolkata, through policy and donor circuits, to Bangalore, increasingly expanding the focus on individualized surveillance along the way. In the final section, I compare Kolkata and Bangalore to offer an explanation for these shifts.

From Workers' Rights to Micro-Planning: The Sonagachi Model and its Travel
Initiating the Model: Durbar Mahila Samanwaya Committee (DMSC)
Regardless of their opinions of DMSC, my interviewees generally agreed that Kolkata's Durbar Mahila Samanwaya Committee (DMSC) was a "pioneer" in sex worker mobilization in India. "Once DMSC started, then the mobilization process started in India," said Vamsi, an HIV/AIDS expert who had helped found an NGO and now worked for the Gates Foundation to coordinate South-South policy exchanges in sub-Saharan Africa. DMSC's work in Kolkata's red-light districts set the stage for HIV/AIDS policy in the rest of India, and fused health surveillance with demands for sex workers' incorporation as citizens, in alliance with marginalized groups and unorganized workers across the state and the country.

DMSC began as a public health program that viewed sex workers as vectors of disease. In 1992, just as early stages of NACP-I were taking shape, the All-India Institute of Hygiene and Public Health in Kolkata, along with an NGO called the Society for Community Development, conducted a baseline study of sex workers' practices, condom use, and STD and HIV prevalence in the Sonagachi district, Kolkata's oldest and most well-known red-light district (Jenkins 2000). Following the initial study, the institute recruited Smarajit Jana, an epidemiologist then working as an assistant professor of occupational health, to initiate an STD/HIV Intervention Project (SHIP) among sex workers in Kolkata. Described by its architects as "unplanned and atheoretical," (Jana et al. 2004, 406), the project began with a "peer education" model, hiring sex workers to distribute condoms and talk about STI and HIV prevention in the brothels in the red-light district. Over time, the project gradually took on "environmental" components shaping sex workers' ability to use condoms, such as violence and extortion from the police or discrimination against sex workers by health professionals. Underpinning this focus was a more general commitment to the idea that sex work was an *occupation*, and HIV simply an occupational hazard, rather than a form of sexual exploitation or gender-based violence. This meant thinking on the level of groups, rather than on the level of individual behavior change. Jana explained,

> "So if you…compare how the shop floor is managed by workers, where the collective takes an active role for prevention, for mitigation of possible injuries, we felt that a similar approach would be more effective in contrast to behavior change communication, which was the mainstay of HIV intervention programs proposed by WHO. And to make that happen, we didn't just feel—it's not an individual issue. When you look into the behavior change communication model, it is primarily an individual issue, right? But when you look from the occupational health model it became an issue of groups."

This conceptualization of sex workers as engaged in an occupation, to be addressed through collective action, was a central insight of what would become the "Sonagachi model," drawing at least partly on the occupational health background of its founder. In 1995, the Durbar Mahila Samanwaya Committee formed as a sex-worker led collective that began expanding its work to red-light districts outside of Sonagachi, taking on police repression and eviction by holding rallies, as well as building links to other sex worker organizations. DMSC's manifesto at the 1997 National Sex Workers' Conference presented a challenge to narrow conceptions of sex workers within the HIV/AIDS policies that had first inspired its formation: "even to realise the very basic Project objectives of controlling transmission of HIV and STD it was crucial to view us in our totality — as complete persons with a range of emotional and material needs, living within a concrete and specific social, political and ideological context which determine the quality of our lives and our health, and not see us merely in terms of our sexual behavior" (DMSC 1997). DMSC's manifesto directly took on both issues of class and work and issues of sexual repression, asking questions like "What is the history of sexual morality?" "Why have we circumscribed sexuality within such a narrow confine, ignoring its many other expressions, experiences and manifestations?" and "Do men and women have equal claims to sexuality?" To some extent, the manifesto incorporated the language of the Communist Manifesto—it began with the line, "A new spectre seems to be haunting the society"— and discussed redistribution, explaining how sex work fit into broader patterns of poverty and unemployment in India. However, it also presented a liberal rights discourse (Ghosh 2008), and claims for recognition of sex workers and an end to violence and stigma against them.

As DMSC grew in influence and scope, it took on a variety of issues that spanned both NGO-style development projects and more trade-union style political activism. Within the organization, Gooptu and Bandhopadhyay (2007) argue that DMSC developed an activist political culture based on a shift in sex workers' own subjectivities, such that they began to think of themselves as social actors with the collective capacity to make change. DMSC operates a cooperative society that provides loans and savings to sex workers, with nearly 20,000 members and a turnover of over $2 million. Initially funded by DfID and later by NACO, it receives funding from WHO as well as members giving the organization 2% of their salary, in the style of a trade union. The organization includes several linked organizations, including one of sex workers' children and one of sex workers' partners. In 2010, DMSC began working to organize domestic workers and construction workers with funding from Tata Trust, a private philanthropic organization. "We have no interest in HIV now," said the general secretary of DMSC. "We've moved from HIV to being a big union. The goal is to grow the union….for every 60 sex workers in DMSC, there are 40 more outside." DMSC, she said, had three goals: repeal the Immoral Trafficking (Prevention) Act, which criminalizes aspects of prostitution; set up self-regulatory boards to make police presence in red-light districts unnecessary; and register at the labor ministry as a union, thus winning recognition of sex work as work. DMSC saw itself as a national representative of sex workers: its advocacy goals were largely directed at national-level policy, and it was often called upon to represent sex workers on national consultations and international conferences (e.g. Katju and Misra 2011).

DMSC's progress also involved actively positioning itself within Kolkata's political milieu. One main relationship was with the local party. When DMSC first formed, West Bengal was ruled by a Left Front government, led by the Communist Party (Marxist); in 2012, the Trinamool Congress (TMC) was voted into power. With both parties, DMSC, as Dr. Jana put it, "walked the rope":

"It's the same with both governments. We had more support in the Left Front, compared to this party. We have not faced resistance, but some keep their distance. CPM doesn't accept sex work as labor. The party as a whole would never support us. We created spaces outside, through interactions and negotiations."

This strategy of seeking out pressure points and sources of support within the party administration was relatively successful. Outside observers agreed that DMSC managed to win support from political parties without identifying itself with any particular party. A member of DMSC was even invited to the swearing-in ceremony of Mamata Banerjee, the leader of the TMC, as the new Chief Minister of West Bengal in 2011. The *Times of India* reported that Seema Folka, the invited sex worker, would be wearing a "green colour tant saree," and that Folka and DMSC was "thankful to Didi [older sister] for showing a humane gesture by including sex workers in her invitee list" (Yengkhom 2011).

Another set of alliances was with the women's and labor movements. As a women's studies professor explained, while sex workers harbored some bitterness about the failure of a somewhat sexually conservative women's movement to address their concerns, by the mid-1990s a younger generation of feminists was more and more open to engage sex workers. In 1992, an unprecedented meeting of sex workers with feminist activists took place at Jadavpur University, organized by the School of Women's Studies. "It was a powerful sight," she noted, "seeing those sex workers enter the academic space." At the same time, while DMSC interacted regularly with other women's movement activists in the city, Nabanita, who organized domestic workers with DMSC, felt the connection was still "loose": "We feel the women's movement is still an elite movement, with a weak connection to the grassroots." Relationships to the local labor movement were even more precarious. While local trade union leaders were often uncomfortable with sex work, DMSC made inroads with the New Trade Union Initiative, a coalition of non-party-aligned trade unions, and by 2015, on my third visit, DMSC was leading NTUI's organizing efforts with women workers, including fisherwomen, domestic workers, and agricultural workers. Meanwhile, DMSC extended its control over red-light districts, pushing out a powerful set of anti-trafficking organizations promoting an "anti-sex-work" stance.[35] The director of one such organization, SANLAAP, which had worked in the Sonagachi district since 1987, recalled,

> "[W]hat happened is DMSC doesn't want us to work in the middle of Sonagachi. We had thought of unionizing because you know then these women's groups, they would have been groups of women. They will you know if there is any harm on them, they as a group will protest. But then they did not want us to stay over there, so naturally…I did not do it that

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[35] My interview with the director of SANLAAP, who died a few months after our interview, made clear that this "anti-sex-work" stance was linked to a moral opposition to sex work and sex outside romantic relationships: "Because urge for sex is something which is very basic. It's an animal instinct, you can say. So one has to cure men, to, I'm not saying you know they will not have sexual urge. But going to outside women to have it, or you know, somebody who doesn't want to do that, but is doing it because she doesn't have any option, to go to them and buy sex, that I don't believe." She argued that the fact that men paid for sex meant they were more likely to be violent toward sex workers than they were in romantic, unpaid relationships. She also argued that sex workers were exploited by a range of actors, madams, pimps, and other brokers, and that the criminalization of clients and brokers was the only way to curb this exploitation.

way. [With] individual women and helping them, that continues to be done, individual women's children coming to us, that is done, but not women who are in prostitution as a group… I didn't want to you know… get into all these hassles of…my group and your group and that group and this group."

SANLAAP had shifted toward doing individualized work with sex workers and their children because of the organized opposition from DMSC.

DMSC members offered remarkably consistent narratives about the goals of the organization and the problems facing sex workers, often stating matter-of-factly that they had come to the red-light district out of their own choice, that there was very little trafficking in the red-light districts, and that DMSC had taught them to fight for their rights. As an organization, DMSC incorporated new members and appointed them to roles in local leadership based on their talents. Sometimes, they would also become involved in DMSC's performance collective, musical group, or children's programs. DMSC had also standardized rules around the classification of sex workers and commissions paid to madams and brokers. In this sense, DMSC operated as an alternative regulatory institution within the red-light districts—and, indeed, one of DMSCs' core demands was to oust the police from the districts altogether and regulate them instead through community policing and "self-regulatory boards.'"

DMSC faced criticisms in its national and local work. Its orientation to national policy without wider consultation often elicited criticism from other organizations, who considered them "high handed" or "un-democratic." While the founder of DMSC, Smarajit Jana, insisted that his role in guiding the organization was now minimal, others criticized the organization for what appeared to be his outsized role. "I don't know how much Bharati Dey [General Secretary of DMSC] can do that doesn't go through Smarajit Jana," remarked Nisha, a Kolkata feminist activist. "DMSC means Jana. No sex worker's name comes to mind," noted Vamsi, an HIV/AIDS expert. At the same time, observers often admired DMSC for its ability to win attention in a variety of spaces. "They would never hide who they were. It made a difference that they would always have at least one sex worker speaking, always in Bangla," Nisha noted. Members of DMSC often corroborated a narrative of Dr. Jana as the person who had led the way for DMSC and built it into a movement.

Within the red-light districts, DMSC's activities focused on public health programming, the savings cooperative, regulation (DMSC claimed to have eliminated trafficking from the red-light districts) and social programs for partners and children of sex workers.   Importantly, part of DMSC's success in international circles lay in its strategic avoidance of some of the key power relations in the red light districts. DMSC often protested police for abusing or detaining sex workers. Unlike what a "labor" perspective might predict, however, DMSC made no attempt to challenge exploitative relations between workers and madams, pimps, brokers, or brothel landlords, instead focusing on convincing them that "preventing HIV among sex workers was in their long-term economic interest" (Jana et al. 2004, 409). Some scholars argued that this approach was necessary for success: power relations could not be wished away, and instead community participation required actively engaging and then perhaps later subverting them (Cornish and Ghosh 2007). Working through madams also had the practical benefit of making public health outreach much more efficient. It is in this context that Ruchira Gupta, an anti-trafficking advocate based in Kolkata, referred to DMSC obliquely as "an AIDS program funded by an American private foundation [that] pays big salaries to brothel managers and pimps to distribute condoms to customers" (R. Gupta 2014). These careful negotiations of power relations have helped DMSC

reach its large condom distribution numbers and access a large membership. Thus, though HIV/AIDS did provide a catalyst for some of DMSC's work, it also meant that DMSC was unable to take on key aspects of sex workers' labor process. This ability to challenge some power relations while tolerating others contributed to DMSC's success in packaging itself as an international "best practice" model worthy of emulation.

Packaging the Model: From Red-Light District Project to Global Best Practice

The Sonagachi Project was quickly taken up in public health circles as a model of HIV prevention. In later years, one reason for its quick fame was the mass of numbers the project was able to cite: HIV rates among sex workers in Kolkata were around 11% compared to reported levels of 50% to 90% in other Indian cities, and the project reported condom use rates of 90% by 1999 (Jana et al. 2004, 405). However, these numbers were not initially forthcoming. In the first two years, though condom use increased to 69% from 2.7% in Sonagachi, there was no significant change in HIV prevalence within the project itself (Jenkins 2000, 77). Indeed, the estimated HIV prevalence had been low to start with, around 1.1% (Jenkins 2000, 64), and actually increased to about 5.5% between 1992 and 1998 (Jenkins 2000, 79), though the increase was lower than that in other Indian cities. It was never particularly clear that the Sonagachi Project itself was responsible for these effects or if other factors were the driving forces, such as the organization of health services in Kolkata or the brothels system itself (Ghose, Swendeman, and George 2011). In fact, studies seeking to demonstrate the project's effectiveness numerically came later, after the project was already widely considered a global health model (e.g. Jana et al. 2004; Swendeman et al. 2009). Aside from demonstrations of public health impact, the large scale of DMSC's programs was among its most impressive attributes: by 2000 it could count a coverage of 20,000 sex workers (Jenkins 2000, 69); today DMSC's official materials claim 65,000 members, including women, men, and transgender women in sex work. The scale-up potential of peer education models was particularly appealing to public health planners seeking to address an epidemic at large scale and at low cost.

Rather than a strict reliance on numbers or popular tools of program evaluation in public health, such as randomized controlled trials, then, the Sonagachi project was instead hailed for its "integral involvement of sex workers" and its demonstration that "even in highly repressive and abusive environments, the rights of sex workers can be addressed and sex workers themselves can be enabled to act" (Jenkins 2000, 11–12). The project expertly emphasized its "sustainability" and participatory qualities in donor circles—concepts with increasing currency in development and public health spaces of expertise. One UNAIDS report (Jenkins 2000) that became a widely cited account of the Sonagachi Project argued that the approach was "one of the most sustainable, if not biomedically perfect, in the reality of an imperfect world" (86) and had moved from a narrow HIV prevention project to "a social movement in West Bengal of no mean importance" (58). The report built on a 1997 session at the International Congress on AIDS in Asia and the Pacific, and chose its model case studies as much because of convenience as because of success: the program could produce data, had good documentation, and staff could communicate in English with consultants (Jenkins 2000, 8).

Dr. Jana also actively sold the Sonagachi model as replicable. From the beginning, government documents and public health experts expressed skepticism that a sex worker trade unionization initiative originating in a city with highly structured red-light districts and a history of left activism would work in other parts of India. DMSC supporters argued that the project was successful because the key principles—not stigmatizing individuals, helping the community assume responsibility for programs by showing them the benefits of participation, reducing environmental

barriers, and providing resources—were strong and adaptable to any context (Jana et al. 2004, 413). When I asked him about the role of Kolkata's left politics on the Sonagachi Project's success, Dr. Jana insisted context was irrelevant—the model had been adopted in six states, many of which, like Karnataka, lacked a trade union movement. For critics who suggested that the success of DMSC depended on Dr. Jana himself—his presence continued to loom large in the story of the organization, despite his withdrawal from a formal position of management—DMSC argued that Dr. Jana had not even been in Kolkata for several years of the organization's development, as he had moved to Bangladesh to replicate the model there. In the process, however, key elements of DMSC's activism were left out.

Table 4. Shifts in Sonagachi Project Elements

Initial Kolkata Program	Incorporated into "Best Practice"
Surveillance of sex workers' sexual behavior and disease status Condom distribution Public health education	Surveillance of sex workers' sexual behavior and disease status Condom distribution Public health education
Social services • Prevention of trafficking/ forced sex work • Children's collective with cultural programming and advocacy work • Formation of savings cooperatives • Ad-hoc responses to violence from partners, clients, police, etc., including protests at police stations and police trainings	Social services • Police "sensitization" programs • Formation of savings cooperatives • "Crisis response" programs (Peer educators respond to arrests and harassment on an individual basis)
Advocacy demanding citizenship • Access to rations and voter ID cards • Advocacy for decriminalization of sex work • Advocacy for universal pension • Alliances with labor, feminist, LGBTQ movements • Cultural programs to reduce discrimination against sex workers and their families • Discourse of radically challenging gender norms and models of sexuality	Access to ration cards and voter ID cards Provisions for sex worker-led CBOs to manage programs for "sustainability"

Part of DMSC's successful adoption as a global health model resulted from its effective use of the development buzzwords of the moment. Within scholarly literature on development and public health, the ideas of "sustainability" and "participation" were increasingly popular in the 1980s and 1990s. The idea of the "structural intervention," in particular, became key to positioning interventions like Sonagachi in the public health scholarship. Conceptualized by medical

sociologists and anthropologists, "structural interventions" (Blankenship et al. 2006) functioned by "altering the structural context within which health is produced and reproduced" (59) and saw "individual agency as constrained or shaped by structures" (60). The idea was to define "structural" with enough specificity to allow "what is possible to accomplish through public health interventions" (60). Sonagachi, conceived as an intervention that mobilized the community to address "structural" issues, such as police violence, that formed the context for low condom use, became an important example of structural intervention in this literature (Blankenship et al. 2006; Blankenship et al. 2010).[36] Structural interventions would also become a key conceptual element of the Gates Foundation's retelling of its Indian projects in its own public relations efforts (e.g. Rau 2011). DMSC's social movement links and critiques of normative sexuality and class relations played less of a role in these accounts.

Within the AIDS literature, there was some skepticism initially about the possibility of "participation" in HIV programs outside of North America. AIDS policy and programs had been defined by early activism by LGBT groups in the United States (J. Gamson 1989; Epstein 1996). Much of this activism focused on treatment issues for people living with HIV, and this focus extended into sub-Saharan Africa, where various movements emerged demanding low-cost treatment (Nguyen 2005; Nguyen 2010). For groups at risk of HIV but not already living with it, the question of participation became broader, requiring a more generalized intervention into the lives of groups defined by their sexual behavior. One article argued, for example, that "participation" in health was mainly a middle-class endeavor, that the idea that sex workers might "participate" was simply a way of avoiding the reality of HIV risk in the general population, and that sex workers were "isolated, scattered, and highly secretive" (Asthana and Oostvogels 1996, 146) and thus difficult to organize on a large scale.

In this context, addressing prevention among high-risk groups in a "structural" way became increasingly common in international AIDS priorities, with Sonagachi providing a key reference point. The WHO's changing approach is one example of the shifting focus. After an early "rights-based" approach, the WHO moved toward a more biomedical approach to HIV in the 1990s (Chorev 2012b). Sex work did not figure prominently in WHO public documents on the epidemic until the mid 2000s, but by 2012 a WHO document made a clear recommendation that countries decriminalize sex work in the interest of public health (WHO et al. 2012, 8), as well as protecting sex workers from discrimination, increasing health care access for sex workers, and working to reduce violence against sex workers. Indeed, "correct and consistent condom use" and "community empowerment" were the only "strong" recommendations the document offered, even though, the document pointed out, there was "very low quality of evidence" to support the recommendation (WHO et al. 2012, 20). Indeed, in an unusual stance, the document even criticized mainstream evaluation models for HIV prevention interventions, arguing that they were not suitable to evaluate community empowerment, and instead pointing out that such approaches were "unanimously endorsed" by participants at WHO consultations (WHO et al. 2012, 20). Importantly, most of references cited on community empowerment for sex workers came from India.

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[36] This is in line with a broader tendency for HIV/AIDS programs, in the tradition of family planning and infectious disease programs, to embrace approaches beyond the strictly biomedical. Of these 92, over a third mentioned HIV or AIDS in the title. Structural interventions have been used in a variety of public health areas but largely studied in relation to HIV/AIDS: "structural interventions" were first mentioned in articles in the PubMed database in 1993 in relation to oral health in the elderly; in the 63 articles since then, at least 39 related to HIV/AIDS.

Within the UN, also, an increasing focus emerged on sex workers and "high-risk groups" in relation to "structural" concerns. UNAIDS, formed in 1995, took a more explicitly social and political approach to HIV/AIDS, coordinating several UN agencies in its efforts. However, sex workers appeared only gradually in official statements about HIV/AIDS, in part because of pressure from anti-trafficking advocates who saw sex work as exploitation. The 2001 Declaration of Commitment on HIV/AIDS emphasized the vulnerability of women and girls and the importance of gender equality to HIV prevention, but sex workers did not appear to be included within this discussion. Oblique mention of sex work appeared only in the context of "sexual exploitation of women, girls and boys, including for commercial reasons" (UN 2001, 9). The same reference appeared in the 2006 Political Declaration on HIV/AIDS (UN 2006). In the 2004 Report on the Global AIDS Epidemic, the Sonagachi Project was mentioned as an "international empowerment model for HIV prevention among sex workers and their clients" (UNAIDS 2004, 68), and sex work was mentioned as key to the epidemics in southern India and in southeast Asia, but not as an issue for other settings. By the 2006 report (UNAIDS 2006), sex workers were mentioned as "among the most effective actors in HIV responses" (104) and Sonagachi was "a touchstone for sex worker projects around the world" (109). In a 2008 address to the International AIDS Conference, Ban ki-Moon argued that "in countries without laws to protect sex workers, drug users and men who have sex with men, only a fraction of the population has access to prevention….Not only is it unethical not to protect these groups; it makes no sense from a health perspective. It hurts all of us."

Many of these shifts took place in response to active pressure from sex worker groups and public health advocates. For example, the Bush-era "anti-prostitution pledge" made it mandatory for NGOs receiving funding from its influential HIV/AIDS funding program, the President's Emergency Plan For AIDS Relief (PEPFAR), to declare their opposition to prostitution and sex trafficking (Ditmore and Allman 2013). The policy was uniformly condemned by UN agencies and a main target of the Sex Workers' Freedom Festival—in general, such morally conservative US approaches to HIV/AIDS were looked down upon by European donors, especially Dutch donors, who promoted a sex workers' rights approach. Eventually, the advocacy group Alliance for Open Society International sued USAID and, in April 2013, the Supreme Court struck down the "anti-prostitution pledge" (Roberts 2013). Within the UN, there were also political realignments around sex work and HIV. A 2007 Guidance Note on HIV and Sex Work emphasized reducing entry into sex work and promoting "access to decent work" (UNAIDS 2007, 4) an idea antithetical to the labor argument for sex work that activist groups espoused. Over the next two years, a new Global Working Group on HIV and Sex Work rewrote the note, and it was ultimately India's National Network of Sex Workers, led by DMSC, that presented the new draft to UNAIDS. Though DMSC was not the only sex workers' rights organization in the world, it had certainly become an important figure in expert imaginaries about how to integrate human rights into HIV prevention, and how to mount an HIV prevention response that was at once targeted and expansive, efficient and "structural."

"Scaling Up Success": Avahan and the DMSC Model in India
As the Sonagachi model became an international example of the promotion of sex workers' rights in relation to HIV prevention, a version of the model was scaled up within India as a part of the Gates Foundation's Avahan program. Avahan launched its participation in Indian HIV/AIDS efforts in 2003, with a commitment of $258 million until 2008, and then an additional $80 million until 2013 (Ng et al. 2011, 1643). Avahan's own promotional materials and media presence suggested an almost stand-alone program, even though much of the program approach built on

existing government policy, and Avahan constituted only one part of the government's HIV/AIDS budget. Yet, though uneven in its impact on overall policy, Avahan played a key role in disseminating selected aspects of the Sonagachi model, while also introducing important new institutional elements to the HIV/AIDS response. NACO, initially wary of Gates involvement but swayed by the large funds and the Foundation's commitment to prevention, agreed to work with Avahan on the condition that they worked in specified districts in states with high HIV prevalence—Karnataka, Andhra Pradesh, Maharashtra, Tamil Nadu, Manipur, and Nagaland. Avahan refused to fund government programs directly, as bilateral donors and the World Bank had done. Avahan created its own state-level entities to oversee Gates funds and disburse it to NGOs and, through them, to CBOs.

To many observers, the main contribution of Avahan was to increase the overall level of funding in focus states and to intensify monitoring and surveillance. A "data-driven business approach" emphasized "decentralized planning and management" and "saturating target audiences with adequate staff and services, a key feature found in effective advertising" (Rau 2011, 3) As Isaac, a Bangalore activist, told me, "Avahan started as a market strategy, not a health strategy." Under Avahan, NGOs began to conduct "micro-planning": each sex worker's number of partners, sexual acts, and medical visits was individually monitored and condoms were distributed accordingly. Importantly, while Avahan did not actively support advocacy activities or political work by sex worker NGOs, it did not actively discourage it. This relative neutrality allowed Avahan to draw on the successes of existing NGO and CBO efforts. Jenny Butler of UNFPA linked Avahan's successes to existing political culture in India and the strength of sex worker organizations at the time:

> "Gandhi could do what he did because you have centuries and centuries of tradition of panchayat, centuries and centuries of tradition of villagers in community-led discussions of how to manage local issues. So it's inevitable that that is how India responds to things. Your Meena Seshus, and VAMPs, and Ashodayas [sex worker organizations and activists]. Avahan built on that. Yes, they brought in an American business model and a model of accountability that was new, but they could only do that because India is open to political collectivization."

Indeed, if Avahan had tried to restrict organizations in their activist efforts, they would likely have been ignored. Manju, a feminist activist based in Maharashtra, noted,

> "For Avahan advocacy was a total anathema. They were like no! Don't do advocacy! Because that's what they'd signed off when they came into the country with the government of India. They were bound by that. [*How did you navigate those limitations?*] We didn't care because we were there pre-Avahan and we were a strong collective pre-Avahan so for us it didn't matter….We didn't give them that kind of power or say. We just did what we had to do….By then we were already too powerful."

At least the pre-established organizations, then, operated according to their own goals, independently of Avahan. But as Avahan expanded its presence, new CBOs and NGOs emerged to carry out the DMSC model at a large scale. And as opposed to DMSC's more limited early evaluation efforts, the Avahan-sponsored NGOs and CBOs in southern India were planned, developed, and implemented with evaluation in mind, with data collection and analysis as well as the production of research papers key to every stage of the process. They would thus become

increasingly influential in the version of "structural" interventions for sex workers that would later be emulated in other contexts.

Consolidating the Model in Karnataka

In the early years of the AIDS epidemic in India, Karnataka was already considered a problem state (Johnston and Ainsworth 2003, 1). Unlike in West Bengal, where HIV prevalence was relatively low and strategies were somewhat flexible, in Karnataka, public health experts sought systematic, targeted, focused approaches to epidemic control. The region attracted attention early on from public health researchers, including a group from a Canadian university that, as the previous chapter showed, had long worked with sex workers in Nairobi. HIV prevalence was especially high, according to these researchers, in northern Karnataka, where trucking routes passed through from Mumbai to other parts of south India, migrant laborers often traveled to Mumbai to work, and the devadasi system of religious prostitution was practiced. Vishnu, a Canadian researcher, went as far as to say that northern Karnataka was "the next epicenter of the epidemic." Cases also clustered around Bangalore and Mysore in the southern part of the state. This early public health interest led to an increased national focus on Karnataka and other southern states in HIV/AIDS programming. In 2003, when the Avahan program launched, the prevalence of HIV in women attending antenatal clinics (ANCs)—a commonly used measure of HIV prevalence in the general population—was 1.5%, a figure considered quite high for India (KSAPS 2011, 8).

Figure 4. Mapping the Epidemic
(VHS, NACO, and KHPT 2010)
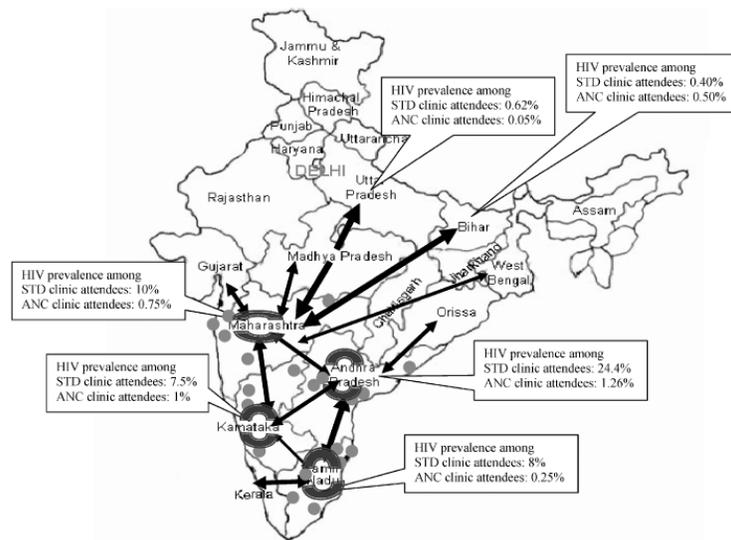
Fig. 1. Map showing the approximate geographical locations of study sites within each study state in India and the major routes of interstate connectivity in India with which they are linked through male workers mobility. ● Approximate location of study sites. ↔ Indicates the direction of interstate male workers mobility. The thickness of line indicates the volume of mobility and arrows indicate the direction of mobility. The results on mobility are presented from the analysis of Census data reports. ○ Indicates the interdistrict mobility of male workers. The thickness of line indicates the volume of mobility. Data source for HIV prevalence data: NACO, 2008. HIV sentinel surveillance and HIV estimation. 2006. New Delhi: National AIDS Control Organisation (NACO).

Before NACO instituted systematic policies for HIV prevention programs and NGOs, NGOs had already begun working with sex workers on HIV prevention in Karnataka. The Belgaum Integrated Rural Development Society (BIRDS) was registered in 1980 in Belgaum, a northern district in Karnataka, and in 1993 received funding from HIVOS, a Dutch human rights donor, to begin

working in the area of HIV/AIDS. These efforts centered on women in sex work, particularly devadasis in the area of Karnataka and Maharashtra some documents referred to as the "devadasi belt." Another NGO, included southern Karnataka in its efforts. Both had connections to the South India AIDS Action Program (SIAAP) in Chennai, which was involved in HIV/AIDS activism and looking to expand its efforts in southern India. When I asked if the NGO was inspired by SIAAP, the director explained, "More than inspired, I think we were compelled, when I came back and they just sent me 10,000 condoms saying start the work." The efforts were small-scale and focused on building horizontal networks of devadasis and other sex workers who operated out of homes and lodges.

When the Karnataka State AIDS Prevention Society (KSAPS), created under the first round of Indian policy in 1997, began initial work on HIV prevention in Karnataka, it worked through existing NGOs such as BIRDS and Samraksha by providing funding for their programs. The real explosion of NGOs and CBOs in Karnataka, however, came in the early 2000s. With the arrival of Gates Foundation funding, a trust was formed in 2003 as a partnership between the KSAPS and a Canadian university to manage the funds. The aim of Karnataka Health Partners (KHP) was to systematically scale up HIV prevention efforts among high-risk groups in the state, using micro-planning methods and a business approach to managing data. CBOs in each of 32 districts—22 run by KHP and 10 run directly by KSAPS—would run targeted interventions with female sex workers, men who have sex with men, and IV drug users, respectively. An additional consulting agency would monitor the CBO. NGOs were appointed to receive the funds from KHP and distribute them to the CBOs, as well as providing training in program management.

Figure 5. Initial Flows of Avahan Funding
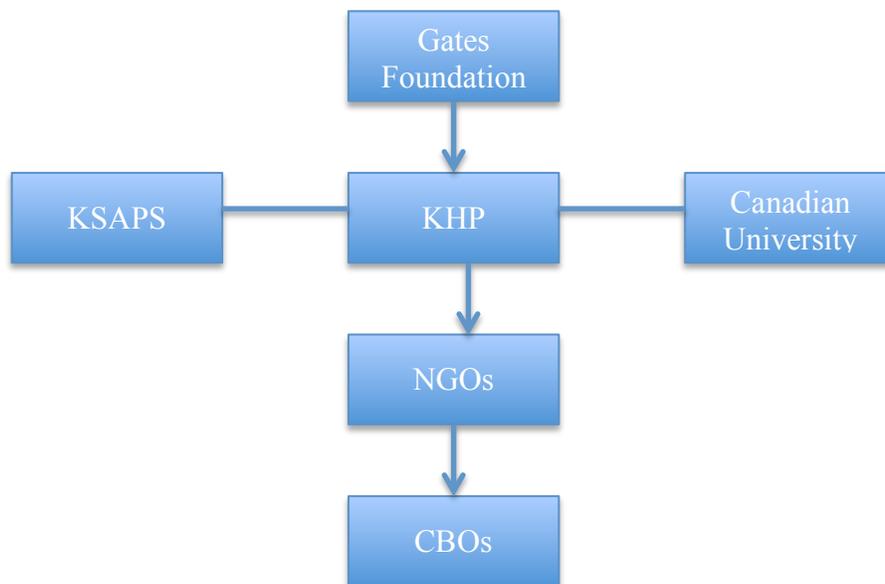
At the time of my fieldwork, KHP officials reported that 70% of their targeted intervention programs had been "handed over" to CBOs, cutting out NGO intermediaries—"nowhere in India" had such a handover been achieved. In addition, in 2012, KHP began "handing over" its projects to the government. Thus, the institutional structure the Gates Foundation set up (Figure 5) would be replaced with a direct link between KSAPS and CBOs (Figure 6).

Figure 6. Institutional Relationships After Avahan
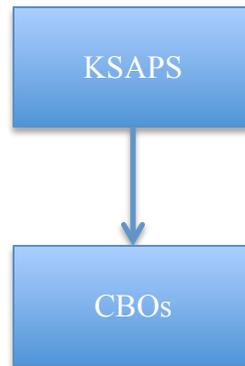
By 2013, the state government reported that 73% of an estimated 134,691 female sex workers in the state were involved in targeted intervention programs, including 100% of female sex workers in urban areas (KSAPS 2011, 24).

KHP's programs moved in two separate directions starting in the mid-2000s. Early on, KHP began working intensively in Mysore, and a CBO was formed there in 2005. The CBO closely with DMSC, and was designed to replicate DMSC's advocacy-based approach. Over time, the CBO and KHP distanced themselves from each other, with the CBO increasingly involved in national-level advocacy and international trainings for HIV programmers and sex worker groups. KHP staff took a distinct approach to community mobilization practices, building on their own backgrounds in social work in Karnataka's political milieu. Unlike staff of KSAPS, the state-level agency for AIDS control in Karnataka, who came from medical backgrounds or were professional bureaucrats from various sectors, many of the KHP staff had worked in participatory rural development programs in Karnataka. Drawing on this experience, they felt that the Sonagachi model was not relevant to Karnataka's sex workers, most of whom, they argued, did not live in brothels. In Bangalore sex work occurred in more fragmentary ways, in homes, lodges near the bus stand, or in parks, and increasingly, sex workers maintained client networks over mobile phones. Thus, though Avahan and NACO officials were inspired by the Sonagachi model, KHP officials argued that "attempts to replicate the Sonagachi model have not met with much success in other states in India as no two situations are the same and area-specific realities need unique planning strategies" (KHP 2008, 8). Instead, KHP officials in charge of targeted interventions drew on their experiences within the tradition of decentralized governance in Karnataka: panchayat governance, nonformal education, and school development and management committees. Community interventions were never described as drawing on any other experiences in India or elsewhere, but instead as responding directly to the needs of sex workers as they described them. As the director of community mobilization recalled an exercise in which sex workers expressed their concerns through drawing:

"They started drawing lots of things….Our staff started coming with all of these global, India-wide HIV problems. When we asked what they liked most, they started drawing greenery, scenery, pictures of the beach. These kinds of things. Sex workers' drawings were different: they would draw their kids, a flower. They are very micro, very into their own family….We started seeing that what these people are thinking about the HIV sex work issue is something different. Their lives are different….Their reality, family, children, work, and sex work, are micro and immediate level….Then we asked if we were really addressing their issues. They said sir, forget addressing, no one even listens to what we say. No one listens."

This idea of sex workers as "micro," with "micro" problems, led to an approach considerably narrower in its analysis of structural elements shaping sex workers' lives than that of DMSC. Family and police violence were addressed; the questions of sexual norms and poverty and inequality raised by DMSC's early efforts were not. Along with "micro" concerns came "micro" plans. KHP's documents emphasized community mapping of social networks, sites of sex work, and sexual practice, and close, individualized surveillance of sex workers' condom use. For example, peer educators collected data on each sex worker contact's age, number of clients per week, percentage use of condoms, program clinic visits, harassment experiences, meetings with a peer educator, and STI symptoms to assign a "risk score." In keeping with Avahan's emphasis on micro-planning and individualized surveillance, careful tracking of the number of clients and unprotected sex acts helped create an exact estimate of each sex worker's condom needs and condoms were to be distributed to sex workers accordingly. Walking into any office of a state-funded sex worker organization in Bangalore confirmed this emphasis on numerical tracking—sex workers sitting on the floor with large charts in hand would fill the room, marking numbers of sex acts and condoms distributed, and larger posters on the walls tracked aggregate numbers by center and area and displayed maps of targeted "hotspots." In this process, of course, the conversations about sexual repression, pleasure and labor that had inspired DMSC's politics had been systematically left out. The director of KSAPS focused much more on the mandate of HIV prevention than on the "structural" concerns that written policy documents emphasized, noting, " The biggest challenge is to, as far as HIV is concerned, to make people aware. They should practice safe sex."

Karnataka's targeted intervention was well documented by the time Avahan came to a close. From its very inception, KHP began producing training manuals, toolkits, and guidelines for community mobilization processes among women in sex work. A "learning model" (Rau 2011, 4) for program implementation—which planners said helped in building a strong program as well as in "writing it up" for public health journals—meant that several academic articles were published on KHP's research, both on the anthropology of sex work (O'Neill et al. 2004; Blanchard et al. 2005; Orchard 2007) and on the effects of KHP's targeted interventions in reducing violence as well as STI and HIV prevalence (Halli et al. 2006; Moses et al. 2008; Beattie et al. 2010; Gurnani et al. 2011; Bhattacharjee et al. 2013). For example, Gurnani et al (2011) described Karnataka's "integrated structural intervention," which had reached 60,000 sex workers, referred 46,000 to "social entitlements" like voter ID cards and ration cards, supported violence in 4,600 incidence, and seen a 50% increase in positive media reports, and argued that "it is possible to address these broader structural factors as part of large-scale HIV prevention programming." As an example of the "scale-up" of the Sonagachi model, Avahan had become a new standard for international documents to point to in support of participation in HIV prevention programs. With Karnataka as an example, the Sonagachi model was no longer an isolated miracle. Among Avahan programs, Karnataka was

widely considered one of the more successful. The UNAIDS 2010 Report on the Global AIDS epidemic, for example, did not mention Sonagachi, but noted, citing Moses (2008), that "the Indian state of Karnataka has shown evidence that intensive HIV prevention efforts among female sex workers can be highly effective" (UNAIDS 2010, 34).

Avahan reported that it had "gone forward" beyond the model Sonagachi could provide (Rau 2011): it had added new levels of surveillance and monitoring. Meanwhile, DMSC's advocacy commitments to the recognition of sex work as work, challenging discrimination of sex workers and the sexual moralities in which it was rooted, and legal reform had dropped out of the policy model. Part of this shift took place because of the process by which DMSC's program was packaged and exported to Bangalore, through donors and experts seeking efficient program approaches and steeped in the language of "community participation." But the shift was also shaped by the distinct political and social contexts of Kolkata and Bangalore. In the next section, I show that Kolkata and Bangalore's 1) distinct political cultures and 2) distinct spatial histories of sex work underpinned the very different program approaches in the two places.

Social Structure, Political Culture, and Sex Work in Kolkata and Bangalore
The Declining Colonial City and the City of Liberalization: Differences and Continuities
Kolkata and Bangalore suggest distinct historical paths to liberalization. Kolkata, the capital of the British empire between 1772 and 1911, long served as a trading and administrative center; it industrialized by the early 19th century, with jute mills established in the suburbs around the city. The "second city of the British Empire," Kolkata was famous for its literary culture, and became a center of Indian nationalism. Soon after independence, the city entered a period of political turmoil and economic decline (Chakravorty 2000). The late 1960s and 1970s saw heightened worker militancy in Calcutta's jute industry, which set the stage both for the decline of the industry in the city and for the rise of the Left Front government in 1977 (Gooptu 2007). By contrast, Bangalore, a much smaller city that served as the capital of the British administration for the Mysore state between 1831 and 1881 and a British military base, was ruled by the Mysore princely state after 1881. The Mysore state positioned itself as a "model" state, placing an early emphasis on decentralized governance and science and technology (Kadekodi, Kanbur, and Rao 2007). Bangalore's economic rise came in the late 1980s and early 1990s, driven by Bangalore's real estate boom and a "corporate-led economy" famous for the role of information technology (Benjamin 2000). Both Kolkata and Bangalore liberalized their economies in the early 1990s, with the associated real estate development and calls for foreign investment, but, unlike Kolkata, Bangalore would become the poster child for the new, liberalizing Indian economy.

Despite these distinct historical trajectories, Kolkata and Bangalore today share many similarities. In the decades after liberalization, both saw rising inequality and an increasing administrative and political divide between elites and the poor (Benjamin 2000; Chakravorty 2000). Compared to Kolkata, Bangalore is relatively new to being considered one of India's major cities. On India's 2011 census, Kolkata was India's third largest city, with a population of 14.1 million and had grown by 7% since the 2001 census; Bangalore was India's fifth largest city, with a population of 8.5 million, and had grown by 49% since 2001.

While Bangalore's reputation as the Silicon Valley of India suggested growth and prosperity, Bangalore faced persistent poverty in the 1990s and 2000s. A 2005 human development report remarked on the seeming contradiction: Karnataka was a state "which led the country into the information age, where 'to be Bangalored'…is now an acceptable verb in the U.S. economy. During

the decade 1990-2001, Karnataka witnessed the highest growth rate of GSDP….yet, it occupies seventh place among the major states in human development" (Government of Karnataka 2006, 8). A similar report in West Bengal in 2004 touted West Bengal's unique commitment to left principles, enacted through land redistribution policies and local-level political participation, but noted rising rural-urban inequalities and levels of poverty that ranked in the middle among Indian states (Development and Planning Department 2004). In 2001, Karnataka and West Bengal ranked similarly in terms of human development indices: Karnataka ranked seventh and West Bengal ranked eighth (Government of Karnataka 2006, 29). According to 2012 estimates, 20.9% of Karnataka's population (15.3% of the urban population and 24.5% of the rural population) lived below the poverty line, ranking Karnataka twenty-fourth out of thirty-five states. West Bengal ranked twenty-second, with 20% of its population living below the poverty line (14.7% of the urban population and 22.5% of the rural population) (Government of India Planning Commission 2012, 6).[37] Health statistics in Karnataka and Bangalore are relatively comparable; Karnataka had a maternal mortality ratio of 8.1 in 2011 and West Bengal 6.6; Karnataka's infant mortality ratio was 36 and West Bengal's 33 (Census of India 2011).

Kolkata and Bangalore also share similar gendered employment patterns, though Bangalore in general has shown higher levels of employment in recent years. In Bangalore in 1994-5, a larger proportion of women were not in the labor force than in Kolkata (81.3% in Bangalore compared to 78.5% in Kolkata), but starting in the late 1990s, this difference was reversed, and in 2009-10, 74.8% of women were not in the labor force in Bangalore compared to 82.5% in Kolkata. Kolkata saw an increase in the proportion of women not in the labor force between 1994-5 and 2009-10, while Bangalore saw a decrease. The proportion of men not in the labor force in Kolkata also increased from 15.5% to 23.5% between 1994-5 and 2009-10, while it remained relatively stable in the same period in Bangalore (20.7% in 1994-5, and 21.8% in 2009-10). Of those women in the labor force, Kolkata had a higher proportion in the regular labor force in 1994-5 than Bangalore (64.5% compared to 34.9% in Bangalore), but by 2009-10, the types of labor in which women were employed were roughly similar, with 52.3% of Bangalore women and 61.0% of Kolkata women in regular employment. Both cities saw increases in the proportion of women in self-employment in this period (35.2% in 2009-10 in Kolkata compared to 30.7% in 1987-8, and 36.2% in Bangalore in 2009-10 compared to 33.1% in 1987-8). In 2009-10, Bangalore had a higher proportion of women in casual labor (11.5% in Bangalore, 3.8% in Kolkata).

Perhaps the most pronounced shift in this period was the restructuring of men's employment in both cities: in Bangalore the proportion of men in regular wage employment decreased from 40.8% to 35.6% between 1994-5 and 2009-10, and the proportion self-employed increased from 24.3% to 31.0%. Kolkata saw a similar shift, with regular wage employment for men decreasing from 43.7% to 29.5% in this period, while casual labor increased from 9.4% to 15.2% and self-employment from 27.2% to 29.3%. Part of this shift may be related to a general shift away from manufacturing employment in Kolkata. In Kolkata, the role of manufacturing in employment has remained stable for men and declined between 1999-0 and 2009-10 for women, while employment in trade, hotels and restaurants has increased for men and employment in services has increased for women, to almost half of all female employment. In Bangalore in 2009-10, by contrast, 45% of women were employed in manufacturing and 28.9% in services, while for men,

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[37] These estimates are based on the poverty line as set by the Tendulkar commission (Tendulkar, Radhakrishna, and Sengupta 2009). See the Introduction for a more detailed explanation of poverty line estimates.

manufacturing was overtaken by trade, hotel and restaurant employment between 1999-0 and 2009-10. [38]

Both Karnataka and West Bengal have proportions of informal workers comparable to estimates of informal employment in the rest of India. Data on informal employment are notoriously unstable and often depend on the definition of informal employment.[39] National survey data suggests that Karnataka and West Bengal have similar proportions of informal laborers, though urban West Bengal has a slightly larger proportion, with an overrepresentation of women: in urban Karnataka, 67.6% of men and 62.2% of women were estimated to be working in the informal sector in 2009-10, and 71.1% of men and 77.6% of women in urban West Bengal (NSSO 2012, 84). Other estimates suggest much larger proportions of workers in the informal sector; in 2004-5, one estimate put the proportion of women in the unorganized sector at 90.1% in Karnataka and 88.3% in West Bengal (for men, 84.6% in both states) (NCEUS 2007, 241). Census 2011 data show that, in both Bangalore and Kolkata, women are overrepresented among marginal workers (Figure 7).

Figure 7. Gender and Employment in Bangalore and Kolkata
(Census of India 2011)

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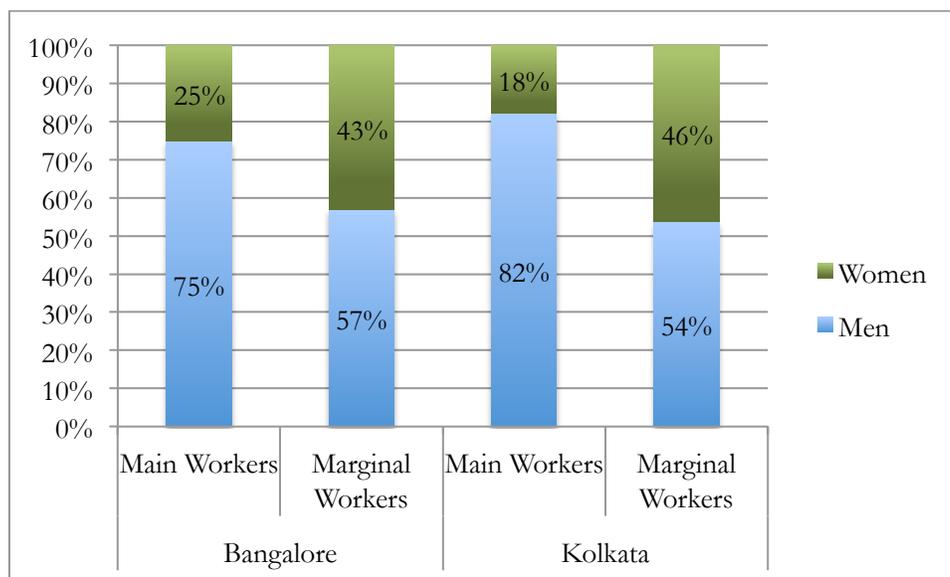
[38] I compiled these data from the National Sample Survey Organization's reports on urban employment and unemployment between 1994-5 and 2009-10 (NSSO 1997; NSSO 2001; NSSO 2007; NSSO 2013). These reports are released every five years.

[39] See the introduction for a more detailed note on the data on informal labor. The data here come from the NSSO, which defines the informal sector as working in "private and proprietary" unincorporated enterprises or employers' households—"a group of production units which…form part of the household sector as household enterprises or, equivalently, unincorporated enterprises owned by households" (NSSO 2012, 21). The NCEUS data uses a slightly broader definition of "informal/unorganized" labor that addresses workers' access to employment security benefits (NCEUS 2007, 3).

In general, then, though Kolkata and Bangalore have had vastly different urban histories, neither the stereotype of Kolkata's poverty and decline nor the stereotype of Bangalore's growth and prosperity fully reflect the poverty, inequality, and gendered differences in labor patterns, and increasing flexibilization of labor, especially among women. In the era of liberalization, both cities were increasingly divided between the elite and the precarious poor. As the next section will show, however, each had a distinct political culture.

Kolkata's Left Political Culture and Karnataka's Technocratic Decentralization

The differences in the political cultures of Kolkata and Bangalore offer a more direct explanation of the differences in their sex worker activism. Some public health scholars have noted the role of Kolkata's left political culture in shaping sex workers' trade union approach to HIV prevention. For example, Cornish and Campbell (2009, 129), attribute DMSC's success in part to the fact that "discourses of workers' rights, solidarity and organization are common currency" in West Bengal. West Bengal has a long tradition of worker militancy that shapes today's left political culture (Gooptu 2007). The state was ruled by a Left Front government from 1977 to 2011 in what Ray (1999) describes as a homogeneous and centralized field. Particularly in rural areas, the government pursued a strategy of land redistribution and promoting local-level participatory politics (Development and Planning Department 2004). Women's movement activists in Kolkata, in Ray's analysis, are "communist women in a communist state," often more in dialogue with local party structures than with transnational NGO or women's rights discourses, and women's interests have tended to be defined in relation to class interests as a result. Thus, the discourse of "women workers" resonates easily in Kolkata's political context.

While West Bengal's history of left political culture structures the field of possibilities for its social movements, the role of the party itself in the political field was becoming less assured in the late 1990s and early 2000s. Communist Party (Marxist) (CPM)'s stable hold on West Bengal politics was beginning to weaken just when DMSC was beginning to form its political agenda. In 2011, the Trinamool Congress (TMC) won a majority in the state assembly elections, effectively ending thirty-four years of CPM rule. Some scholars attributed the shift to urban voters' frustration with the quality of public goods, and the TMC's effective use of high-profile state land grabs in 2008 as a campaign issue (Bardhan et al. 2014). The Left Front government had loosened its stance on resisting liberalization and made efforts to attract foreign capital to the state, and the TMC had populist appeal. While the CPM had long positioned itself as a friend to the labor movement, it was less interested in the informal labor movement, and only began to pay attention to informal labor as it faced these electoral challenges (Agarwala 2013). Thus, starting in the late 1990s, Kolkata's political field was becoming less centralized, but was still dominated by the language and history of workers' rights.

DMSC's approach was thus infused with the ideological elements of left political culture and labor rhetoric without necessarily actively pursuing participation in party politics. Instead, it found links with feminist organizations and sexual minority movements, fusing the language of these movements with workers' rights rhetoric alongside its use of development NGO language such as that of participation and sustainability. As a relatively marginal group with no party-affiliated labor contacts, DMSC stood largely on its own; though it espoused labor movement rhetoric, it had no particular relationship with the established labor movement, and even its membership in the New Trade Union Initiative, a network of independent unions that included many informal sector unions, was somewhat tenuous (Sukthankar 2012). This allowed DMSC some room for maneuver, allowing it to pursue alliances with diverse constituencies and define sexual freedom and the overturning of

gender norms, less central to the CPM agenda, as fundamental to workers' rights. It also easily shifted into an amicable relationship with the new ruling TMC—if the new party was less amenable to DMSC, it was more because of a lack of time to build relationships than because of any deep-seated ideological differences.

Unlike West Bengal, post-independence Karnataka lacks strong left political mobilization or class-based movements. Karnataka has no historical equivalent to the social reform movements and cultural nationalisms of the pre-colonial period in areas of India directly ruled by the British, like West Bengal (Nair 1994). Benjamin (2000) argues that Bangalore's "boom" has been characterized by a bifurcation of "local" and "corporate" economies, with vast disparities in access to government funding and claims to land. The "Karnataka model" of technocratic development has its roots in the Mysore princely state, when both a state commitment to higher education and science and technology research as well as a decentralized governance strategy of localized decision-making at the panchayat level lay the groundwork for future Karnataka political culture (Kadekodi, Kanbur, and Rao 2007), generally thought of as "pragmatic and cooperative" (Kirk 2005, 308). Meanwhile, Karnataka has a history of extensive local level governance reform, participatory development and NGO presence. Compared to West Bengal, where 1.9% of households are members of self-help groups, in Karnataka, 8.1% of households are (NCEUS 2007, 282). Bangalore, in particular, receives large amounts of foreign funding for NGOs and associations. Between 2002 and 2012, Bangalore usually received the second highest amount of foreign funding for associations among all cities in India (after Chennai), receiving about 812 crore rupees, or $135.2 million, in the 2011-12 financial year. Bangalore received almost twice the amount of foreign funding for associations that Kolkata did in the same year (455 crore rupees, or $75.7 million), although Karnataka in general reported fewer associations (1,657) than West Bengal (2,065).[40] The women's movement in Bangalore has been smaller than in India's larger cities, but has been defined by the same kind of "NGO crowding" that shapes Karnataka's social sector overall (Kudva 2005b). Women in Karnataka have the highest levels of representation in local level governance in the country; 43.7% of elected representatives on gram panchayats in Karnataka were women in 2005, compared to 35.5% in West Bengal (Government of Karnataka 2006, 191–2). This participation has partly been facilitated by NGOs (Kudva 2003).

In the period when the HIV/AIDS effort was beginning to unfold in the late 1990s and early 2000s, Karnataka's electoral politics was relatively unstable. Though the Congress Party's presence in Karnataka has long roots, in the 1990s and 2000s elections in Karnataka revealed a fragmented electorate, with loyalties almost evenly split between Janata Dal (Secular) (JD(S)), Congress, and the Bharatiya Janata Party (BJP). For example, from 2004 to 2006, Karnataka was ruled by a JD(S) and Congress coalition, then by a JD(S) and BJP coalition from 2006 to 2007, which collapsed and led to a period of president's rule before a BJP victory in 2008. Between 2006 and 2013, Karnataka was led by five different chief ministers and twice was placed under president's rule, once for almost six months. In 2013, a decisive victory for the Congress Party appeared more as a reflection of the need for stability than anything else. Despite this volatility in electoral politics, however, Karnataka's decentralized governance structures and civil service have been relatively effective at attracting foreign capital. In general, Karnataka has been an eager participant in economic liberalization, and Karnataka's NGO sector includes a visible presence for corporate

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[40] I compiled these data from the Foreign Contribution Regulation Act (FCRA) Annual Reports between 2005 and 2012. Organizations in India are required to report their foreign contributions to the government under FCRA.

sector funds and corporate approaches to development (Kudva 2005b). Karnataka has also been a "focus state" for World Bank development programs (Kirk 2005).

This relative openness to nongovernmental participation in state programs and to the corporate sector in particular, as well as the history of decentralized panchayat governance, shaped the trajectory of Karnataka's HIV prevention efforts. A corporate sector presence from an organization like the Gates Foundation fit intuitively with Bangalore's self-representations as cosmopolitan and tech-savvy, and key NGOs involved in the HIV/AIDS effort were led by staff from technology and management backgrounds. Many KHP staff came from backgrounds in panchayat governance and participatory school reform in villages, and they brought this view of micro-level organizing and self-help with them to sex worker organizing. They built on their experience with panchayat governance to emphasize sex worker cooperatives as self-managing, autonomous organizations rather than agents of a broad-based class struggle or revolutionary sexual ethic, as for DMSC in Kolkata, where the occupational health background of Dr. Jana and the general ubiquity of trade union and communist politics shaped organizational approaches.

Structures of Sex Work

In addition to their different political cultures, Kolkata and Bangalore also offered distinct possibilities for sex worker activism because of the distinct ways in which sex work was spatially organized in each city. A legacy of colonial rule in Kolkata was the existence of well-defined red-light districts. Under colonial rule, Calcutta and Bombay were seen as hotbeds of licentiousness, and red-light districts were well known as dirty spaces defined by disease (Whitehead 1995). Though the Contagious Disease Acts in India were largely a failure, and were hotly contested throughout the Empire as upholding immorality until their repeal, they ultimately resulted in creating a closely monitored structure of sex work in British colonial cities that would become the basis of contemporary urban prostitution (Tambe 2009).

Within the hierarchical and structured system of the brothel, DMSC's systematic public health outreach became significantly easier (Ghose, Swendeman, and George 2011), and with a group of sex workers whose residential location already defined them as sex workers, discomfort with public political action was a less pressing issue than in other parts of India. By its leaders' own account, DMSC was not the first time sex workers in Kolkata had organized in relation to medical interventions in their district: before the Sonagachi project, there was a "spontaneous collectivization" of sex workers in response to local goons, eventually resulting in them being removed from the red-light districts. A vibrant collective culture that blended family organization with sex work made mobilization relatively straightforward. DMSC could also organize collectives and cultural activities for the children of sex workers and their permanent partners. When I asked Harsha, the leader of DMSC's children's collective, Amra Padatik, for example, what he would do if the children of a sex worker did not know that their parent did sex work, he was confused. "They do know," he said. "They just don't talk about it openly." DMSC's politics were thus rooted in a context where sex workers lived together in shared, stigmatized spaces with structured hierarchical relations that could provide the basis for collective organizing. As a result, DMSC was less equipped to involve some types of sex workers. Though there are an estimated 7,091 brothel-based sex workers and 3,262 "flying" sex workers (Kotiswaran 2008, 585), who come to the district only to sell sex and then return home, in Sonagachi itself, the "flying" sex workers have played a less prominent role in accounts of DMSC's success (Ghosh 2003).

Prostitution in colonial Mysore, the state that would become Karnataka after independence, differed in key structural ways from that in Kolkata. Mysore was governed as a princely state, not

directly under British rule, and thus had a distinct relationship to imperial laws about prostitution. Red-light districts and brothels were never institutionalized in Mysore in the way they were in Calcutta and Bombay. Devadasis, women dedicated to temples, in particular, had relatively strong legal standing in the 19th century and could pass on property matrilineally (Nair 1994). However, reform movements early sought to define devadasis as "prostitutes" and subject them to criminal law (Kannabiran 1995). Unlike in Bombay and Calcutta, debates over the regulation of prostitution had less to do with fears of racial contagion, the spread of disease, and native indigence than with the Mysore administration's claim to bureaucratic modernity as opposed to traditional degeneracy. The Mysore state, in its own bid toward modernization, gradually restricted devadasis' legal rights and sought to reposition devadasi culture as the opposite of respectable feminine sexuality (Nair 1994). Because of this distinct regulatory history, sex work in modern Karnataka does not, at least in most parts of the state, operate through red-light districts, or systems of large brothels. Rather than operating through systems of brothels designed to service the British military, the devadasi system was integrated into courtly and religious life, and constituted an alternative family system (Ramberg 2011). In the postcolonial period, after the devadasi system was abolished in 1909, sex workers were largely invisible to the state except through continued criminalization and police abuse. Sex work took place in a decentralized way, at bus depots, train stations, public parks, and lodges, and sometimes out of sex workers' homes.

These structural differences, in addition to political cultures, shaped the HIV/AIDS response in Karnataka. When the HIV/AIDS response began, unlike in Kolkata, where epidemiologists could go straight to the red-light district when the AIDS panic began to set in, in Bangalore, sex workers had to be identified and mapped through NGOs and interpersonal networks. Mapping techniques, which had been used in HIV/AIDS responses around the world, became especially important because sex workers could not be easily located without systematic identification of public bathrooms, parks, bus stops, alleyways, and neighborhoods where sex work regularly took place. Hand-drawn maps of the city, organized so that peer educators could easily divide up areas of responsibility for peer education efforts, hung on the walls of every drop-in center, an attempt to visibly map sex work practices and fix them in space. In this context, peer educators became increasingly important—not only did they win support from target audiences, but they literally made sex workers visible to the state. According to one NGO director, for example, early planners believed there were only 3,000 sex workers in all of Bangalore, only to discover there were nearly ten times that many.

For sex workers in Bangalore, the difference between their own experience of sex work and those of sex workers in Kolkata was an immediate and clear explanation for ideological differences. My interviewees in Bangalore across organizational affiliations told me insistently that sex work in Bangalore should never be isolated in one area, that they preferred to live full family lives apart from their work as sex workers, rather than being spatially defined by their work. For Malavati, the leader of the organization I call the Collective, the red-light area had implications of moral degeneracy and a loss of feminine respectability:

> "We come in the morning, we work, we eat with our children and we go to sleep with peace of mind, wake up, and come again. There [in Kolkata] it's not like that….They don't even know how to cook, the people who stay there. They don't know what a family is. Client, sex, condom, other than that, what do they know in red light areas? They don't know how to dress neatly. At festival time they can't celebrate properly."

In contrast, Malavati lived her life as a sex worker separately from her family life. Indeed, though she had actively been involved in her sex worker group for twenty years, she said her family knew nothing about what she had once done for a living. In Sonagachi, family life was intertwined with sex work, as sex workers lived with their families in the red light district. This difference had implications for activism: the dispersed organization of sex work, with sex workers operating through undercover networks of lodges, homes, and brokers, made the kind of openly oppositional, neighborhood-based collective mobilization that emerged in Sonagachi much harder to imagine.

National Sex Worker Politics: An Activist Model and a Social Services Model
In the end of 2012, the distinct forms of sex worker politics that had emerged, in part, in relation to Kolkata and Bangalore versions of sex worker activism, were both prominent players in national HIV/AIDS policy-making.[41] There were now two broad approaches to sex worker participation in India: a social services model, like the one in Bangalore, of apolitical, decentralized community management, and a model of activism to demand social programs and challenge sexual moralities, like the one in Kolkata.

A joint proposal for the Global Fund highlights some of the key rifts between these two groups. Nikhil, from a Bangalore-based development management firm, described the discussions leading up to the proposal as tense and contentious: "The schism in the sex work movement became apparent. There was Jana and others, who all believe in the trade union and activism approach…. Then there is a set of NGOs and iNGOs, including KHP…[who] believe that there is a role for…program advocacy." The document itself, jointly authored by NACO, KHP, and an NGO that was key to early HIV activism in Chennai, bears the clear marks of this debate. The proposal asks for $10.7 million for a "VHS-led consortium," composed of a variety of rights-focused sex worker or sexual minority groups, what Manju refers to as "NGOs who imagine themselves to be movements," and requests another $10.3 million for a "TT-led consortium" to focus on "differential, need-based, and locally specific approaches" (VHS, NACO, and KHP 2010, 38). While the VHS-led consortium includes among its challenges "coercive NGO practices" and the tendency of health interventions to "stigmatize women in sex work by labeling them as the source of infection" (VHS, NACO, and KHP 2010, 87–88), on the other hand, the KHP-led consortium complains that "some of the CBOs get into an activist mode and do not feel the addressing risk reduction…but focus only on rights to the exclusion of all other issues" (VHS, NACO, and KHP 2010, 92). There are even further divisions *within* the rights-based consortium, which is divided into the National Network of Sex Workers (NNSW), led by sex worker organizations in Sangli, Bangalore, Chennai, and elsewhere, and the All-India Network of Sex Workers (AINSW), led by DMSC in Kolkata.

These rifts bore the marks of the broader historical trajectory of sex worker activism in India. The early "movement" NGOs, including DMSC, that had infused the HIV prevention effort with its initial "structural" focus and resisted the stigmatization of sex workers in a disease response that by definition positioned sex workers as sources of disease, continued to promote human rights activism as the basis of their work. Meanwhile, KHP, which had been instrumental in translating

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[41] Kolkata and Bangalore were not the only cities involved in these approaches. An NGO and CBO in Maharashtra played a key role in advocacy approaches to sex work, as well as some activist groups in Kerala and Bangalore (as I show in the next chapter), while CBOs in Andhra and Tamil Nadu used some of the technical approaches I describe here. I focus on Kolkata and Bangalore as key nodal sites.

these "movement" approaches into a systematic, replicable program whose results could be clearly tracked and measured, promoted a "soft" advocacy approach that addressed immediate structural challenges to sex workers' lives, but without a broader critique of NGO culture and sexual norms, or any visible reference to the labor movement. Though both groups were powerful enough to influence transnational policy to some extent—as the negotiations over the UN Guidance Note on HIV and Sex Work demonstrated—it was the latter account that would be systematically disseminated in sub-Saharan Africa to governments willing to incorporate new systems but not claims on state protection on the basis of social marginalization or sexual stigma.

Conclusion

Within transnational circles of HIV experts reflecting on the Indian experience, it is to some extent recognized that India's successes in community mobilization of sex workers built on existing traditions of political participation. A World Bank evaluation notes, "India has a strong tradition of grass-roots and participatory democracy, as well as movements of the oppressed" (KHP 2012, 28). Yet, in the exportable "model" of Indian sex worker programs that would eventually take shape, elements of the specific contexts in which sex worker mobilization emerged—including the political cultures of regions and cities and the spatial histories of sex work in each place—were gradually extracted from the programs narrative, rendering the program reproducible and apparently self-contained. As chapter 6 will show, these elements emphasized the aspects of the program that emerged in Avahan's engagement with targeted interventions in South India—micro-planning, evaluation, and the efficient use of data—and de-emphasized the contributions of activists oppositionally engaging the state in South India as well as in Kolkata and other parts of India.

This chapter followed the broad and complex trajectory of HIV prevention programs in India through a focus on two nodal points—Kolkata and Bangalore. As the program moved from Kolkata to Bangalore, sex workers continued to be conceptualized as vectors of disease, while the activism of sex workers in Kolkata was re-tooled as a technical and decentralized approach to social service provision in South India. These shifts hinged on both the mediation of donors and experts who translated policy from one site to another, but also the political cultures and spatial histories of sex work in each place. Bangalore and Kolkata were not the only two nodal sites in which sex worker activisms have been produced, and many important sites, Mysore, Sangli, Mumbai, and Delhi, and innumerable smaller towns among them, played a role. However, the differences between DMSC's trade-union-inspired sexual politics and KHP's bureaucratic, management-centered approach to surveillance highlight key divergences in Indian approaches to sex workers and HIV prevention that marked HIV/AIDS policy. As the next three chapters will show these responses to the political and spatial context of Bangalore was not completely pre-determined. In Bangalore, too, a process of contestation shaped what HIV prevention programs became in practice, even if they were then represented as a finished product that could be abstracted from its history and geography.

Chapter 3
"Community" as Governmental and Oppositional Strategy:
Struggles Over Control in Bangalore's HIV/AIDS Program

In the middle of an interview with Ganga, a woman who did sex work and worked as a "shadow leader" for a community-based organization (CBO) in Bangalore, she turned the questions back to me. "Are you married? Do you have kids?" Satisfied with my answers, Ganga then paused before she got to the heart of what she wanted to know. "You're doing interviews with sex workers. Now I'm going to ask you something. You're not doing wrong [*thappu*], right? Are you doing wrong?" My face must have registered confusion as I thought through how to respond to this characterization of sex work as "wrong." She rephrased. "Are you non-community? Don't take this the wrong way." Later in the interview, I asked her what she had meant when she had used the word "community"—a word frequently used in the CBO both in English and in Kannada [*samudaaya*]. She explained,

> "Community women. We know our women. With guidance, we've all learned what it means if you say community. We can understand it, but not those outside the community. Just now I asked you if you had done wrong. [I was wondering,] she talks so openly; is she a sex worker? So I asked. You're non-community. [But I thought] she's talking in such a familiar way—could she be a sex worker?"

Ganga was mobilizing a common usage of "community" in the HIV/AIDS programs I studied: to her, "community" served as a code word to identify those in a stigmatized sexual category, binding those with the specialized understanding of the "community" together and excluding those who were "non-community." Over the course of my fieldwork, I would learn to use the word "community" to refer to sex workers, *kothis*[42], and transgender people in casual conversation in this way, as not an abstract concept of group-ness, but as a word for those who were "community" and those who were not.

Scholarship in development studies inspired by Foucault has offered trenchant critiques of the concept of "community" in social programs (Escobar 1992; Escobar 1995; Ferguson 1994; Mohan and Stokke 2000; Li 2007). Drawing on the work of Rose (Miller and Rose 1990; Rose 1999), Li (2007) discusses "government through community" in Indonesian development programs as a strategy for rendering groups of poor or marginalized people responsible for the management of their own poverty. For Li, the term "community" is a contradiction in terms: on the one hand, World Bank officials represent the community as a timeless collectivity with natural origins that pre-exists intervention; on the other hand, the community must be an achievement, the product of an intervention that renders community capable of managing itself. In HIV/AIDS programs, too, the term "community" serves to displace responsibility for disease prevention on high-risk "communities," who manage their own risk in order to protect the population.

However, there are other histories of the concept of "community" that come into play in HIV/AIDS programs. In India's Nehruvian developmental state, the "community" became the

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[42] The term *kothi* refers to male-loving men who tend to prefer the receptive role in sexual encounters and define themselves as effeminate. For genealogies of the term, see Cohen (2005) and Boyce (2007). In Kannada, the word also means "monkey," and some kothis played on this meaning to reference kothis' mischievousness.

basis for making group-based demands for social welfare (Omvedt 1993). Community, in this usage, referred to either the caste-based community or the religious community, as in the politics of "communalism" or religious chauvinism (e.g. Thapar 1989, Van Der Veer 1994). And, as Ganga demonstrates, "community" can also become a subversive category for building collectivities hidden within a patriarchal and sexually conservative order. In this chapter, I argue that three usages of the word "community" came into use in HIV/AIDS programs in Bangalore. "Community" was used to displace responsibility for containing the epidemic onto those most at risk, to claim authenticity as a way of demanding control over resources and projects in the name of the "community," and as a code word to identify those in a stigmatized sexual category and bind them together. Taken together, these three valences of the word "community" demonstrate the unexpected potential of neoliberal HIV/AIDS "community mobilization programs" to form new collectivities (Sharma 2008) capable of demanding social welfare programs at odds with the responsibilizing logic of neoliberal governmentality. Though the idea of community mobilization was designed to render the welfare state obsolete, in practice, it produced groups who demanded social welfare.

Community as Governmental Strategy
The term "community mobilization" has been used in sociology and political science since at least the late 1960s (e.g. Aiken 1969; Jackson 1978). Sociologists sought to identify the factors that determined a community's success in altering local political structures. Aiken (1969, 77) defined community mobilization as "the capacity of a local community to reach a critical threshold of collective action." The term began to be used in public health in 1970s in a period when participatory methodologies became common in public health programs (Ugalde 1985), and became increasingly popular in the 2000s and 2010s. For example, articles mentioning community mobilization in the medical and public health database PubMed first appeared in 1981, but a quarter, or about 92, were published between 2012 and 2014. Community mobilization programs in public health can be defined as a strategy for altering the social context of disease wherein "marginalized communities, *as communities*, are mobilized or mobilize themselves to challenge different forms of power (e.g. gender, economic, state) that shape their risk" (Blankenship et al. 2010, 1629, original emphasis). Community mobilization programs have been used for a wide variety of public health interventions, but are used most often in relation to programs that require some kind of behavior change, such as family planning programs, maternal health programs, and programs for the prevention of infectious diseases like malaria.

Community mobilization can be understood as a feature of a larger shift toward "revisionist" neoliberal programs starting in the 1990s in transnational development policy. After the neoliberal restructuring of the 1980s took their toll and social movements challenged structural adjustment policies, a new language of localism, sustainability, participation, empowerment, and green practice repositioned institutions like the World Bank, absorbing ideological critiques without reformulating their market imperatives—or displacing their claim to expertise (Mohan and Stokke 2000; Hart 2001; Goldman 2006). For example, the 1996 *World Bank Participation Sourcebook* responded directly to the critiques of World Bank practice in the 1980s—"Admittedly, in the past, sponsors and designers may not have always listened to all the people or consulted poor and disadvantaged members of society, but this is changing" (World Bank 1996, 4). At the same time, the broader framework in which welfare programs were to be minimized and market-based development approaches emphasized remained:

"As the capacity of poor people is strengthened and their voices begin to be heard, they become 'clients' who are capable of demanding and paying for goods and services from government and private sector agencies. Under these changed circumstances, the mechanisms to satisfy their needs will change as well. In this context, it becomes necessary to move away from welfare-oriented approaches and focus rather on such things as building sustainable, market-based financial systems; decentralizing authority and resources; and strengthening local institutions." (World Bank 1996, 8)

In addition to the language of "voices being heard" and "clients" demanding goods and services, the sourcebook emphasized the "enabling policy environment"—"legal and regulatory policies that enable, not hinder, local participation" (World Bank 1996, 146). The "enabling environment" included the "right to organize" (175): groups must have "legal standing" in order to interact with external groups. This language of the "enabling environment" would become key to Indian HIV/AIDS policy related to sex workers, and NACO arguments about the legal status of sex work, and its opposition to the ITPA amendments in 2006, hinged on this understanding of the "enabling environment."

Within the health sector, "participatory" methodologies in the global South became common in the 1970s and 1980s. The 1978 Alma Ata Declaration argued that "the people have the right and duty to participate individually and collectively in the planning and implementation of their health care" (WHO 1978). Critics argued that community participation in health care mainly served to legitimize sub-standard health care for the poor and support authoritarian regimes (Ugalde 1985). In critical accounts, celebrations of the "local" and the adaptability of development policy characteristic of post-1990s neoliberal development policy (Mohan and Stokke 2000), often belie the underlying consistency of assumptions about "what works" in development. For example, policymakers promoting conditional cash transfers use the idea of "local" and "homegrown" ideas—often actually mediated through networks of technocrats with ideological roots in neoliberal economic policy—to present policies as context-specific and pragmatic (Peck and Theodore 2010b).

Invocations of "local" context have appeared often in HIV/AIDS policy. In 2013, the World Bank released a 344-page document on the benefits of "community-empowerment-based, comprehensive approaches" to HIV prevention among sex workers. The document suggested two distinct philosophies on the possibilities of model-making. On the one hand, the authors used findings from research on community mobilization, with Kolkata as a prime example, to mathematically model the predicted effects of scaling up programs in Brazil, Kenya, Thailand, and Ukraine, concluding that it would avert up to 10,800 new HIV infections among sex workers (Kerrigan et al. 2013, 165). The exercise suggested an abstracted "success" in one country, India, could be replicated at large scale in other countries. On the other hand, the authors conducted a comparative analysis of India, Brazil, and Thailand, to highlight the role of the "broader social, political, and legal climate" (Kerrigan et al. 2013, 299) in shaping community mobilization programs. Citing Ray (1998), the authors argued that "the collective action approach of DMSC, and its goals of advancing the social and economic context for sex workers[,] is considered to reflect the Socialist political influences and values that prevailed in the region at the time and persist today" (Kerrigan et al. 2013, 292). The authors used this example to argue for "the need for consideration" of local social and political issues when planning a national response. HIV/AIDS policymakers could use this argument for local "consideration" as an explanation for their aversion to ideologically unpalatable program elements. For example, by arguing that sex workers' advocacy "would not work" in Bangalore, because sex workers in Kolkata lived in red-light districts and were politically

inclined, policymakers concluded that their more apolitical approach to women's empowerment was "what works" in their setting. A kind of deterministic political geography came to stand in for decisions that were ultimately ideological.

Community mobilization approaches within "targeted interventions," or prevention programs with specific "communities" of at-risk groups, specifically men who have sex with men, female sex workers, and IV drug users, were a hallmark of the third phase of the National AIDS Control Program. The policy's focus on high-risk groups (HRGs) was most often explained as a response to "the data": given concentrated patterns of HIV transmission, it was "effective and efficient to target prevention toward HRG [high-risk group] members to keep their HIV prevalence as low as possible, and to reduce transmission from them to the bridge population" (NACO 2007, 7). By adapting these programs to the self-defined needs of the community through community mobilization, these approaches sought to build ownership and active participation among these groups: "When the community defines HIV prevention as part of its own agenda, uptake of services and commodities is higher than when services are 'imposed' upon it" (NACO 2007, 16). Government officials, NACP III documents pointed out, could never have "as full or the same picture as HRGs themselves" (NACO 2007, 27), and if HRGs themselves drove the response, they could then play the role of a "pressure group" as "consumers" to push for higher quality services (NACO 2007, 16). Tables 5 and 6[43] highlight the increasing budgetary focus on prevention among high-risk groups through the three phases of HIV/AIDS policy. "Targeted Interventions" with at-risk groups played no role in the first round of NACP, but they comprised 23.0% of the NACP II budget. By NACP III, "prevention" comprised 68.9% of the budget, with targeted interventions a major part of prevention.

Table 5. Budgetary Components of National AIDS Control Programs (Phases I-II)

	NACP I (1992-1999)	NACP II (1999-2006)
Strategy/Policy Development/Program Management	9.0%	26.7%
Surveillance	13.6%	2.5%
Blood Safety	39.7%	23.6%
IEC/BCC	21.0%	10.1%
STI Management	16.4%	
Targeted Interventions		23.0%
Care and Support		14.1%

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[43] For consistency, these data are taken from three World Bank reports on Bank credits to the Indian government for the three phases of NACP (World Bank 2003, 41; World Bank 2006, 15; World Bank 2013, 3–4). For NACP I data, I checked the numbers against the report of the Comptroller and Auditor General of India (CAG 2003). Because program categories changed in NACP III, it is unclear how much of the "prevention" budget consisted of targeted interventions, but the World Bank (World Bank 2013, 4) suggests that they are the main priority of prevention initiatives. By this time, other prevention efforts such as blood safety and large-scale campaigns were much less prominent in official policy.

Table 6. Budgetary Components of National AIDS Control Program (Phase III)

	NACP III (2007-2012)
Prevention	68.9%
Care, Support, Treatment	17.3%
District/State/National Level Capacity Building	10.6%
Strategic Information Management	3.2%

Under NACP III, HIV/AIDS programs, at least in terms of official policy, considered the empowerment of marginalized groups part of the process of good prevention. Jai, a NACO official, noted, "By [the] end of NACP II, mobilization automatically happened among the community. NGOs played a critical role in mobilizing the community. HIV prevention gave them a platform to come together, talk about rights, health, dignity, and it automatically converted into a kind of empowerment." Importantly, however, this "empowerment" was designed to occur outside the official mandate of NACO:

> "NACO's perspective is protect them from HIV/AIDS…that's our mandate. As an NGO, as a CBO, they can go beyond that, but it's up to them. We make this platform. Suppose they want a social protection scheme, we don't have any provision for giving a social protection scheme. But once they come together, they can approach any organization, any agency, any government agency, they can get it….That is real empowerment."

In Jai's account, NACO could provide a platform for sex workers and other high-risk groups to access the state: its role was to render them responsible for themselves. After that, they would access state services as other citizens do. As groups became empowered, they would carry out HIV prevention programs for the state as well as, in the process, become empowered to demand further services from the state. In this process of empowerment, NGOs, too, would eventually be cut out, as NACP-III called for the full handover of programs from NGOs to CBOs led by HRGs themselves, "thereby putting the prevention responsibility on those who are themselves at risk" (NACO 2007, 141). A detailed chart in NACO's operational guidelines for CBOs explains what a CBO is and what it is not: a CBO must "move[…] through the collective knowledge and wisdom of the community," provide a "democratic space," with members accountable to the community, not donors, and empower a larger constituency of the community to exercise their rights (NACO 2007, 145). These democratic practices not only promoted ownership, but also reinforced the effectiveness of the program and validated it as an authentic service to the "community."

Community mobilization had another effect: it allowed programs increasingly to contain HIV prevention responsibilities at the source, with specified populations managing their own risk and keeping it isolated from that of the general population. In this sense, the language of participation became a strategy to isolate sex workers and their biological and metaphorical impurities. Part of the ambiguity of this expanded focus on high-risk groups, especially sex workers, was the slippage contained within the term "high-risk." Documents often left unclear whether the groups were "at risk" of disease, and deserving of unique state protection, or *themselves* a risk to the general population. Of course, the focus on containing HIV/AIDS within marginalized groups was most clear in the government's relative inattention to expansive treatment services for HIV positive people. As Usha, a transsexual woman and former sex worker who was HIV positive, explained,

"They're saying prevent, prevent, prevent, and they're only supplying condoms. The government's hope is that whoever is negative, they shouldn't become positive. That's our hope too, but if they have it, what do they do? Do they just have to die?" In this sense, the community's needs were most relevant to HIV/AIDS programs when protecting the general population—beyond that, their own claim on life-saving drugs was more tenuous.

In practice, this emphasis on meeting the needs of the "community" in order to enlist their support in protecting the population from HIV/AIDS meant a generalized, abstracted sense of the community. The community was called upon to validate or contribute to research programs and new policy, to place a stamp of authenticity on programs, but not in ways that would fundamentally challenge predetermined plans. For this approach to be effective, programmers sought authentic community participation that represented the "real" community. In this usage, "community" referred to those who were not paid staff of HIV prevention programs, but rather those who used HIV prevention services. Once, as I sat in a drop-in center for a sexual minority CBO, Nandita, a staff member from a nonprofit contracted by the state government to evaluate and monitor HIV programs in Karnataka, arrived with a colleague. Both were dressed like elite Bangaloreans and spoke in commanding, clipped English, drawing attention to themselves as soon as they walked in. How's the project? I asked Nandita. That's over. This is a new one, she said. They're doing a focus group to assess MSM and TG access to ART services. The staff of the drop-in center looked a bit confused about her presence, and seemed unready to hold any kind of focus group discussion. Let them organize and we can go and come back, said the visitor, a short woman with thick glasses, looking bored. What did he say his name was? Ashwin? Ashwin! We need 10 people for the focus group, and they cannot be outreach workers or peer educators. They stood for a while, looking irritated, and finally went into a closed room exchange some loud comments with Ashwin before leaving in a huff.

Afterward, the scattered group of kothis and transgender people in the drop-in center, sitting on the floor watching TV or reading the newspaper, all looked questioningly at Ashwin. They need only community, and they can't do it with four, he said, looking hurt. I had no idea about this! If they tell me I can organize. We should have done what Rehaan did and just use peer educators and outreach workers, someone said. We tried, but she figured it out! Ashwin said. For the visiting researchers, staff members could not be understood as the "community"—input was needed from authentic "community" members. At the same time, the researchers were uninterested in wasting time seeking generalized input or making sense of who the "community" was—they expected the staff to present them a neatly formed group of "community" members who could provide the necessary information quickly and efficiently.

When "real" community members did participate in such research consultations and input sessions, their participation could be mediated and interpreted in order to fit the parameters of a pre-determined intervention. Once I was enlisted as a note-taker for a series of consultations with the membership of a CBO in order to determine the future direction of the organization. The partner NGO, staffed by, from what I could tell, all young men, coordinated a set of small-group discussions for the women at the event about the future of the organization. Women sat in groups huddled on the floor while the men walked among the different circles. In the discussions, women seemed uncertain, whispering to each other about what to say, and looking uncertain. The facilitators, meanwhile, filled the gaps in conversation by entreating the women to speak: Talk! Everyone has to talk! If you don't talk, what use is this? In one small group, when women sat in silence when asked what the CBO should consider doing for them, the facilitator began supplying his own suggestions. The following is an excerpt from my fieldnotes:

"Do you want an ATM card? Do you want something for your children's education?" "Give us a job!" is somewhat overlooked, and when people do finally start talking about problems they're having in getting resources the CBO is supposed to provide, the facilitators respond somewhat dismissively. "If you're having a problem with that, talk to him; he'll help you" or "If you need a voter ID card, these are the documents you need." The idea that meets with some positive reinforcement is the one where a facilitator sees an opening for a pre-determined intervention. A woman says she wants to start a business making pickles. "Do you want a training for that?" The response seems mixed. "I already know how," she says. The facilitator tells her that they can give her training to teach her how to package her pickles. She looks uncertain and falls silent.

This perfunctory form of community engagement also appeared in the practice of elections held by community-based organizations and mandated by the National AIDS Control Policy. In January 2013, I had been visiting one of the sex worker organizations in Bangalore for several months already, and was recruited to be an election officer for the next election. The election team included me, a few staff members from the group's partner NGO, and some people from a corporate social responsibility program at Walmart. Another Bangalore company had donated electronic voting machines for the process, and they were set up in the organization's 7 zonal offices in makeshift voting booths made of old condom boxes for the government-brand condom, Nirodh. The morning went relatively smoothly, with a few candidates for the central board arriving to cast their votes. As the day wore on, more and more women started arriving, many in autorickshaws paid for by candidates, and apparently several of whom were not members of the organization. One woman came in but didn't know what to say when we asked her name and age and whether she was registered. They're asking me all sorts of things, she yelled out to the outreach worker who brought her in, who was standing outside. What should I say? At one point, I asked some of the other election officers what they thought about this. Look, said Nagaraj, a young man who worked for an HIV NGO. When we have elections, we take old people to the polls. It's their right to vote, but they can't do it, so we help them out. This is India!

Nagaraj's response suggested the ways in which the election had become more about form than content. Staff from the donor NGO came in to take photos of the process. Numbers were a big part of the discussion among the staff—by the end of the day, they gathered around, comparing text messages from their friends in other zones to find out how many people had participated. The double-counting and number-cooking aligned with what was a widespread practice in the organizations I visited of inventing numbers or bringing in the same women multiple times to get HIV tests. Higher paid outreach workers and zonal coordinators were not permitted to run for office—only those who came to the office "as community" or people who received part-time pay as peer educators. The outreach workers and zonal coordinators spoke of how happy they were that so many "community" members had participated actively in the election. Here again, how the community was constituted appeared less important than the stamp of authenticity provided by bringing "real" community members into the election process.

Community as Claim to Authenticity and Demand for Control
While the emphasis on sex workers in India's HIV prevention program entreated them to manage their own risk, it also led organized sex worker groups to recognize their strategic importance to the state. Isaac, a long-time HIV activist and media advocate, highlighted the tension:

"We [were] all [working] for sex workers not because we love sex workers.... I can't distribute condoms to 99% of people. My public health approach, my expenditure, will not allow me to [do so].... It is easy for me to distribute condoms to 1% and keep them safe. Why am I keeping them safe? Not because I love them. I love this 99%.... Sex workers didn't know this for the first few years. Slowly they started learning this fact. Government is not doing it for our sake. We are the pillars of prevention. We are at the forefront. Unless we do it, NGOs can't do anything, and government can't do anything. Once that feeling, that realization came, once NGOs also realized, sex workers started empowering themselves....That brought a big change in the sex workers' movement."

Isaac highlighted the cost-cutting benefits to containing HIV/AIDS within high-risk groups from the state's perspective, but also the platform it created once sex workers came to recognize their strategic role.

Part of the bargaining power sex worker groups had at their disposal was the fact that sex work and sex among sexual minorities took place hidden in plain sight, through sophisticated networks that remained relatively opaque to state planners, NGOs, and social workers. Shanti, a transgender woman and sexual minority and women's rights activist, noted, "the government is dependent on [us]. Because we are close to sex workers and sexual minorities." Shanti's NGO held protests when a different NGO was selected to run HIV programs for sexual minorities in the state, arguing that it had working with the "community" longer—and eventually succeeded in winning the partnership. In a context where sex workers and sexual minorities were not easily identified, state agencies for HIV prevention needed other sex workers and sexual minorities to help them locate them: Raj, an NGO worker, noted, "It was very difficult to identify sex workers. Then we thought of an organization, and that's when we got [the leaders of a sex worker CBO]....I still remember the day when they sat and they gave us explanation as to how to identify sex workers." Raj's NGO was dependent on a sex worker CBO to access sex workers, just as the leaders of the CBO was dependent on community members.

The dependence of state agencies on NGOs, of NGOs on CBOs, and of CBOs on community members meant that each group could leverage its connection to the grassroots to make demands on those above. Struggles over control of programs were constant, and often hinged on these claims to a closer connection to the "community." Despite the ostensible authority of technocrats armed with program requirements, monitoring forms, and sophisticated graphs, those closer to the "community" always had some avenue for staking a claim on decision-making. A CBO meeting of sex workers with a monitoring and evaluation staff member from the CBO's partner NGO, demonstrated this reversal of authority. The meeting was facilitated by two young men who stood at a chalkboard while about thirty women in sex work sat on the ground, a few in chairs. Both men wrote numbers in chalk on the board as they spoke to emphasize their points. A topic of discussion was an upcoming program the CBO was expected to hold. The women sat silently as one of the facilitators wrote the proposed date of the program on the board. Now we have to decide what we're going to do, he said. Few people spoke, and eventually both facilitators stepped out of the room—one had to attend another meeting, and the other wanted to confer with him before he left. In the meantime, the women began to talk amongst themselves. Don't agree to all that, someone said. Keep your mouth shut.

When he came back, everyone started talking about some target numbers for condom distribution. One woman, seated in a chair, started yelling, in a long, continuous monologue, about the demands on peer educators. The facilitator was dissatisfied with her performance. When you

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send the report late, I'm the one who sits here till 8 doing the monthly report! he yelled. But you give all these targets, she said. Look, I've come here so that some good can be done to the community. I'm also here to do good for the community! he yelled back impatiently. At this, others started shushing her. Enough! someone said to the errant woman. The argument continued for several minutes. Soon another heated exchange emerged, now with a different peer educator complaining about the low pay at the job. In 30 days, do you do sex work every day? the facilitator demanded, trying to make a point about how peer education should not impinge significantly on her earning income through sex work, which she did irregularly anyway. No, but I don't always get clients, do I? she fired back. Did I say I'll work here 8 hours a day? No I didn't! Someone else complained about how peer educators kept leaving the job. If they keep leaving, we can't do anything, someone said.

The NGO staff at the meeting were using standard mechanisms of control: standing at the board, writing numbers and targets, pointing to graphs. But the women, though sitting on the floor, and ostensibly subject to dismissal by the staff at any time, used their own strategies to maintain control over the meeting--talking the facilitators down, arguing over minor and major issues, or even refusing to speak. It was a boisterous, tense, electric environment, where it seemed anything could be said; there were few boundaries of politeness, no sanitized office mode of conversation. And ultimately, no discussion about the upcoming program took place. By arguing throughout the meeting, the women deflected the task they sought to avoid, stated their disagreements with the structure of the peer education program, and subtly reminded the NGO facilitators that the program would only function if they, the sex workers, kept coming to work, kept introducing new sex workers to the CBO, and kept getting HIV tests themselves. Indeed, soon after, I would attend a public protest of peer educators in HIV/AIDS programs objecting to the same exploitative work conditions women in the meeting had informally protested.

This interaction between CBO staff and NGO evaluators was mirrored in interactions between community members and CBO staff. One afternoon in a sexual minority CBO drop-in center, I sat with several kothis and transgender people chatting and waiting for the regular afternoon tea to be made. Why can't you get us some tea, complained a thin hijra languidly to a member of the CBO staff. We haven't even gotten tea ourselves, said Preethi, an outreach worker, speaking for the staff. But shouldn't you at least get tea for us? said the hijra. You could at least give us that. We never get anything here. Listen, said another staff member, in his disciplinary tone. There's a time for tea. We had tea at 2 and you weren't here. Now the next time will be 4. You'll have to wait. A lot of yelling ensued. What's the point of you sitting here getting a salary if you can't even get us tea? demanded the hijra who started the conversation. You get paid because the community is here. The only reason you get funds is because we come. Here, the hijra pointed to the CBO's dependence on "community" members to meet its goals, leveraging her strategic position to argue with the CBO staff.

Aside from everyday bickering, members of the "community" also leveraged their access to target groups to make collective demands. Once, while I was sitting in the office of a female sex worker CBO, a group from a sexual minority CBO came to visit. Nitya, a transgender activist and leader at her CBO who had also run for political office at one point, had a sharp eye for detail and asked penetrating questions of the leadership of the sex worker CBO. Is it [state] funding? she asked. Is it run by [an NGO]? Have they handed over [control to the CBO] yet? This last question sparked some tension. Don't even ask, said Shyama, the secretary of her CBO. It won't happen so easily. But it's in NACP III [the third National AIDS Control Policy], said Nitya. At our CBO everything has been handed over. It's in the community's hands. That won't happen here, Shyama

said. You think they'll listen? I'm so angry about it.   The community doesn't know anything, they can't do anything, they can't handle it, Nitya said. That's what they always say. You should tell them, that the fund comes because of the community. It's because of us you get those HIV funds. Without us you'd be nothing.

This argument could also be mobilized against coercive NGOs. In Vijayapura, a town outside Bangalore, after Gates Foundation funding ended in 2012 and control of programs was handed over to the state government, a Christian NGO became the main grantee, but retained many of the same staff who had worked for the previous CBO. One afternoon I had gone to spend time with Sita, a woman sex worker, in Vijayapura, and she took me to visit her friend Asha, who had worked for this new NGO. Asha, a narrow woman with crooked teeth and a blunt manner, who had worked for seven years for the NGO that preceded the new one, sat tying flowers into a string while she complained to me about the job. They talk to you badly, she said. "I told them, you exist because of us, so what's the point if you treat us badly? You're getting your livelihood out of us. I told them exactly that." Hajira, another staff member who later quit her job at the NGO, complained, "The problem is, here, they give value to non-community members. They're not giving value to the community. Now they're taking salary for us…the project is for our women for sex workers. But they're not even giving us jobs. They're giving jobs to other people." A year later, the Union, an organization of sex workers not directly linked to the HIV prevention program, protested the new NGO, threatened to call in the media, and wrote letters to the state agency for AIDS prevention. Rapidly, funds to the NGO were withdrawn and management turned over to a different CBO. Sometimes, authorities would take credit for the oppositional work of the "community" after the fact. NGO staff often laid claim, for example, to program elements they had developed, such as a system of reporting unlawful detainment and following up on it, then becoming codified into the official state program and added to the reporting requirements. Once, an NGO director told me, he saw a report he had helped to produce that exposed coercive practices at every level of the state HIV/AIDS program sitting prominently on a shelf at the state AIDS control coordinating agency.

Another challenge to the responsibilizing logic of community mobilization came toward the end of the period of Gates Foundation's funding in Karnataka. That programs must be "handed over"—to the "community" and to the government—was a concept repeated over and over in NACP documents and Avahan plans for its exit. If "communities" could run their own programs after the Gates Foundation left, the program would have been proven to be sustainable. But this exist left many programs at a loss, and the newly unpredictable disbursal of salaries, lack of funding for food and other community programs, and lessening of media attention meant sex workers and sexual minorities felt abandoned. NGOs themselves were often unwilling to give up their connection to the community groups they had helped to found, and NACO interpreted this connection as a bid for continued control: as a former NACO director told me, "NGOs' existence depended on the dependence of the communities on them." Yet to NGOs, the concept of "handover" highlighted the marginalization of sex workers within the AIDS program—after the funding dried up, they were expected to fend for themselves. Nikhil, an NGO director, explained,

> "The minute you bring [HIV prevalence] down to zero, which we want to [do], you'll not be funded, no one will care about you, you'll be back to being the pariah of society….That's how women have always been used….If a situation comes, if they have to save their skin, they drop these women like hot potatoes. That's the reality."

Manju, a prominent Indian and transnational sex worker activist based in Maharashtra, similarly opposed the logic of "handover" to continued activism with sex workers:

> "I remember the sex workers…made many important points that changed my way of thinking….[they said] we don't understand why you want to abandon us. Do you want to abandon us because we're so stigmatized that you've done your job and that's it?....If we were rural women, or women from any other sector other than sex work, would you have abandoned us? ….So all of this has taken a long time to figure out….one understands that you need independence, sex workers need independence, a voice of their own, but one also understands like one has always understood with the women's rights movement, that allies are very very important. You may work on different aspects, but if you don't have allies, it's impossible….Look at the other movements! Look at Narmada Bachao! It can't do anything on its own unless everybody else pitches in. Look at Kudankulam. Look at any of the movements in this country. Even the Dalit movement, which is an identity-based movement has actually depended a hell of a lot on other movements at various points in time. So there is a history over here of movement allies standing up together."

Sex workers working with Manju highlighted the contradiction of "handover": on the one hand, it claimed to put power in the hands of the oppressed; on the other, it left oppressed groups to fend for themselves despite being deeply marginalized and stigmatized in broader movement politics. Despite variations in how sex worker organizations planned their future work, they all resisted Avahan's impulse to experiment with, and then exit from, Indian HIV prevention. Rather than the state and donors simply "handing over" programs to sex workers to manage themselves after the height of epidemic risk had passed, these groups insisted on retaining their programs and their claims for social welfare. Rather than the category of "community" displacing the burdens of disease management on them alone, these groups insisted that the "community" designation also gave them the right to make their own demands.

Community as Code Word for Stigmatized Sexuality
The term "community" could serve as an abstracted collectivity that provided a stamp of authenticity to pre-determined policies while displacing responsibility for disease management onto those most vulnerable, or it could serve as the basis for making strategic demands on the state, NGOs, or CBOs by leveraging strategic access to marginalized groups. It could also serve as a code word to distinguish stigmatized groups from others, binding them together in a shared, secret category. Most of my interviewees gave similar explanations when I asked what "community" meant—they said it identified a member of their group, whether a sexual minority or a sex worker, and that this designation allowed them to identify one another without outing one another publicly.

Among women in sex work, this secret categorization as "community" made it much easier to talk about their work while moving about in public space. On a return visit to Bangalore two years after my fieldwork, I was sitting on a bus when a large group of women boarded together. They chatted loudly about people who were in the community or not, about community members who had said this or that in the meeting. No one on the bus gave them a second look. During my fieldwork, sex workers would often point out other sex workers to me using the language of community. One evening, I walked out with Nalinamma and waited with her for her bus. As we waited, we talked to a vegetable vendor sitting on the corner about her daughter and about moving to a new neighborhood. Are you still doing that business you were doing before? Nalinamma asked.

Later, Nalinamma whispered to me secretively, she is also community. Another afternoon, I was walking with Sita when we ran into a group of fruit and vegetable vendors she knew. A boisterous group, they immediately started giving me advice about my clothes, telling me to rearrange my *dupatta* [scarf]. The men here aren't all right, so you have to be proper, they said. As we left, Sita turned to me and said, they're all community. These moments helped me to identify sex workers as sex workers even as they lived complex lives in which sex work was not their only occupation. They may be selling vegetables or flowers, but they were part of the community, a secret connection that could only be visible to those in the know.

The same use of the word community applied among sexual minorities. People would speculate about whether a man on TV or passing by on the street was "community" based on a stray effeminate hand gesture, sometimes even identifying public figures, politicians, police officers, or actors as "community." Once, I went to the City Market with a group of hijras to a rickety jewelry and beauty supply stall. A storekeeper with a mustache helped us choose our purchases, and seemed to be close friends with the three hijras I was with. We picked out makeup and earrings. Saraswati finally settled on a bright red lipstick, and the storekeeper teased, it'll look good with those paan [betel] stained teeth! Back in the office, I asked if he was "community." He is! they said, giggling. She lived [in a hijra *gharana*] in Bombay and everything! As we walked through the Market, Saraswati pointed to different corners as places of sex work. A lot of community go there, she would say. A lot of sex work happens there. As we walked through the market, these "community" areas seemed more and more ubiquitous, and yet many people passed by them every day without noticing them.

Indeed, hijras had a complex language, beyond the term "community," that coded their speech, which they called *kothi bhashe* (kothi language). Words like *naran* (for a cisgendered woman) helped them to interpret and comment on the world around them without drawing unwanted attention or violence to themselves. Different community members had different preferences about the extent to which they felt comfortable being outed in public. At one Sunday meeting, Akshay, an outreach worker, put a point of order on the agenda: he did not want to be called *kane* (an endearment usually used for women or girls) downstairs, in the alleyway outside the office. I'm just saying, he said, people should be called what they want to be called. I don't like it when you call me that in front of other people. So from now on, people should call people whatever their sexuality is, nothing else, announced the facilitator of the meeting that day.   It later learned that Akshay preferred to be called, if anything, "community" when in public. The term "community" helped him to identify himself with others in the community—"They're community like us. We're in difficulty; they're in difficulty," he said of women who did sex work—while also giving him control over when he had to face the violence and ridicule that could accompany being publicly identified, and when he could simply blend in to the crowd.

Conclusion

When I interviewed Vishnu, a professor who had helped design Gates Foundation programs in Bangalore, in 2016, he told me that his university had started many of the CBOs and NGOs I had met while doing my fieldwork. All those people--we are the ones who gave them capacity building. They are all big people now, but they didn't know anything before, he said. Such accounts imagined CBOs and NGOs as organizations that could be planned, formed, and sustained from the top. This chapter has demonstrated a very different trajectory for the organizations that managed the HIV/AIDS response in Bangalore. Rather than following a hierarchical set of directives, these organizations were engaged in constant struggle over decision-making. While donors and state agencies sought to place the burden of disease management on "the community" from the top

down, sex workers and sexual minorities put pressure on those agencies to do more than simply hand over responsibilities and collect finished evaluation reports, and instead to provide social services and a share in program management.

These ideas of the "community" and the "local," then, could be used both to politicize and to depoliticize the problem of sex work. HIV/AIDS policymakers and more conservative NGOs used accounts of the local context to depoliticize sex worker programming, arguing that advocacy of the kind Kolkata sex workers promoted was impossible in Bangalore, and that its avoidance of advocacy was simply a pragmatic response to local conditions. More activist NGOs, by contrast, used concepts of the "local" to make connections with local social movement groups as well as sex worker advocacy groups outside of Bangalore in order to mobilize support against narrow biomedical approaches to HIV/AIDS or coercive practices within HIV/AIDS programs. In doing so, these groups offered alternative approaches to "local context" that integrated them into local social movements and national networks of sex worker activists.

Analyzing distinct iterations of the concept of "community" helps to demonstrate the limits of understanding HIV/AIDS programs as an instance of neoliberal governmentality. While the third National AIDS Control Policy did seek to govern through community, as scholars of governmentality might argue, placing the burden of disease management on sex workers and sexual minorities and depoliticizing social problems so as to reduce demands on the welfare state, these communities then leveraged their strategic importance to health programmers to increase their demands on the welfare state. Rather than an abstracted collectivity that simply placed a stamp of authenticity on top-down programs, the community here became concretely manifested in the bodies of specific groups previously excluded from social and political relations. It was this very invisibility that offered sex workers and sexual minorities the possibility of leveraging their specialized knowledge to demanding greater control over HIV/AIDS program resources.

Chapter 4
Sexual Laborers and Entrepreneurial Women:
Femininity, Movement Alliances, and Collective Identity in Two Organizations

On a drizzling afternoon in August 2012, I arrived at Bangalore's Freedom Park for a rally organized by the Pension Parishad, a national campaign to demand a universal old age pension system. The Pension Parishad demanded a lower pension eligibility age of 50 for women and 45 for "highly vulnerable groups," including the "elderly, Dalits, tribal people, marginal farmers, domestic workers, sex workers, transgenders, construction workers and people living with HIV." A stage had been temporarily positioned at one end of the large fairground, filled with maybe a thousand blue plastic chairs, still mostly empty. Along the sides of the grounds, vendors sold water and plastic cups of cut fruit. Other vendors walked through the slowly gathering crowd, scooping out paper cones full of toasted puffed rice.

In a few minutes, the differences between the two groups of sex workers I had been studying became clear. I looked up to see Lata, from the group I call the Union, arrive at the protest at the front of a large march from another park in the city, holding up a banner for the Pension Parishad, shouting slogans like "*bhikshe beda*, pension *beku*" (We don't want charity, we want a pension) surrounded by fellow Union members and sexual minority activists from other organizations, many cheering, dancing, and clapping their hands at the front of the procession. Because several of those at the front of the march were transgender women, their entrance was noticeable and visibly disruptive. Then I saw that a group of women from the other sex worker organization I was studying—which I call the Women's Collective—was also sitting in the crowd. After people had begun to settle into their seats and there was a short opening announcement from a name-tagged volunteer, a group of women from the Women's Collective went to the front of the arena. Their faces solemn as they gathered around the microphone, they sang a moving song in Kannada, the local language in Karnataka, asking for a pension and discussing the travails of women in poverty. Afterward, as the speeches continued and the rain picked up force, the groups sat in separate areas of the park.

In later interviews, the groups' NGO and movement allies articulated the differences in their participation in the rally. For Sundar, who attended the Pension Parishad rally and had helped form the Union initially, the "progressive social movements of India" were "exactly where we want to be." The Union, he said, had played a central role in organizing the Pension Parishad in Karnataka, and saw it as part of their agenda to ally sex workers with a broader sector of the working poor. Raj, the Collective's former manager and NGO partner, on the other hand, was not involved in the pension campaign, and was "not sure" how the Pension Parishad could demand a pension when pensions were not universal in the formal sector. He did not see the Pension Parishad as an important part of their work. Raj went on to explain that he and the Collective leaders disliked the approach of sex worker organizations that wanted to "shout on the rooftops" about their rights; in the Bangalore context, he said, this approach simply "doesn't work."

Since the turn toward studying "new social movements" in the 1980s, sociologists have been increasingly interested in the formation of collective identities in social movements (Melucci 1985; Taylor and Whittier 1992; Melucci 1995; M. Bernstein 1997; Rupp and Taylor 1999; Taylor 1999; Polletta and Jasper 2001; Armstrong 2002; Hunt and Benford 2004; M. Bernstein 2005; Armstrong and Bernstein 2008). A key insight of this literature is that collective identities do not exist de facto, but are created in and through movement: "To understand any politicized identity community, it is necessary to analyze the social and political struggle that created the identity" (Taylor and Whittier

1992, 352). Groups form collective identities by forming boundaries between themselves and other groups, by building consciousness of their own conditions, and negotiating claims with institutions and other movements (Taylor and Whittier 1992). Scholars have also studied "identity deployment," or the ways in which identity can serve as a movement tactic (M. Bernstein 1997; M. Bernstein 2005) either as a way of challenging dominant norms ("identity for critique") or to argue for a marginal group's eligibility for mainstream acceptance ("identity for education"). In a "queer dilemma," identity-based groups may have to decide between essentializing their identities in order to make claims on the state and other institutions, on the one hand, and destabilizing the very boundaries of fixed identity on the other (Epstein 1988; J. Gamson 1995).

While sociologists of collective identity have elaborated the "interactional accomplishment" of collective identity-making (Hunt and Benford 2004, 447) and its related challenges, however, they have had less to say about why the *content* of collective identities might be articulated differently in different groups, and how they relate to the social and material conditions of the lives of their members. In this chapter, along with Chapter 5, I argue that the formation of collective identities must be understood in relation to the social and material conditions in which sex workers live, and the social movement alliances sex workers form. In this chapter, I argue that sex workers formed distinct gendered collective identities in the process of building alliances with distinct social movement groups. In Chapter 5, I focus on the Union to show how sex workers material experiences of sex work and level of public visibility conditioned their willingness to adopt a "sex worker" identity. Shared political context alone cannot explain the differences between the Union and the Women's Collective: both were groups of sex workers in the same city, faced with the same funding structures, the same legal constraints, and the same local government. By comparing the two groups' gendered collective identities, the aims they pursued, and tactics they utilized, I show how each developed a distinct gendered collective identity in the process of interpreting its social and material conditions in relation to potential allies. I also show how these processes were sometimes strategic ideological decisions about which allies to seek out.

The Women's Collective espoused a collective identity of respectable femininity and social entrepreneurship, implemented through corporate management practices and an underlying commitment to market approaches to health care provision, and allied itself with social entrepreneurship groups and HIV/AIDS policymakers and funders. The long-term aim of the Women's Collective was to position women to run other small-scale businesses using microcredit loans and, eventually, reduce their primary reliance on sex work, which was unpredictable and often not sustainable in old age, for income. The Union, by contrast, adopted a collective identity of transgressive femininity, implemented through movement-based strategies, protest, and left social movement alliances, with an underlying commitment to social citizenship for marginalized groups. The Union emphasized the similarities between sex work and other forms of informal labor; its members were workers, and the lack of recognition of this work resulted from sexual stigma similar to that faced by LGBT people in the city. The long-term aim of the organization was to demand the decriminalization of sex work and gain access to labor protections and group-based social services from the state. While neither group necessarily saw sex work as a primary identity, the Women's Collective downplayed sex work collectively and emphasized respectable motherhood, while the Union centered sex work in order to eventually demand it be de-exceptionalized and understood as just another type of work.

Table 7. Key Differences Between the Women's Collective and the Union

	Women's Collective	*Union*
Gendered Collective Identity	Respectable femininity	Transgressive femininity
Aims	Create self-sufficient, entrepreneurial, "empowered" women who do not need the state for support	Create worker-citizens enabled to demand state social services
Tactics	Provision of social, health, and financial services	Advocacy for recognition of sex work as work, provision of some social services
Social Movement Alliances	NGOs linked to policy-making and evaluation, social entrepreneurs, corporate donors	Dalit, feminist, and labor groups, activist NGOs, independent trade unions

These distinct gendered collective identities also underpinned distinct critiques of HIV/AIDS programs and policy. The Union directly challenged HIV/AIDS policy and the criminalization of sex work, while the Women's Collective sought to implement state HIV/AIDS programs while occasionally challenging or expanding them from the inside. In both cases, HIV/AIDS served as a catalyst in codifying and grouping sex workers, but it was only in the process of allying themselves with other social movement groups that sex workers developed shared gendered collective identities that interpreted their social conditions and their relationship to the state.

Figure 8. Gendered Collective Identities and Social Movement Alliances
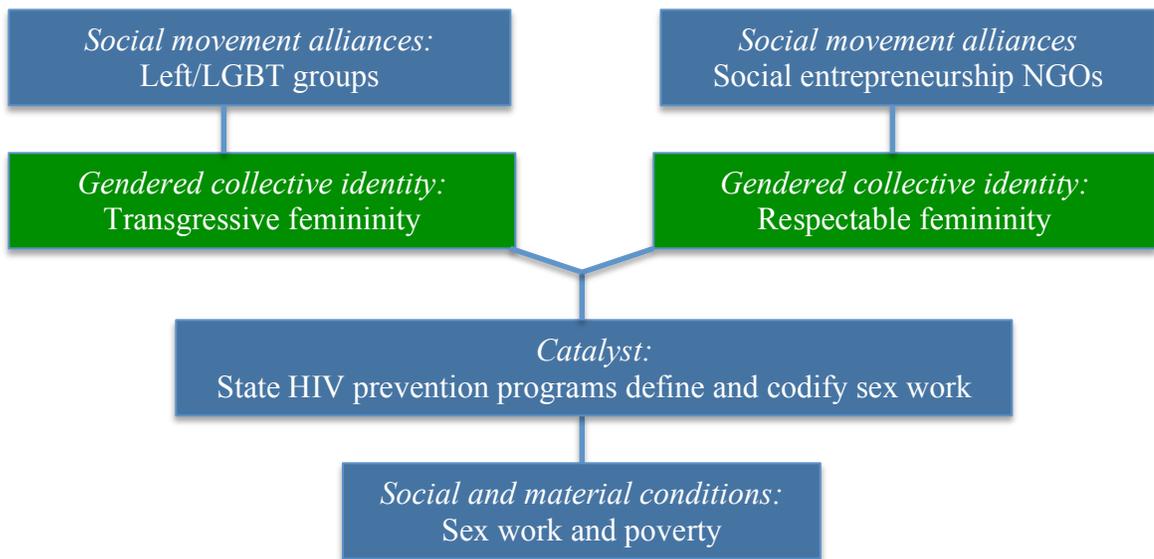
The unique conditions of sex work in Bangalore provided a basis for these distinct formations of gendered collective identity. In Bangalore, which has no red light district, sex work takes place largely in secret; in dispersed locations, like bus stands, parks, markets, and public toilets; through

loose networks of brokers, in conjunction with other forms of feminized flexible labor (Shah 2014; Sahni and Shankar 2013). The Women's Collective interpreted these social and material conditions by emphasizing the idea that sex work was not a central aspect of its members' lives, and instead that they were mothers first, who had made sacrifices due to unfortunate circumstance, and could become resilient, savvy, self-sufficient entrepreneurs. The Union interpreted them by arguing that sex work made them similar to other informal workers who received recognition and social welfare programs from the state (Figure 1). These gendered collective identities were different from those that formed in Kolkata, where sex workers tended to position sex work as a primary identity and comfortably linked their family and work lives under the rubric of sex work, bringing their children and partners into activism. Both the Women's Collective and the Union recognized that, given the political economy of sex work in Bangalore, sex work formed only one part of their members' lives. For the Women's Collective this relationship meant sex work as such should not be celebrated; for the Union this relationship meant that sex work should be destigmatized and de-exceptionalized.

Ultimately, these distinct gendered collective identities had implications for each group's approach to HIV/AIDS policy. The Women's Collective held a dominant position within Bangalore's HIV/AIDS policy because it sought to ally itself with donors and HIV/AIDS policymakers, and pursued alternative activities only secondarily to its HIV/AIDS work.[44] By contrast, the Union explicitly opposed HIV/AIDS funders. The Union, with its more oppositional ethic, was not the kind of organization with which funders wanted to interact, and it was unexpected given the spatial organization of sex work and political culture of Bangalore. Nevertheless, the Union was able to challenge HIV/AIDS policy, to some extent, by leveraging its allies other than HIV/AIDS NGOs and openly protesting HIV/AIDS programs. For example, at the World AIDS Day celebration in Bangalore in 2010, the Union, which did not receive HIV/AIDS funding, conducted a surprise protest, holding up red umbrellas in a sign of their affiliation with the international sex worker movement and forces celebrations to end early as the ministers present "beat a hasty retreat" (*The Hindu* 2010). Through a process of struggle, the Collective mostly won out in shaping the content of HIV/AIDS policy as it traveled out of Bangalore, but the Union nevertheless left its imprints on the ways police and local government officials related to sex workers within the city.

The Women's Collective and the Union: Organizational Background
The Women's Collective is a much larger organization than the Union. The Union had a total of 1,436 members, according to its own figures at the time of my fieldwork, 828 of them women; the Women's Collective reported nearly 14,000 members, or almost ten times the number of the Union. The women in the two organizations are relatively similar in terms of types of intimate relationships

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[44] Notably, both the Union and the Women's Collective were unique in the context of sex worker collectives in Karnataka, which mostly focused on surveillance through small CBOs funded by the state. In Karnataka, there were 77 HIV/AIDS interventions with sex workers in the 30 districts by 2012, and one collective in each district, covering around 96,000 sex workers (KSAPS 2011, 54). There are 3 sex worker collectives receiving state HIV/AIDS funding in the city of Bangalore, together claiming to reach around 19,000 sex workers; the Women's Collective is the largest of the three. Other than these three collectives, I only identified two additional organizations of women in sex work not directly receiving HIV/AIDS-related funding from the state AIDS control society: the Union, and a smaller organization of women in sex work that receives funding from a feminist NGO and had 300 members at the time of fieldwork.

and marriage, children, and age. However, a larger percentage of women Union members were Dalit (from the "untouchable" or "scheduled" castes). Union members also tended to have lower education levels. I interviewed more staff at the Women's Collective than the Union because Women's Collective offices have more staff—large numbers of women in sex work are employed in Women's Collective offices as peer educators and outreach workers. By contrast, the Union had only two paid staff members at the time of my fieldwork, and later four. On average, those on staff at the Women's Collective made much more money than those on staff at the Union. Relative to their earnings from organizational work, Women's Collective members reported lower earnings from sex work than Union members, suggesting that institutional work played a larger role in their livelihoods than sex work. A larger proportion of my interviewees at Women's Collective had given up sex work completely, and income from working at the Women's Collective had come to stand in for sex work income.

The overall differences in the composition of members between the organizations may explain some of the differences that emerged in their gendered collective identities: the Women's Collective, a more bureaucratic, professionalized, hierarchical organization, was composed of more educated sex workers who could keep up with the accounting and paperwork demands of peer education work. It included more women who had left sex work, and with its larger employment base, it allowed some women to reduce their participation in sex work and derive more of their income from HIV prevention activities. The Union attracted poorer, less educated members, a larger proportion of whom were currently doing sex work or working as peer educators at other NGOs. Table 8 shows background data on my interviews in the two groups.

Table 8. Background Data on Union and Women's Collective Members[45]

	Union[46]	Women's Collective
Total Interviews	21	21
Total Members[47]	828	13,803
Relationships[48]		
Single	19%	29%
Partner	48%	38%
Married	24%	19%
Multiple Partners	10%	14%
Marriage		

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[45] All percentages are percentages of those who responded to the question. As I collected background information as part of my in-depth interviews, there was little non-response.

[46] Figures are for women members of THE UNION only, for ease of comparison.

[47] These data are taken from organizations' own reported membership figures at the time of my fieldwork.

[48] Relationships and marital status were often complex, and these figures offer a highly simplified impression. I separated relationship status from status as ever married in order to highlight the high proportion of members who had been married at some point in their lives, regardless of their current intimate relationships.

Never Married	10%	5%
Previously Married	57%	71%
Currently Married	33%	24%
Average Number of Children	2.2	2.1
Average Age	34.6	34.9
Organizational Role		
Member	62%	14%
Staff	24%	57%
Elected Leader[49]	14%	29%
Educational Background[50]		
None	48%	19%
Primary	33%	52%
Lower Secondary	10%	14%
Higher Secondary	10%	14%
Religious Background		
Hindu	95%	81%
Muslim	5%	14%
Christian	0%	5%
Caste[51]		
% Dalit	55%	24%
Current Sex Work		
Doing Sex Work	62%	32%
Occasionally Doing Sex Work	19%	32%
Not Doing Sex Work	19%	37%
Monthly Earnings		

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[49] Staff included all those paid for their time at the organization: peer educators, supervisors, and office support staff. Elected leaders were also sometimes employed as staff concurrently.

[50] Primary comprised anywhere up to class 8, lower secondary comprised class 9-10, and higher secondary 1st and 2nd years of pre-university studies. I did not distinguish between those who had failed final exams.

[51] The caste question was added later in my data collection. I have data on caste for 72% of Hindu respondents.

Average Monthly Income (Organization) (INR)[52]	1,519	5,371
Average Monthly Income (Sex Work) (INR)	3,274	1,435
Average Monthly Income (Other) (INR)	479	3,148
Comfortable Identifying as Sex Worker		
Yes	38%	14%
Sometimes[53]	48%	38%
No	14%	48%

Boardroom Critiques and Street Protests: Trajectories of Two Organizations

In distinct ways, both the Women's Collective and the Union channeled resources from HIV/AIDS programs into areas not necessarily envisioned by narrower HIV/AIDS policies focused on health behavior and surveillance. As I showed in Chapter 3, the three successive iterations of the National AIDS Control Policy increasingly placed the responsibility of managing the HIV/AIDS epidemic on community-based organizations (CBOs). The aim of these CBOs was to enlist sex workers themselves to render other sex workers more visible by identifying and mapping them, and then conducting regular HIV/AIDS tests and promoting condom use. By forming alliances with other groups and developing distinct gendered collective identities, aims, and tactics, both the Women's Collective and the Union subverted this logic and redirected HIV programming resources, one into an apparently ideologically neutral but effectively corporate, "respectable" approach to social development, and the other into working-class sexual politics. Each had its own critique of other CBOs that were part of the AIDS response: the Women's Collective saw them as unsystematic and dependent on outside support, while the Union saw them as apolitical, coercive, and overly focused on surveillance. This section outlines the history of each organization and its evolving relationship to HIV prevention programming.

The Women's Collective: Women's Empowerment as Effective HIV Strategy

The Women's Collective, a large and influential collective of women in sex work in Bangalore, formed directly from HIV prevention programs and, initially, functioned mainly to carry out state-mandated HIV prevention among sex workers. Over time, the Women's Collective incorporated an idea of "women's empowerment" into its work that emphasized self-reliance and expanded its surveillance mandate to include social services, cooperative saving, and social entrepreneurship for sex workers. This shift took place as the Women's Collective worked with its partner NGO, a social entrepreneurship organization.

The Women's Collective was formed by four women sex workers who began working as peer educators for a public health NGO between 1993 and 1994. In 2002, inspired by a visit to a

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[52] Organizational salary includes salary for any HIV/AIDS organization at which a respondent worked (for example, some Union members worked at other NGOs.)

[53] Those responding "sometimes" said they identify as sex workers only in NGO office settings or when asked directly.

sex-worker-led organization in Bangladesh[54], the women began forming an independent organization. By 2003 they had held an inauguration ceremony, registered their organization, and begun to receive funds directly from the government for their health promotion work. However, when Gates Foundation funding arrived in Karnataka, the Foundation stipulated that funds could not be distributed to sex worker organizations directly, but must be routed through professionally managed NGOs. While the founder's early NGO supporter hoped to contest this requirement, the Women's Collective leaders decided to instead pursue a partnership with a different NGO, with background in corporate development management. With its private-sector roots, facility with the language of business innovation and management practice, and commitment to monitoring and evaluation in large-scale development projects, the new NGO partner aligned well with a Gates-Foundation-driven HIV prevention initiative that emphasized scale and corporate-style accountability. From their former NGO partner's perspective, this shift was a loss: "They lost that community centeredness. They are a management organization. It became an establishment rather than a collective." For the Women's Collective, the new partnership opened up new access to resources and managerial strategies.

The new NGO partner's background in corporate development management positioned it well to turn the Women's Collective into a large-scale operation that would be celebrated within the Gates Foundation's Avahan program. The NGO had formed a year before, in 2002, as a unit of a for-profit consulting firm that specialized in "strengthening the effectiveness of development policies, practices, and outcomes." Early on, with its private-sector roots, the firm's facility with business innovation and management practice, and commitment to monitoring and evaluation in large-scale development projects, appeared as a natural choice for a Gates-Foundation-driven HIV prevention initiative that emphasized scale and corporate-style accountability. The NGO was selected through a collaboration with a Canadian university to supervise nearly 45 intervention projects in the state. Leaders saw their contribution in a rationalized approach to management, rather than expertise on women in sex work as a group. For Malavati, the Collective's director, this aligned with her assessment of their own weaknesses: "We said we don't have the capacity to talk to the government. We're weak in that. We have all the power to work in the field, work with women, distribute condoms, and run programs. That's where they were weak." The Collective would provide access to sex workers and its knowledge of the realities of sex work if the NGO provided the institutional expertise and facility with monitoring and evaluation required to operate a large public health initiative.

The Women's Collective's gradual shift from HIV prevention alone into "women's empowerment" at first took shape as an effective solution to the problem of retaining sex workers in a large-scale program, in line with the corporate NGO's emphasis on "what works." As leaders often told it, after an informal survey of women in sex work, they found that health was only fifth on their list of concerns, after violence, housing, children's education, and savings. In response, they had decided to place "women in the center" rather than HIV. Having HIV in the center "just doesn't work"—a focus on "condoms, condoms, condoms" bored sex workers and did not respond to their needs. Over time, the programs built around placing "woman at the center" expanded into a variety of arenas: a savings cooperative; a business initiative in which women helped to make a nutrition mix for HIV-positive people and sell it to various NGOs; a crisis hotline; an alcohol de-

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[54] Sex worker collectives in Bangladesh were formed in part through the efforts of Dr. Smarajit Jana, who had previously founded Durbar Mahila Samanwaya Committee, the famous sex worker union in Kolkata.

addiction program, and a catering service. The Women's Collective continued to receive the majority of its funding for its HIV programs, but also received funding through separate grants for its business initiatives and microfinance services. Importantly, the Women's Collective did not justify these programs as based on any ideological perspective, but rather as pragmatic solutions to the problem of retaining sex worker participation.

This use of "women's empowerment" to attract and retain sex workers to programs later shifted into a strategy for sustaining projects in an environment in which sex workers' HIV risk occupied an increasingly precarious hold on the government's programmatic attention. For Malavati, a focus on "condoms, condoms, condoms" could not sustain programs in the long term, and the turn to microfinance and responses to violence embedded women more fully in the life of the organization and gave them access to new sources of funding. "Organizations super focused on HIV will just wither away…and people less focused on HIV will survive," Raj pointed out. Women's empowerment programs made HIV prevention effective; it also meant organizations that would be able to last even after HIV/AIDS programs ended and sex workers were no longer awash in state and donor resources for disease prevention.

The NGO partner remained tightly intertwined with the Women's Collective well after the introduction of NACP III and the mandate that NGOs step back from program implementation. Management responsibilities for HIV prevention programs began shifting to the Women's Collective's staff early in the organizations' collaboration, but any new programs and initiatives were undertaken through NGO collaboration. Leaders of both organizations dismissed smaller CBOs that would, as an NGO staff member put it, "wither away" once the funding for HIV dried up and they were expected to run programs themselves with limited funding. For the NGO, the process of handover was a long-term process of training, a "transiting of capacities." A structure of "shadow leadership," whereby each CBO leader was paired with a corresponding NGO staff member, allowed for CBO members to learn the tricks of management, monitoring, and evaluation from the start. This structure allowed for the program after it had been handed over to be run in the exact same way it had been run under NGO management. The NGO, meanwhile, helped shape and design new projects. The NGO's relationship to the Women's Collective centered on the importance of mentoring, capacity building, and training. "We did it from day one," said Raj. "It is like Indian independence. When we got it, we said shit, they gave it to us, they ran away, now what do we do. It took almost 60 years to come out of that shock. Even now we are not governed." Thus, NGO staff were often present at the Women's Collective's offices, trainings, meetings, and events. It's in name only," said Malavati, when I asked why this was the case even though the program had been handed over to the Women's Collective. In this way, the participation of sex workers in the Women's Collective was carefully molded to replicate the efficient management techniques of its partner NGO.

The Women's Collective mounted challenges to dominant HIV/AIDS policy by insisting on their social services and social entrepreneurship activities through arguments for effectiveness, rather than protest-based strategies. Despite the partner NGO's relatively privileged relationship to consulting agencies tasked with the distribution of Gates funding, its leadership made prolific critiques of the HIV establishment in Karnataka. At one point, the CEO even accused me of secretly working for KHP and threatened to have nothing to do with me. Their critique of KHP's "myopic" vision mainly took shape in boardroom arguments rather than street politics. It was the CEO and program manager from the NGO, not the Women's Collective leadership, who met with KHP to register disagreement about new policy developments. In 2006, when more explicitly advocacy-oriented sex worker organizations in India held large rallies to protest a new amendment

to the laws concerning sex work, two Women's Collective leaders traveled to Delhi to participate in consultations, and the Women's Collective members engaged in a letter-writing campaign. These strategies aligned with a general ethic of lobbying and "program advocacy" over activism. "Program advocacy," in the NGO's account, was a response to "what works" in Bangalore, where women were unwilling to identify publicly as sex workers and preferred social services to large-scale advocacy. When advocating with HIV programs, the Women's Collective emphasized the effectiveness of their methods rather than its ideological underpinnings in order to make its case. Ganesh, a manager, pointed to the ways in which the program had demonstrated the effectiveness of the "empowerment" approach using numbers:

> "They thought empowerment would dilute the cause. They were looking at the numbers. But we were doing what they wanted. The target was to reach 10,000 women, and we reached 14,000…. HIV prevalence went down from 12.2% to 4.7%. Everyone was convinced when they saw that number; they had to be. We are the only organization reaching that many people."

Increasingly, social services became the core aim of the Women's Collective, while HIV work appeared as simply an everyday obligation, a basic responsibility required to keep the organization running. Malavati noted:

> "At home, first we send the children to school, get them ready, and then send the husband, and then we eat a little and do the housework. It's like that. If I look at this priority [on HIV programs], I think of it like that."

For Malavati, then, fulfilling the state-mandated tasks of HIV prevention recalled the patriarchal obligations of middle-class domestic life. HIV programs, the "husband and children," represented the basic tasks one must complete as a housewife; after sending them off, the Women's Collective could focus on getting its own house in order, "eating a little" and conducting programs responding to women's needs, such as cooperative saving, addressing cases of violence or illegal detainment, or assisting sex workers in obtaining voter ID cards. Her approach to HIV prevention programs was accommodative, rather than antagonistic. "Women's empowerment" in this setting offered a useful enhancement of the demands of disease risk management, a way of "eating a little" along the way while simultaneously boosting the effectiveness of health programming, and retaining adaptability well suited to organizational longevity in a precarious funding environment. In the long term, her main priority was for the Women's Collective to run enough social enterprises on its own to "stand on its own feet"—just as women in the organization should have their own savings to protect themselves from family crisis, the Women's Collective should not depend on HIV funders for its survival. The structure of the family, however, like sex workers' main role as HIV preventers, was never in doubt. Sex worker programs must continue to do HIV prevention work, and incorporating social services and women's empowerment provided a strategy for doing so effectively and at large scale. As the next section shows, the Union took a much more oppositional approach to HIV prevention policy.

Union: Sexual Labor Rights as Oppositional Politics
If the Women's Collective formed originally as an HIV prevention organization and gradually expanded into other programs, the Union formed as an oppositional response to abuses from HIV

prevention NGOs. Formed under the umbrella of an NGO for sexual minorities, the Union sought to ally itself with labor groups and other left movement groups as a way of consolidating its position that sex work was work. This positioning meant the Union had no access to the resources of the dominant HIV/AIDS funders or even most development funders.

The Union was formed by staff at an existing sexual rights NGO funded by the state for HIV prevention, as a way of responding to and critiquing coercive health surveillance practices as well as police violence. It solidified in response to the arrests of four sex workers who were employees of the NGO Suraksha in Channapatna, a town outside Bangalore, in 2006. At the time, Sundar, the former director of the sexual minority rights NGO, and a group of women in sex work had begun discussing the possibility of forming an organization of sex workers that would provide an alternative to HIV prevention CBOs by focusing primarily on political activism and responding to violence against sex workers. When the women were detained for three months, the newly formed Union, with support from the NGO and the People's Union for Civil Liberties, held protests outside the police station until they were released. After affiliating itself with the New Trade Union Initiative, a coalition of independent left trade unions, the Union formally announced its presence with a rally on May Day of that year. In a key action, the Union also protested a local TV station for releasing the names and images of sex workers without their consent. The Union formed as a membership-based organization, but the NGO paid for four staff members and some key events, and membership initially drew from the ranks of former NGO members, as well as men and transgender women from the NGO.

The Union's roots and continuing affiliation to the sexual minority rights NGO fit within a longer trajectory of the NGO's oppositional approaches to HIV funding and programs. Formed in 1999, the NGO initially built its organizational base through an individual MacArthur grant to Sundar to form a human rights organization for sexual minorities. When large-scale HIV funding and programs came to Karnataka, the NGO was the only organization already working with working-class sexual minorities. The board's anti-corporate stance and discomfort with sexual minorities being labeled a vector of disease made it wary of accepting Gates Foundation funding and shifting its attention to disease prevention. At the same time, as Deepa, a former co-director, recalled, "people were dying," and the funding offered an opportunity to reach working-class sexual minorities at a large scale. The Gates Foundation's selection of a "conservative NGO" to receive funding provided an additional push to "get in and change the game," without compromising on what the NGO saw as its social justice commitments. Over time, the NGO's leadership struggled with its decision, as HIV initiatives increasingly began to overwhelm its agenda. In 2006, the appointment of a new director with a public health background hastened a narrowing of organizational aims toward HIV prevention. By 2009, the board, composed of the NGO's original and more advocacy-minded leadership, asked the director to leave. "It is because we have been constantly on guard," Sundar pointed out, "that we were able to survive." In contrast to the Women's Collective's partner NGO's emphasis on management skills as its claim to legitimacy in the HIV sphere, the Union's supporting NGO relied on its mass base with working-class sexual minorities to insist on its role in HIV programming, bartering its credibility as an established organization and its unique access to often invisible minorities with the state in exchange for its sometimes uncomfortably "activist" or even "militant" approach.

Collaborating with sex workers to form the Union provided the NGO with a way to protest HIV/AIDS programs even as it worked with them. In alignment with its partner NGO's discomfort with the HIV establishment, the Union defined itself, from the start, through an active distancing from HIV programs, a membership-based approach to funding, and a labor and sexuality

rights approach. "[HIV prevention] doesn't come into our work," said Lata, at the time the general secretary of the Union. "What we care about is that we want our work to be recognized as work." In part, the Union achieved this through protests of HIV programs themselves. For example, the Union also held rallies to protest part-time work appointments for HIV peer educators, arguing they violated labor rights, and demanded the prosecution of a doctor known to sexually harass sex workers and the closure of an NGO that discriminated against its sex worker staff. In contrast to the Women's Collective's conceptualization of the state as ineffective at achieving its own goals and in need of efficient, privatized support, the Union saw the state as coercive and violent, but also potentially a source of welfare.

The Union had to use creative strategies to take an oppositional stance to HIV/AIDS institutions while still remaining linked to an NGO that did HIV prevention work. KHP, which managed Gates Foundation funds and was the main funder for HIV/AIDS programs at the Union's partner NGO, was reticent in addressing legal issues pertaining to sex workers, though some bureaucrats within KHP supported legal reform privately. KHP also insisted that funds from the Gates Foundation could not be used to protest the government. The Union thus formed as an independent organization with its own elected board. In 2008, the Union applied for trade union registration. Staff from the NGO's other HIV programs registered themselves independently as paying members of the Union. Still, the Union, with its partner NGO, sometimes piggy-backed on HIV prevention resources. An event for "sensitization" of police or pimps or "community mobilization"—required under the state HIV prevention strategy—would be followed by a Union protest or a rally. Members would mark the difference between the organizations, and the Union's independence from HIV/AIDS programs, by taking down the banner with the NGO's name and putting up a new one announcing the event was now a Union event, unaffiliated with HIV/AIDS programs. Union staff would visit HIV prevention offices to recruit new members and update them on new developments. Thus, the Union both presented active external opposition to the HIV establishment and collaborated strategically with it.

Union members did not reject an interest in HIV outright: Union leaders often spoke of the relevance of access to health care. Several were HIV positive and were quick to criticize the state government for failing to follow through on its commitments to HIV prevention in corresponding attention to those who were already HIV positive. Hajira, a Union board member, articulated a relationship between health and labor rights distinct from Malavati's account of HIV as a necessary household activity or Raj's account of strategic organizational diversification:

> "What the Union says is, you need health. Some in our community don't care about their health. We want to die…. I'll die anyway, and my life is ruined anyway….Everyone left me. My money is gone, my husband left, my children left, my family left, society left, everyone left me. Why should I live?"

Here, HIV emerged as a symptom of a broader marginalization of sex workers that rendered them undeserving of life. Hajira recalls Foucault's formulation of biopolitics as to "foster life or disallow it to the point of death" (Foucault 1990, 138). In this context, the recovery of sex workers' claim on livelihood as legitimate workers became a claim on mainstream social life, and HIV prevention an extension of social and political inclusion. The Union's challenge to the HIV/AIDS surveillance mandate, then, was not a statement that HIV/AIDS was not important in the lives of sex workers. Rather, the Union sought to place health within a context that recognized sex workers' exclusion from the body politic as the basis of their disease risk, and challenged moments in which the

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HIV/AIDS establishment furthered surveillance and exclusion rather than treating sex workers as citizens. In contrast to the Women's Collective, the Union saw this oppositional work as an aim in its own right, rather than a strategy for effective HIV/AIDS programming.

Building Gendered Collective Identities: Interpreting the Social and Material Conditions of Sex Work

Almost all of my interviewees came to understand themselves as sex workers through the process of joining an organization. Their pathways into organizing were also pathways to new selves—more self-aware, more confident, more secure, and more articulate in analyzing their work and their day-to-day lives. These processes of self-making emerged in interviews in both organizations, as members described themselves becoming "smooth," learning "how to talk," becoming conversant in new vocabularies to describe their own bodies and ailments, and coming to see themselves as part of a community. However, each organization's gendered collective identity was articulated differently—in the Women's Collective, a woman who was savvy, entrepreneurial, and maternal; and in the Union, a woman who fought against injustice. These new selves emerged not just as a reflection of the rhetorical preferences of the leadership, but also through participation in organizational services and practices. For example, the Collective's crowning achievement was a large collective bank in which women in sex work could place their savings and take out micro-loans, so membership in the Collective centered around not only documenting health practices, sex acts, and condom use but also regular documentation of earnings and debt. The Union, a smaller operation with little funding, had drawn in members who had developed connections to one another through working in HIV NGOs prior to joining the Union. Once they became members, their contact with the Union was more sporadic than at the Collective, and hinged on meetings, protests, and responding to "crisis" situations, such as unlawful arrests.[55]

These accounts emerged out of relatively similar social conditions. For both Union and Collective members, sex work was deeply intertwined with both romantic partnerships and other forms of work, and to define sex work was to draw a line around survival strategies that were often responses to unpredictable situations rather than consistent and deliberate career choices or fixed sexual moralities. The differences between two members, Radha in the Collective and Saraswatamma in the Union, illustrate their similar paths into sex work but their distinct analyses of their conditions as they worked in their respective organizations and followed distinct organizational trajectories.

Radha, a 39-year-old woman, HIV outreach worker, and member of the Collective for seven years, lived a relatively charmed childhood. She grew up with three brothers and four sisters, her parents, farmers in a town outside Bangalore, doted on their daughters. After she completed tenth grade, she was married to a relative, with whom she was happy for four years—he put food on the table, and they lived with a large extended family. It was after their first child that her husband started to drink. Once they had bought a house, their debts grew more urgent. Radha began working as a manual laborer, earning sixty rupees, about $0.94, a day, while pregnant with her

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[55] The Union's members thus ranged widely in their accounts of Union activities—some could barely distinguish the Union from HIV NGOs in their neighborhoods that worked with sex workers; others insisted the Union had transformed their lives and constituted a movement to secure labor rights. At the level of membership, Collective members were more consistent in their accounts; they saw the Collective as a provider of services, a source of stability, even a maternal protector.

second child. As the debts mounted, she began to do domestic work. One week when all of her employers were out of town and she had no earnings from domestic work, a friend offered her fifty rupees for sex. "At that time I didn't think about my husband or that I was for my husband," she said. "Even if it was a little it didn't matter…He said he'd give fifty rupees, and that was a great joy for me that day. Today I can give food to my children." Radha began leaving for work every morning at six and returned after eleven to avoid her debtors. Finally, she convinced her husband, who now visited only once or twice a month, to sell their house to pay off their debts. A new partner moved in with her and began supplementing some of her earnings.

After her husband died, she began working as a housekeeper in the home of a generous family, earning seven thousand rupees a month, but after a bad traffic accident, she was unable to continue. Now again without a steady source of income—except for her son's minimal earnings from construction work and occasional help from her partner—Radha discovered the Women's Collective. When the manager asked if she did sex work, she remembered, "I said, sir I don't know what you mean by that. He said sex work means people who go out to different places, who do it to fill their stomachs and take care of their children. I said yes, sir, I do that." Notably, this interpretation of sex work already positioned sex work as secondary to motherhood. Radha took out a four thousand rupee loan, with which her son bought a cow, eventually paying for his sister's wedding and a new house. After seven years at the Collective, Radha was an outreach worker, continued to do sex work, and also had eight cows. Both her children were married, and she had a house and had even paid for a leg operation. "If [the Collective] hadn't opened, I wouldn't have come to this level," she said. Radha did not refer to herself as a sex worker—she referred to herself as a "community woman."

Saida, a 32-year-old woman, was a member of the Union and also a peer educator at an HIV prevention project in a town outside Bangalore. Like Radha, Saida had a relatively secure working-class childhood; her father, a machine worker, and her mother, a domestic worker, had supported her education through twelfth grade. Once she was married, her husband's family began demanding additional dowry payments, and started selling the jewelry her parents had given her. Her husband did not work, and she began to support her children through manual labor. She remembered the work as grueling, with frequent sexual harassment. "They'd say, what a pretty girl, where's your husband? All the men, they'd touch me, do everything, kiss me, and if you said no, they wouldn't give you work." Once she began working at a restaurant, she began to exchange sex for money, or sometimes just for food from the bakery or the restaurant's kitchen. With three small children, and more and more emotional abuse from her in-laws, she began to feel like a burden on her parents and her siblings. Once, even her sister refused to feed her children. It was then that Saida decided to make sex work her primary source of livelihood, and she began to do sex work at lodges in Bangalore. She returned home one day to a husband who was livid. "He said after the soup (*saaru*) is spoiled, there's nothing you can add to it to make the smell go away." Saida, too, had reached her limit. "I don't know where I got the strength," she said. She told him he had ruined her life, and beat him up, tearing at his clothes. She continued to live with him, but she said he seemed to challenge her less often after that.

Saida's first introduction to a sex worker organization came through an HIV peer educator. The peer educator visited Saida at home and, as she began to talk about her life, Saida opened up about her difficulties with her husband and caring for her children. She visited the HIV prevention office and, to her relief, and, like Radha, learned the term "sex work" to describe what she did. To her relief, she tested negative for HIV. After a few years working there as a peer educator, Saida became involved in the Union. While the NGO had taught her about her health, she said, the

Union belonged to the community of sex workers. For her, the Union's aim was to fight for justice. Before, she said she would shake with fear in front of the police. Now she felt comfortable speaking out against the police, and had even spoken on a radio program about her experiences. The Union's goal was to respond to injustice in such a way as to prevent future injustices. "They are scared. They know these people will come after them. It's like when you poke a live wire and the current shocks you. We're like that current." She saw the suffering of sex workers as embedded within the violence of everyday life as a woman in general: "No one lets women be. There's trouble from the husband, from the family, from the police, from neighbors…from everyone. Trouble, trouble, trouble." Saida was comfortable describing herself as a sex worker, but she continued to struggle with her family and had sought legal help in ensuring a share of her family property for her children. In theory, she liked the concept of sex work: "There's no person who doesn't have sex. They just don't all talk about it…I think it's good if people respect sex work and say it's a job." Nevertheless, she preferred to speak about sex work anywhere but in her own neighborhood.

These narratives suggest that it took not only the catalyst of HIV prevention programs, but also the everyday practices of two distinct organizations to shape each woman's analysis of her social conditions. Radha and Saida came from relatively similar backgrounds—they had more education than many of their peers in their organizations, and had grown up with some support from their parents. Their experiences of sex work were embedded in various types of labor and intimate partnerships in which sex was exchanged, and the idea of "sex work" as a separate identity or enterprise did not ensue directly from these experiences. Both now identified with other women who did sex work, and were confident about what they did for a living. But their analysis of sex work took fundamentally different forms. For Radha, becoming part of the Women's Collective became a source of regular income—her salary of five thousand rupees a month as an outreach worker outweighed the additional two thousand she earned from sex work—and stability, further secured by her savings at the Collective's bank. She now had an organizational base from which she drew emotional and financial support. For Saida, becoming a part of the Union held little financial security—at the time of our interview, she earned on average around fifteen hundred rupees a month from sex work, and about the same amount from her job as a peer educator. Her job as a peer educator, too, was in jeopardy, as the state budget for HIV prevention began to shrink. For Saida, the Union had not provided financial solutions or entrepreneurial options. Indeed, a year after my fieldwork was complete, she had left the board of the Union to focus on her battles with her family. But the Union had provided her with an analysis through which to demand just treatment from family members, the police, and state welfare providers, and a sense that it was social marginalization and sexual morality that led to sex workers' conditions.

To Clap or Not to Clap: Gendered Collective Identities and Social Movement Alliances
"Sending Flowers to Policemen": The Women's Collective, Self-Reliance, and Respectable Femininity
The organizational ideologies the Women's Collective and the Union developed led them to distinct sets of goals for sex workers. The Women's Collective's entrepreneurial ethic was linked to its partner NGO's commitment to the role of the private sector in development projects. Though both organizations facilitated basic access to government facilities for their members—assisting members in obtaining voter ID cards and ration cards were standard activities in both organizations—the Women's Collective's leaders spoke much less often than Union leaders about demanding *further* services from the state, and much more often about the importance of building independent social enterprises in order to "stand on our own feet." The aim of collective organizing, for the Women's

Collective, was to help women become independent entrepreneurs, capable of supporting themselves and conducting their own programs with their own organizational income. Nikhil, the CEO of the Women's Collective's partner NGO, explained,

> "Firstly we believe that very marginalized communities require support. You cannot just use the market as a mechanism to intervene. We also believe the market has certain efficiencies and abilities to deliver value and can do it much better than a grand program or any other program can do it. For us these two are not mutually exclusive. There's something the head of Fortis [a healthcare company] said which really stuck me. He said being private does not mean you cannot add public good…. Just because we are a consulting organization does not mean we do not add public good."

Later projects run by the Women's Collective's partner NGO included collaboration with large U.S.-based corporations to provide health education and "career enhancement" programs to women working in factories. Within this framework, the state was not necessarily the only reliable provider of social goods, and the best strategy for expanding livelihoods for sex workers was to pursue independent financial strategies. The NGO also hosts a center for excellence in market-based solutions for health. As Nikhil put it, "development is too complex for one person," and universal health coverage of the future would require private, public, and NGO partners. As one of the NGO's earliest projects, collaboration with the Women's Collective built up the NGO's credibility as it took on larger corporate partners in subsequent projects.

This entrepreneurial emphasis was linked to an interpretation of "women's empowerment" that emphasized individual betterment, confidence, and financial self sufficiency. When I interviewed Raj, the former program manager, he offered me a detailed definition of "women's empowerment": control over livelihood, control over one's own body, and the opportunity to set the agenda as a collective. Then he asked me a rhetorical question: "Who sets the agenda today?" Taken in with Raj's detailed account of what I had, until then, understood to be gendered power relations, I had lost some of my ethnographic reserve. "Men!" I said, reflexively. He looked at me with surprise. "You are thoroughly influenced!" he said, laughing. Bill Gates and the National AIDS Control Organization (NACO) set the agenda, he explained, and NACO was also run by a "lady," so this was not simply "about females." Later, when I asked why all of the office managers at the Women's Collective were men and not women in sex work, he explained that sex workers' rights activities often take place at night, and "given the prevailing gender norms, a female project manager would have constraints." When I asked Nikhil, the CEO, the same question, he insisted that his office, where I had only seen male employees, was full of women, joking that it was because the logo of the NGO was pink. These moments suggested an individualized approach to women's empowerment, rather than an analysis of gender relations within the organization as well as outside it, and an interest in challenging them systematically. For Raj and Nikhil, rather than challenging "prevailing gender norms," women's empowerment consisted of women making decisions within their organizations and controlling organizational resources: as Raj defined it, "Empowerment is about women having greater control over resources that can actually make a difference to their lives."

In this context of "women's empowerment," the strongest ideological connection between the Women's Collective and its partner NGO lay in a shared commitment to "respectable femininity" in both program and advocacy approaches. The Women's Collective built its approach around the image of the respectable middle-class Hindu woman and devoted mother. Within the organization, terms like "outreach worker" and "peer educator" had been replaced with traditional

Hindu women's names, *janani* (mother) and *jeevika* (water). A designated area in every drop-in center allowed women to do Hindu religious ceremonies in the office, and monthly cultural events included religious festivities as well. Early on, the Women's Collective attracted members by conducting birthday parties, baby showers, and naming ceremonies as a way of creating alternative family rituals within the organization. In everyday conversation, Women's Collective members rarely referred to themselves as a sex worker's organization or even an organization for women in sex work, but simply as a women's group. When I asked Mala why sex work was not included in the name of her organization, she explained that their Women's Collective was like any women's group; putting sex work in the name would limit them to only certain areas of work. Because sex work was intertwined with other aspects of women's lives, to emphasize sex work alone would be reductive.

One example of this emphasis on respectability was a preoccupation with neatness. Aparna, a member of the Women's Collective, said the organization should help women whose public soliciting degraded their feminine purity:

> "They are in the Market, wearing makeup, wearing those blouses, and wearing saris that are falling off their bodies. When I see all that I feel disgusted…. Do it [sex work]. There's nothing wrong with it. But do it neatly….A women should respect herself. If you're a woman, and I'm in front of you, it should seem like we're both the same. I don't show you how I am, and you don't show me how you are. ….We should be seen as good people. People shouldn't think oh, look how dirty these people are, they are a waste."

For Aparna, sex work was a strategy for survival, but not an identity for advocacy. Rather than advertising their participation in sex work, Women's Collective members should position themselves as industrious, self-reliant contributors to society, not "wasteful" but rather respectable and feminine. Leelamma, a peer educator, said that some of her work with women had involved teaching women to do sex work in a more respectable way—the way to get respect, she said, was to avoid doing sex work on the street, to "do it without being seen." Fourteen percent of Women's Collective members I interviewed, compared to 38% of Union members, said they were comfortable identifying as sex workers; the rest preferred not to publicize their sex work in advocacy settings. As Aditi, a member of the Women's Collective, explained, "I don't like to tell anyone. Because then my honor will go. Because I do work like a *sule*… That's why we shouldn't tell anyone. We should keep it in our minds and we should do our work, secretly."

Aparna's appeal to doing sex work "neatly" also played out in the Women's Collective's general commitment to outward signs of respectable femininity. In the Women's Collective's offices, leaders placed a premium on dressing well. The board members and founders always dressed in elaborate, expensive saris with gold jewelry and flowers in their hair. It's fine to wear old clothes, but they shouldn't be dirty, a staff member, Shakuntala once said about a peer educator at the office. In a Women's Collective drop-in center, a "rest room" marked off by a curtain separated women who slept and bathed in the office from the peer educators and outreach workers coming in to fill out paperwork or attend meetings. Daisy, a young woman who drank often and wore torn, deep-necked tops, lived primarily in the rest room during the day, and did sex work near bus stands at night. During meetings, when Daisy came out of the rest room people fell silent and looked away: her presence marked a sharp contrast to the other women. Once, after the board elections, I asked Indira, who had won the most votes from her zone in the recent board election, why Daisy had not run for office, since she had been coming to the office for so many years. "We thought it's better for those people not to," she said vaguely. A year later, Daisy had disappeared.

In many ways, Daisy represented many of the concerns Women's Collective leaders often talked about mitigating—poverty, alcoholism, an abusive partner, a young daughter, and a harrowing experience with gang rape. Daisy had benefited from Women's Collective services, and early on she had been a regular visitor to the drop-in center, spending time there with other woman and using the space as a temporary safe space in between periods of sex work. As the organization had changed, though, Daisy had become increasingly bitter. "Do you know what kind of people they are? They pretend. They say if you have money you run the world, right?...If you don't have money, stay there [in the rest area], don't come here."

According to Women's Collective leaders, this emphasis on respectability was in part a pragmatic response to the structure of sex work in Bangalore. Sex workers in Kolkata's red-light districts, where labor rights arguments had been most famously used, or transgenders in Bangalore, who were much more clearly visible in public space, were leaders' frequent counterpoint to the Women's Collective's politics of respectability. "For us it's about being a mother and taking care of our children. For them it's going everywhere and clapping," Mala said of transgender activists as we ate lunch together at a sex worker conference in Kolkata. A key aspect of a *hijra*'s cultural repertoire is to clap her hands while begging for change at street intersections, so for Mala, clapping encapsulated the transgressive sexual self-presentation and demanding attitude of transgender approaches to organizing. As for women sex worker activists in Kolkata, their lives outside of the rhythms of the patriarchal family alarmed Mala even more than their activism:

> "We come in the morning, we work, we eat with our children and we go to sleep with peace of mind, wake up, and come again. There [in Kolkata] it's not like that….They don't even know how to cook, the people who stay there. They don't know what a family is. Client, sex, condom, other than that, what do they know in red light areas? They don't know how to dress neatly. At festival time they can't celebrate properly."

Mala's own narrative reflected the ways in which participating in HIV prevention work had helped her cultivate a more respectable lifestyle. Initially a self-described "rowdy" who bullied other street sex workers, Mala had begun working at her first HIV prevention NGO as a way of having a respectable "day job" alongside sex work. Working with NGOs had taught her to be more "smooth," to know "how to talk in the right way to right people." This journey to respectability did not imply a move away from sex work. Sex workers throughout the Women's Collective spoke of their renewed confidence to talk to police or respond to cases of violence. Their work enhanced a woman's confidence by bolstering her claim to respectable femininity--regularizing her work times and salary, allowing her access to a recognizably middle-class family life, and, through her prevention work, enhancing her claim to respectable work in an "office" job doing social service.

This politics of respectability aligned with their partner NGO's insistence on "program advocacy" focused on women's self-reliant control of program resources rather than women's challenge to systematic gender relations. Nikhil, the CEO of the NGO, had been a passionate advocate for what he saw as the pragmatic alternative to the "trade union and activism approach" promoted by the National Network of Sex Workers (NNSW), of which the Union was a member—"program advocacy."

> "We felt that the scenario for women is not going to change overnight. You cannot take drastic activism approach and be hit on the head….So we felt that we should also have what we called soft advocacy and program advocacy as an approach to make changes and we

showed proof that it works. You know, sending flowers to a policeman who beat you up is not soft, it requires much more courage, as Gandhi said, than actually going and beating him up or standing and shouting in front of his house."

Raj, the former program manager, contrasted the Women's Collective to sex worker activists who "think sex work is a right," articulating an analysis of sex work in Bangalore that emphasized its relationship to other forms of labor:

"NNSW thinks sex work is a right. They should be given workers' rights. It's labor. Fine, but many of the sex workers, who back home are not known as sex workers…they are wives, they are daughters, they are daughters-in-law, they are sisters to somebody. For neighbors they are nurses, for neighbors they are domestic maids. Now why would I tag and say look, I'm a sex worker, give me labor rights?....And you have different schools of thought. Let it thrive. In diversity is where we find creativity in thinking. Because the solutions are so different for different problems….Any foreigner will come and say, oh you know what, I went to Kolkata….Come on! That's one part of India….The point is there are so many different and diverse communities. I think sex workers' rights and labor rights are OK, because out there, there are sex workers and everyone knows they are sex workers. Now here, to me, in our case, our women, they operate from home, they operate in the street, and they go back to their families."

Thus, for Raj, emphasizing sex workers' respectable family lives was more important than demanding labor rights or claiming a sex worker identity. At the same time, Raj and Nikhil's aversion to "shouting and screaming," or, as Mala put it, "going on TV" and "yelling on the roof that we are sex workers," fit neatly with a corporate ethic of self-reliance, private entrepreneurship, and boardroom advocacy rather than street protest.

The Women's Collective emphasis on diversity of experiences also made them wary of alliances with any external organizations, sex worker organizations or otherwise. Both Malavati and Raj objected to participation in the National Network of Sex Workers, of which major Indian sex workers' rights organizations such as DMSC and Sangram as well as the Union were members, on the grounds that the "evangelist" discourse of sex workers' rights imposed by Kolkata and Maharashtra activists "would not work" in Karnataka. But when KHP approached the Women's Collective and proposed a network of sex worker organizations limited to Karnataka, they objected to that too, saying that northern, central, coastal, and southern Karnataka differed too much for any shared platform to make sense. The Women's Collective thus used arguments about local specificity to avoid becoming deeply engaged in advocacy networks of sex workers.[56] The organization accepted partnerships if they meant sharing technical approaches to programming: as a KHP-designated "learning site," the Women's Collective had received many visitors from administrators involved in HIV/AIDS programs seeking to replicate its experience, from other states in India as

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[56] This is not to say that the Women's Collective was not involved in any local networks. In 2010, the Women's Collective launched an alternative network consisting of three organizations, all CBOs based in Bangalore operating government HIV prevention programs. However, members and leaders I asked could tell me little about the goals of the network. The Women's Collective also worked with CFAR, a media advocacy organization affiliated with Karnataka's targeted intervention programs, and had links to lawyers who could support sex workers when they were illegally arrested.

well as from Kenya, Tanzania, Nigeria, and South Africa. Fundamentally, however, Women's Collective, with its pragmatic framing as a "women's empowerment" organization without any systematic advocacy goals, had no particular desire for network collaboration—indeed, the organization's emphasis on self-reliance and social enterprises for sustainability equipped it much better for a competitive funding environment and rivalry among organizations than any kind of solidarity. In this context, it was not surprising that Women's Collective leaders were dismissive of the Union—Malavati because it focused too much on sex workers "going on TV," and Nikhil because it simply "had not done anything" measurable and effective for sex workers.

"Let The Government Hear Our Sound": The Union, Street Politics, and Sexual Solidarity
In contrast to the Women's Collective, the Union drew on a transgressive feminine collective identity that allied it with left politics and feminist groups. Deepa, a key Union advisor, noted,

> "I definitely come from a left-leaning background. So it was very interesting for us to put class right up in front. Poverty issues, working-class issues, social exclusion issues…. Because identity politics can become detrimental. You know, it can just become narcissistic, and it can become very, you know, we can be a hierarchy of oppressions and people say I'm the most oppressed…Now it is that we can build that solidarity with other people which is what we think is critical for any social change."

The Union's link to its partner NGO helped orient it toward social movement allies that broadly emphasized social exclusion and poverty. In relation to these allies, including many of the groups at the pension rally, the state was almost always the target of protest. Union activists regularly responded to instances of police violence or the illegal detainment of sexual minorities or sex workers. They also protested HIV/AIDS institutions, in particular for their policies of hiring peer educators as "part-time" workers even though most workers worked all day. This politics reflected a fundamental expectation of social welfare from the state, despite a mistrust of state violence. The most broad-based demands the NGO made were for state services: universal old-age pensions; subsidized housing for HIV positive people, sex workers, and transgender people; government employment; even free provision of safe sexual reassignment surgery. In contrast to the Women's Collective's emphasis on the possibilities of privatization of state services, then, the Union and came from a perspective in which access to state services was a central goal—and the state was capable of providing for its citizens.

The Union's gendered collective identity of transgressive femininity integrated both claims for redistribution and claims for recognition (Fraser 2007) into its work. On the one hand, while the Union rarely spoke of power relations in the actual practices of sex work, for example relationships between sex workers and their brokers, it resembled other Indian informal sector unions in targeting the state for welfare resources (Agarwala 2013). On the other hand, as in Agarwala's (2013) account, in the context of sex work, the prerequisite to any redistributory claim was recognition as a legitimate worker and citizen. Thus, the act of claiming recognition as a worker, of applying for trade union status, became an act of claiming affirmative redistribution from the state. It also aimed to position sex workers as workers rather than criminals. The identity card provided by the Union was a particularly powerful symbol of the claim to citizenship via worker status. Sarita, a Union board member, recalled the effect of an identity card:

"They gave me an identity card. I took it and went around for 2 days. And now no one would come near me. Everyone said you've become a big person now madam; you won't talk to all of us now....Wherever I went. I haven't had a crisis up until today, I haven't faced injustice, nothing has happened anywhere. I do the work [sex work]. I do it practically 24 hours a day. But I haven't seen a crisis happen to me at all. [Why?] Because before I was afraid. Of who would come, who would scare me, hit me, shout at me. Of who would see me….When I got the license, it felt like hey, I'm doing the work, look, let me show you my card. I got courage when the sex worker union came. Now I have courage. Now I can stand up to all of them."

Sarita's identity card both emphasized and de-exceptionalized sex work. With its announcement that Sarita was part of a sex workers' union, it revealed that she did sex work; at the same time, the card indicated that sex work had institutional support and thus resembled other kinds of work. Now justified in her understanding of herself as a worker, Sarita felt comfortable facing police and others who might harass or attack her while she was doing sex work. It was a symbolic claim that had, she argued, had concrete consequences. Her economic conditions, however, did not significantly change.

Among its leaders and staff, this account of the Union as operating to position sex workers as workers—rather than necessarily to do what formal sector unions traditionally do, collectively bargain with employers—was ubiquitous. Sita, a staff member of the Union, explained the difference between the Union and other "women's groups" who worked with sex workers: "For auto drivers, there's a Union, for lorry drivers, there's a Union. Various people have made Unions. We're sex workers, right? We also made a Union." For Sita, the claim to worker status aligned with a politics of recognition and a challenge to patriarchal norms:

"If they're kothi, hijra, transgender, they have problems from their family, from the public. People call them all kinds of names….And for our women too, they scold them with all this kind of talk, call her a whore, this and that. They say all these wicked things to our women. We have the same problem, right?"

Sita's view of sex work encompassed both an identification with lorry drivers and auto drivers and a critique of sexual moralities that marginalized kothis and hijras. Because the Union had not only women members, but also included men and transgender women, she was regularly exposed to the politics of sexual marginalization. In daily life, Sita did not abandon respectable femininity of the kind the Women's Collective members espoused. She dressed in saris, with all the traditional marks of a married woman, even though she lived with someone who was technically not her husband. She had not told her family she was a sex worker. Yet all of the leaders of the Union admired open claiming of sex worker identity in principle, and considered it a step in the direction of greater access to public services and fewer encounters with violence on the job. Lata said of her hopes from the Union:

"My other hope is that people who doing [sex work] in secret should stand openly, and say that this is their work. We should make it so they can say that. That's what I hope for the most….Some girls say they are shy about say it. Why should they be shy? That's what you're doing. Why should you be shy? The day you leave your shyness behind and come out, that's the day you'll live well."

Within Bangalore, particularly in the realm of HIV/AIDS policy, the Union's oppositional politics were marginal, and its funds were limited. The Union responded by linking itself to other organizations, embedding its alliances in a general critique of social oppression. This was in response, in part, to the city's relatively small left political scene. Once, I left an interview with an academic in Bangalore to meet Sundar and Deepa, the former directors of the Union's partner NGO. I asked them if they agreed with the academic that Bangalore had no left movement. "We're not like Kolkata or Delhi," Sundar agreed. "That's why we all have to make friends." In Bangalore, a small, precarious group such as a group of sex workers had no choice but to build alliances in order to make it any inroads as a movement group.

This openness to alliances, however, also emerged from sex workers' material and social conditions, in which they directly experienced the connections between their concerns and those of other marginalized groups. In the first of our many conversations about the Union's activities, Sita described the Union to me as against "any injustice anywhere." She often helped poor women in her neighborhood in obtaining voter ID cards and government rations, even if they were not sex workers. While the Women's Collective members interpreted the dispersed nature of sex work in Bangalore as a reason to downplay "sex worker" identity, the Union members saw it as a justification to highlight it. Saida explained,

> "I thought I was the only one, but when I saw those women, I saw that there are so many people, my community is facing so much difficulty. Let's join with them, let's clap with them loudly, let the sound be heard, let the government hear our sound. No one can hear the sound of one person, but if we all clap, people come running, wondering what's happening…. We don't need any other name than sex worker. That's what we're doing. [Saida compares the word "sex worker" to the names of Dalit groups that have been reclaimed.] We're sex workers. Yes, we do sex work. What's wrong with that?"

In Mala of the Women's Collective's analysis, "clapping" was a derogatory term, reminiscent of the *hijra* practice of clapping when panhandling at traffic intersections or in stores. Her organizational activities were about being a mother, not about "clapping." For Saida, by contrast, with the state as target, clapping became the basis for solidarity among sex workers, including hijras and male sex workers, and demanding services on a shared platform.

Saida's emphasis on a politics of solidarity reflected a broader ethic of coalition politics, which depended on an analysis of the state as target for negotiation—to negotiate with the state, broader coalitions were required. Union leaders spoke of many more alliances than did leaders of the Women's Collective--with women's organizations, Dalit groups, progressive lawyers, labor groups, and sex worker rights organizations in other parts of India. These affiliations provided a measure of security to the Union; faced with the dominant focus in sex worker mobilization in Bangalore on social services and entrepreneurship, the Union had to make alternative alliances in order to challenge HIV/AIDS policy and demand recognition. By supporting local actions against violence against religious and ethnic minorities, sexual violence, and the oppression of Dalits, the Union sought to position its concerns among the concerns of local progressive social movement groups. The Union's board included several feminist, labor, and Dalit activists, and some Union members were involved in local responses to sexual violence or the abuse of ethnic minorities. Such interactions provided exposure and linkages to constituencies beyond the HIV/AIDS establishment, within which surveillance approaches and corporate management perspectives were dominant.

These alliances also provided a distinct approach to the "local" from the Women's Collective. While the Women's Collective described the "local" as context limiting the possibilities for political action, because local sex workers did not see themselves as advocates, the Union used local alliances to support its advocacy. By regularly supporting local actions against violence against religious and ethnic minorities, sexual violence, and the oppression of Dalits, the Union sought to position its concerns among the concerns of local progressive social movement groups. The Union's board included several feminist, labor, and Dalit activists, and Union members were regularly involved in local responses to sexual violence or the abuse of ethnic minorities. Union members sometimes attended events that seemed quite disparate from their own approach as a way of building solidarity. Once, for example, I attended a workshop with two of the Union's board members, Sitamma and Anjali, run by a local Christian anti-trafficking organization. The workshop was facilitated by a visiting advocate from the United States, and Sitamma and Anjali were the only sex workers in the room. As the discussion progressed, it became clear that many participants saw all sex work as a form of morally objectionable exploitation and did not consider it a form of labor, as did the Union. When the time for introductions came, however, Anjali turned to me boldly. Should I say I'm a sex worker? She asked. Before I could answer, she stood and announced that she was a sex worker and HIV positive. She and Sitamma were the only two people who introduced themselves in Kannada rather than English, and they sat attentively through the lunchtime discussion of Bible passages on prostitution, Sitamma even taking notes on my translations of the other participants' comments, before leaving in the early afternoon. For the Union, such interactions provided exposure and linkages to constituencies beyond the HIV/AIDS establishment, within which surveillance approaches and corporate management perspectives were dominant.

The Union's active effort to position itself in alliance with oppositional social movements presented important drawbacks. In competition with the Women's Collective, with its six offices, large staff, rationalized election process, and healthy funding to provide immediate financial and health services, the Union struggled to attract members in urban Bangalore. Coalition politics often remained limited to the leadership, without participation from members. The Union's approach thus revealed the limits of a claim to broad social movement alliances. While longtime members were self-conscious activists and participated in various political alliances, other members had little access to the alliances in which the Union leadership sought to position itself.

The Union's collective identity of transgressive femininity was also difficult to sustain. The links the Union leaders made between sex work and labor and sexuality suggest a more flexible rendering of gender identity and sex work that was often threatening to new members of the organization. In 2013, the Union elected a transgender president, but transgender members of the Union generally knew little about the Union and its activities, and at times reacted with hostility when the Union's collection of membership fees without "giving" anything in return came up. Cisgendered women members, too, complained about little contact with the Union, or confused it with other HIV prevention programs. In a context where multiple HIV prevention programs provided services to sex workers in Karnataka, the Union's more oppositional approach to HIV/AIDS policy was not always easy to communicate. Members thus felt disconnected from the Union's emphasis on broadly defined rights, and wondered why the medical services, condoms, and meals provided at HIV prevention CBOs were unavailable through the Union. In this context, the Union appeared to be yet another in a long line of organizations competing for sex workers' attention. "I don't want to join a CBO and I don't want the Union…. I don't want anyone," declared Bhavani, a female sex worker and Union member in a town outside Bangalore. From her perspective, sex worker organizations were indistinguishable from one another, and none offered to

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improve her life beyond collecting information about her sexual behavior. She wanted nothing to do with any organization claiming to work for sex workers, and felt disconnected from the Union's oppositional politics.

Conclusion

The image of the clapping *hijra* played a key role in both the Union's and the Women's Collective's understandings of themselves. For the leaders of the Women's Collective, the *hijra* panhandling by clapping at people in the section represented everything it disliked: open gender and sexual transgression, demanding financial support from others, and being visible in public space. By contrast, for the Union, clapping represented unity across sexual difference, an audible demand for the government to hear, and open claiming of transgressive sexual identity. These accounts of clapping highlight each organization's gendered collective identity, which formed as each organization sought to interpret the social and material conditions of sex work in a way that aligned with a chosen set of social movement alliances.

The sex workers and NGO staff involved in the Women's Collective and the Union had distinct theories of advocacy and how it may or may not fit into the political context of Bangalore. The Women's Collective sought a strategy of women's empowerment without feminist content that would attract donor funding and large numbers of members without challenging local gender norms. The Women's Collective's ideology of respectability and self-reliance was well suited to an era of receding state attention and health care privatization. Its underlying commitment to market-based approaches to health made it dominant in Bangalore's HIV/AIDS establishment and allowed it to expand and critique HIV/AIDS policies from the inside, through "program advocacy" that argued for the effectiveness of its approach to "women's empowerment" and insisted on social entrepreneurship approaches to organizational development.

The Union sought an alternative approach to sex worker advocacy, despite the limitations of the Bangalore political context and the dominant HIV/AIDS establishment in the city. In many ways, its members saw themselves as providing a direct response to hierarchical organizations like the Women's Collective. Faced with the dispersed nature of Bangalore sex work, the Union laid claim to a transgressive feminine collective identity that actively sought out alliances that would position it as a left social movement organization. With the state as a central target, and in response to the dominance of corporate approaches to sex worker mobilization in Bangalore, such coalition politics presented the only platform to mount a significant claim to citizenship and social welfare. Many of the Union's challenges stemmed from its relative marginality in the NGO context of Bangalore in general and the HIV/AIDS sector in particular. On principle, it did not seek funding from HIV/AIDS donors directly or carry out public health projects, but collaboration with HIV/AIDS funders was one of few sources of support available to a group of marginalized and dispersed workers. More generally, the Union's organizational challenges stemmed from tensions within its articulation of its collective identity—leaders insisted sex work was like any other work and sex workers like other marginalized poor women, but that transgressive femininity and open celebration of sex worker identity was the best way to achieve worker status.

This chapter has shown that gendered collective identities take form relationally, as groups interpret their specific social and material conditions and build social movement alliances. The process was an interactional one, as collective identity formed through the process of struggle, but it also resulted from specific interpretations of the social and material conditions of sex work and choices about the kinds of alliances to seek out. The Women's Collective ultimately developed a

gendered collective identity of respectable femininity, embodied by mothers wronged by circumstances but now seeking restitution through entrepreneurialism, without public identification as sex workers. By contrast, the Union developed a gendered collective identity as members of a stigmatized group of laborers deprived of citizenship, and sought broad social movement alliances on philosophical groups, even if they did not always seem immediately forthcoming or supportive. This gendered collective identity prevented the Union from attracting members to the extent that the Women's Collective was able to do, and in the story of Bangalore that would be exported around the world, it was the Women's Collective's approach that was dominant. But to read this traveling "model" as indicating the viral nature of neoliberalism, as some scholars might do, misses the fact that an organization like the Union also formed in indirect response to the HIV/AIDS epidemic, and also participated in the politics of HIV/AIDS in Bangalore. As the next chapter will show, sex workers within the Union developed a particular consciousness that would continue to play a role in the politics of sex work in Bangalore even after HIV/AIDS programs began to wither away.

Chapter 5
Is Sex Work Sex or is Sex Work Work?
Male, Female, and Transgender Sex Workers and the Formation of Collective Identity in the Sex
Worker Union

"My body!" shouted Shanti, a charismatic transgender woman with a bright smile, her fist in the air as she energized a small crowd of other transgender people, women, and men on the steps of Bangalore's Town Hall. Town Hall sits at a major traffic intersection. Aside from the scattering of reporters and a clump of police officers ogling the group nearby, the rally seemed oddly isolated from the busy tangle of cars, rickshaws, and buses around us, both exposed and invisible at the same time—just like many sex workers in their day-to-day lives. The rally had been hurriedly called in response to a new Central government's ordinance that sought to appease public opinion in the aftermath of the notorious 2012 Delhi gang rape by addressing gender-based violence, in the process tightening the legal definition of sex work as sexual crime. The protestors felt that the ordinance put sex workers in further danger of police violence. "*Our* rights!" shouted Sitamma, a cisgender woman and sex worker, standing next to me and laughing, in an inversion of the usual "My body, my right" slogan.[57]

What was most surprising about the protest was the relationship between Shanti, the English-speaking transgender woman with the microphone, and the cisgender women sex workers, like Sita, on the steps watching her. While Shanti and many of the transgendered women were a boisterous and visible presence at the protest, the cisgender women sat on the steps of Town Hall with the signs printed for the protest—"Sex work is not exploitation" and "Sex work is dignified work"—strategically covering their faces so they could not be seen. I had noticed this dynamic before at prior protests—the first time I attended a protest, a few weeks after I had begun doing fieldwork, people had asked me if I wanted to cover my face with the protest sign I was holding. When the media arrived, they mainly spoke to Shanti and a few vocal transgender women. Shanti called Sita and Sarita, two cisgender women from the Union, to speak. "Female sex workers should talk!" Shanti said. "Tell us what to say first!" said Sita, reluctantly, looking uncomfortable. I had seen Sita speak with the media before, but it was clear that the task provoked some uncertainty and required some preparation. Sita had not told her family that she did sex work, and it was important to her that she not be identified as a sex worker as she went about her day-to-day life, at least, she had told me, until her children were grown up and married.

The slogan "my body, my rights" evokes an international sex worker movement in which sex work is celebrated as a sexual and economic right, part of an individualized sexual identity rooted in the right to make choices about one's own body (e.g. Chapkis 1997; Delacoste and Alexander 1998; E. Bernstein 2007). In contrast, almost none of the sex workers I interviewed experienced sex work as part of an individualized identity or bodily choice. Members varied widely in their interpretation of their lives and work as sex workers, however, and transgender women like Shanti were often more comfortable with open expressions of identity and open discussions of sex work than cisgender women or men were. In this chapter, I argue that the distinct social and material conditions of sex work for men, women, and transgender women in sex work position them differently in relation to sex worker activism. For transgender women like Shanti, though sex work was a secondary and sometimes problematic aspect of life as a transgender person, public visibility made speaking openly about sex work relatively more accessible. For cisgender women like Sita, sex

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[57] Shanti used a Kannada translation of the slogan—*nanna deha, nanna hakku.*

work was secondary to life as an informal worker struggling to make ends meet, but the fact that sex work was less publicly visible meant speaking openly about sex work was a more difficult practice to cultivate. For cisgender men, sex work was secondary to a sexual preference for other men, and both sex work and that sexual preference were often secret in public space. It was only through participation in the shared context of HIV/AIDS programs that these three disparate groups found a basis for unity, and developed shared interpretations of their material and social conditions, but the differences between the groups left the coalition, at times, precarious.

In Chapter 4, I argued that sex worker groups formed collective identities as they linked their social and material conditions to distinct sets of social movement alliances. In this chapter, I further develop this argument by focusing on one organization, the Union, and comparing distinct groups among its members—men, women, and transgender women—to show how members of each group "became" sex workers as they participated in organizational work. In doing so, this chapter builds on the literature on collective identity in social movements by proposing a mutually constitutive relationship between sex workers' everyday lives and the formation of an activist collective identity as sex workers. In particular, I show how men, women, and transgender women differed along two dimensions: their experiences of sex work on the one hand, and their public visibility as sex workers on the other hand. For transgender women and cisgender women, sex work was part of a livelihood strategy among other livelihood strategies, not an individualized choice or preference. However, transgender women, because they were more visible and identifiable as transgender in public spaces, were more comfortable participating openly in activism around sex work than cisgender women. Meanwhile, cisgender men often did see sex work as an extension of their sexual lives, rather than solely a livelihood strategy, but were often least identifiable as sex workers in public space, and least comfortable identifying collectively as sex workers. These two dimensions provide an analytic that places sex workers' conditions and experiences of sex work in relation to their external classification as sex workers. Taken together, they highlight the points of disjuncture and of solidarity among sex workers in the Union. Notably, none of the members of the Union were both publicly visible and participated in sex work as an extension of a sexual preference or choice—conditions that could be thought of as the basis for middle-class sex worker activism in North America and Europe (E. Bernstein 2007)

Table 9. Public Visibility and Experiences of Sex Work Among Union Members

	High public visibility	Low public visibility
Sex work as part of a livelihood strategy	Transgender women	Women
Sex work as part of a sexual preference		Men

The literature on collective identity tends to emphasize the organizational processes within movements over social and material conditions in analyzing collective identity. "New social movements" scholarship, in a break from an earlier tradition of scholarship on class-based movements, argued that movements were the result of an active organizational process, and that collective identity was the product of struggle rather than the other way around. For Melucci (1985, 792), this emphasis on organizational process was also a way to mediate between Marxist and functionalist approaches: "movements are social constructions. Rather than a consequence of crises or dysfunctions, rather than an expression of beliefs, collective action is 'built' by an organizational

investment" (Melucci 1985, 792). Over time, with some exceptions (e.g. Valocchi 1999), the literature on collective identity increasingly downplayed the structural locations of those who became activists, focusing on, for example, how identity was formed (Taylor and Whittier 1992; Rupp and Taylor 1999; Armstrong 2002; Moon 2012) or how it was deployed once formed (W. A. Gamson 1991; M. Bernstein 1997; M. Bernstein 2005). Identities could be externally imposed or fluidly constructed (Brubaker and Cooper 2000, M. Bernstein 2005) but the experiences and conditions from which they emerged played a less prominent role. In this chapter, I show how experiences of sex work, in relation to public visibility, condition activists' relationship to a "sex worker" collective identity, which then takes more concrete form through a process of solidarity formation across groups within an organization. This chapter draws on my 50 in-depth interviews with members of the Union. Table 10 shows background data on my interviewees.

Table 10. Background Data on Women, Men, and Transgender Women at the Union[58]

	Women	Men	Transgender
Total Interviews	21	14	15
Total Members[59]	828	383	216
Relationships[60]			
Single	19%	36%	53%
Partner	48%	36%	47%
Married	24%	29%	0%
Multiple Relationships	10%	0%	0%
Average Number of Children[61]	2.2	0.3	0.1
Average Age	34.6	33.8	28.4
Organizational Role[62]			
Member	62%	29%	53%
Staff	24%	64%	33%
Leader	14%	7%	13%

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[58] All percentages are percentages of those who responded to the question. As I collected background information as part of my in-depth interviews, there was little non-response.
[59] These data are taken from the Union's own reported membership figures at the time of my fieldwork.
[60] Relationships and marital status were often complex among these groups. I separated relationship status from status as ever married in order to highlight the high proportion of members who had been married at some point in their lives, regardless of their current intimate relationships. For men, "married" refers to being married to women. Same-sex marriage was not an option for my interviewees.
[61] Some transgender women reported having adopted children, but none had biological children of their own.
[62] Staff included all those paid for their time at the organization: peer educators, supervisors, and office support staff. Elected leaders were also sometimes employed as staff concurrently.

Educational Background[63]			
None	48%	14%	0%
Primary	33%	21%	27%
Lower Secondary	10%	14%	47%
Higher Secondary	10%	21%	13%
College/Diploma	0%	29%	13%
Religious Background			
Hindu	95%	79%	100%
Muslim	5%	14%	0%
Christian	0%	7%	0%
Caste[64]			
% Dalit	55%	45%	20%
Current Sex Work			
Doing Sex Work	62%	29%	53%
Occasionally Doing Sex Work	19%	7%	7%
Not Doing Sex Work	19%	64%	40%
Monthly Earnings[65]			
Average Monthly Income (NGO) (INR)	1,519	3,150	2,933
Average Monthly Income (Sex Work) (INR)	3,274	3,936	5,711
Average Monthly Income (Other) (INR)	479	2,971	2,500
Comfortable Identifying as Sex Worker[66]			
Yes	38%	21%	40%
Sometimes	48%	29%	20%
No	14%	50%	40%

In terms of their relationships, men and women in the Union resembled each other in that about a

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[63] Primary comprised anywhere up to class 8, lower secondary comprised class 9-10, and higher secondary 1st and 2nd years of pre-university studies. I did not distinguish between those who had failed final exams.

[64] My data for caste is the most incomplete, as the question was added later in my data collection. I have data on caste for 72% of Hindu respondents.

[65] Organizational salary includes salary for any HIV/AIDS organization at which a respondent worked (for example, some Union members worked at other NGOs.)

[66] Those responding "sometimes" said they identify as sex workers only in NGO office settings or when asked directly. Many transgender and men respondents responding "sometimes" said they would say they were a sex worker if asked, but they preferred to identify as transgender, transsexual, hijra, kothi, or bisexual rather than identifying with sex work.

quarter were married and the majority were in some kind of relationship; transgender women, by contrast, had all never been married and were either single or involved in long-term partnerships. Men and transgender women had higher educational levels than women members of the Union, and a larger proportion of women members were Dalits. Transgender women reported the highest earnings from sex work, a difference I attribute less to differences in price than in the volume of clients transgender women took on, often much higher than their women and men counterparts. Women were most likely to say they were currently doing sex work, but transgender women were the most likely to be comfortable saying they did sex work in public. Men were least likely to either be doing sex work or to identify as sex workers.

In the next section, I discuss the two dimensions of social and material conditions I detailed above—experiences of sex work (as livelihood or as sexual preference) and public visibility (high or low) among women, men, and transgender women in sex work, and show how these dynamics positioned each group differently in relation to the collective identity of the "sex worker."

"I do sex work for my children": Women and sex work as livelihood, with low public visibility

Among my women interviewees, sex work was not an identity in itself to be celebrated or reclaimed. Sex work was worthy of pride not as a form of sexual expression, but as just another source of livelihood available to women, pursued out of a combination of choice and obligation. The leaders of the union often spoke passionately about their desire for their children to find a path other than sex work. Lata described an encounter with a special inspector in Hubli, a city in northern Karnataka, where she had gone to issue a complaint on behalf of a union member:

> "Over there in Hubli, the police are all a certain way, chewing paan, their teeth all rotting. They look disgusting, seriously. If you looked at them you'd be scared. That's how they are….you know how they show them in the movies?...Then [the police officer] said, you know how you say you're a sex worker?.... why do you have to do this? Why can't you do something else? And I said yes, sir. What you've said is true. I don't have to do this. I can do something else. Yes. I'd agree to what you said. But why, sir, do you do the work of a special inspector? You could be a police constable, couldn't you? Well, you shouldn't talk like that. You might be angry if I say that about your job, so the same way wouldn't I be angry if you say that about mine? Now you go forward in your career, and I go forward in mine. But why do you have to stand in that place? Well, why, sir, do you have to sit in this room? Why don't you go sit in a different room?"

In responding to the special inspector's question—a question frequently posed to women in sex work to cast doubt on their moral purity—Lata pointed to the structural limitations on choice. Just as the special inspector could not simply choose a promotion, a sex worker could not simply choose a different profession. Lata did not celebrate or romanticize sex work. The crux of her argument lay in de-exceptionalizing sex work as one path available to poor working women.

This relationship to sex work as "work" reflected women's paths in and out of sex work and other informal work. Almost all the women sex workers I interviewed had worked in other informal sector jobs prior to and sometimes alongside sex work (Sahni and Shankar 2013). Unlike men and transgender sex workers, women sex workers most often came upon sex work through other jobs. Introductions to sex work took place through friends at garment factory jobs or demands for sexual payment at construction sites. Working and sexual relationships were often interconnected, with

women moving out of jobs and into partnerships with men who promised to care for them, and then back into the workforce when those men disappeared. For example, Soundarya lived with an abusive uncle for whom she worked in the fields. Eventually, her uncle raped her and she became pregnant. After an abortion, her parents sent her to work in a garment factory to avoid getting "ruined" further. At the garment factory, a friend introduced her to sex work. Eventually, she met a man who offered to financially support her, and she lived with him while continuing to do occasional sex work for additional income. Importantly, sex in these various relationships was never separate from questions of livelihood and work.

For Nalinamma, a 48-year-old former sex worker, sex work provided a more convenient, less taxing, and better paying option than others available to her. Nalinamma had married into a family with a family business of selling secondhand cars. For years she did not do sex work, but then family financial troubles led her back:

> "Finally, [the family] became very poor. [Business] became very dull. There wasn't even enough for food. I was always thinking about this at home. They weren't sending me to a job….At home there was no rice, no lentils, nothing….One day, I asked my husband. I'll go find a job. [He asked] [w]here will you get a job? Who will give you a job in Bangalore? My sisters-in-law and I used to go house to house and sell soap. No one used to buy it. They'd close the door. They wouldn't even come to the gate. Even if we circled the whole city we wouldn't even get 30 rupees…. I told her finally, I won't come….I said you go, you do it, I'm not coming. My legs hurt. I won't go. And finally, I had done it before at the lodge, and I knew, right?...I went courageously….I did sex and I used to bring home food for every one of them. My husband asked, where did this money come from; where did you get it? I said don't ask where it came from or how it came! Eat. After you eat, ask me one day, and I'll tell you."

For women Union members, then, sex work appeared as "work" because it was irregular, pursued in combination or relation to other forms of work, and chosen as the best of available options, not a sexual preference or identity category. Like most of the sex workers in Bangalore, my interviewees were largely street-based sex workers who had gradually moved into phone-based sex work with a more select group of clients after they had built a financial base, and in many cases, had a steady, if small, base income from NGO or CBO work. Sex work could be seasonal or flexible depending on the ebb and flow of income from other informal work, presence or absence or partner or other family support, medical expenses, and children's needs. Lekha, a 28-year-old sex worker and peer educator, described her patterns of work:

> "I've worked in other places, I've worked in garments, and now while working at [the CBO], I tie flowers. While doing sex….If I get clients (*girakhigalu*), I do sex, and if I don't get clients, I tie flowers and do work at [the CBO]….And if I'm not feeling well I don't tie flowers."

Such accounts were common, and made it difficult to, for example, calculate an average monthly income from sex work, or identify a main source of income. Instead, my questions about income resulted in complicated explanations of how sex work could increase or decrease depending on need, season, health condition, and a host of other factors.

For some of my interviewees, pursuing sex work was an unappealing option, chosen because of dire circumstances. Narratives of the failure of patriarchal families to provide for them were

common. Vijayamma, a 42-year-old sex worker, spoke in tears about her daughter, who was now struggling to pay for her children's education. She had done sex work to feed her daughter, she said, without ever telling her what she was doing, and now it seemed especially painful to see her suffering. She related her daughter's troubles to a generational cycle of poverty and marginalization. Rich people, she said, had education and family support, but people like her had no husband or in-laws to take care of them. "The reason for all this is poverty," she said.

> "If our parents had made sure we studied back then, we would have been able to get some job. But they've made it so we don't have anything for a livelihood, even for food. They've raised us with a lot of difficulty. But when women face difficulty, what path is there? If you take that life [of not doing sex work] you only get half [of what you need]. And if you do this [sex work], people say it's bad. How are you supposed to live?"

This narrative did not necessarily imply the indignity of sex work. Instead, sexual labor was dignified precisely because it was undertaken out of obligation, like any other working-class job. As Vijayamma insisted, "For people in the profession (*vritti*) there is no value. But we absolutely have to do it." For these women, it was unthinkable to describe sex work as pursued for intimacy or individual choice—just as it was unthinkable to describe any work that way.

The logical extension of accounts of choosing sex work as the best of limited livelihood options was a patriarchal narrative: women could not enjoy sex, and those who chose sex work without legitimate need were morally impure and unworthy of sympathy. In this context, the notion that women in sex work do sex work "for their children" and "for their stomachs" was a common refrain from sex workers. The narrative of the hardworking, wronged mother with no husband to care for her sat well with the paternalistic impulses of men in power--and, no doubt, clients and partners too. In practice, my interviewees did talk about enjoying relationships with clients and enjoying sex, or of romantic relationships with clients. However, they did not describe their choice of sex work as driven by these pleasures and "friendships"—sex work remained a path for women pursuing a livelihood, most often to support a family.

Because most women sex workers in the Union were or had been married, and had children, sex work was a livelihood strategy they pursued in secret—working out of bus stands, lodges or "houses" away from their neighborhoods and children. Except for elite sex workers who stood on the main streets in the expensive Cantonment area of the city, most sex workers, even when they were working, were not easily identifiable in public space except to those familiar with the sex market. Women often told me with pride that they could not be recognized as sex workers in public, that they looked like "family" women. The Union defended this right of sex workers to remain unidentifiable as they went about their day-to-day lives, and to separate their work as sex workers from their home and family lives. I first met with Lata, then the secretary of the union, at a conference in Kolkata, she told me about how she would hate to live in a red-light district like the one there. "we're doing the same as everyone else who's making a living….they shouldn't make it known that all these people are sex workers and stick them in one place." Indeed, being identified as a sex worker by police could lead to constant harassment, even when women were not engaged in soliciting.

Most of the leaders of the Union, who spoke passionately and articulately in public about their experiences in sex work, had not told their children or families about how they earned money. Some said they hoped to reveal themselves publicly once their children were grown up, and revelations about their sex work could no longer damage their marriage prospects. For less active

members of the Union, identifying as a sex worker was even more unappealing. 48% of my twenty-one women interviewees in the Union chose to discuss their sex work only selectively, and 14% chose not to identify as sex workers at all. In part, this maintenance of low visibility was the necessary consequence of doing sex work in a context in which any doubts cast on a woman's sexual purity can result in violence and exclusion. In addition, sex workers' low visibility had its roots in their own interpretation of the conditions under which they lived and worked. Most sex workers identified broadly with poor, wronged, stigmatized women, especially those stigmatized because they had broken with patriarchal norms. In this sense, the Union provided the platform for a broader critique of patriarchy and its relationship to patterns of poverty. In short, rather than expecting to celebrate sex work as such, women longed for it to be de-exceptionalized, so that they might make common cause with poor women at large—all of whom experienced some relationship between work and sex. Sita, a 28-year-old union staff member, suggested,

> "After we came to sex work, now, wherever we stand, wherever it is, whether you have a friend or someone with you, whether your father is with you, or whether your older or younger brother is with you, they will always assume it's a client (*girakhi*) in public. Because you're in the profession (*vritti*)….that's just the kind of person you are. Whether you're going to a friend's house, wherever it is, even if you're going to a temple, they will always talk about how you're going for this profession."

Sita's hope was not necessarily to reject her sex work as degrading and immoral. Rather, she hoped to be free of norms that defined her solely in terms of sex work. Sita hoped that sex work could remain only one part of her identity—the work she did, rather than the person she was. Her sex worker activism was only one dimension of her political self—she was also a Dalit activist and a general support to poor women in her neighborhood. For women in sex work, then, low public visibility was part of a vision of a meaningful and complete life, and, given the structure of sex work in Bangalore, it was relatively achievable, and made it difficult to adopt the collective identity of the "sex worker."

"I didn't want to take cash": Men and sex work as sexual preference, with low public visibility

During my fieldwork, I often encountered stereotypes about men in sex work as distinct from women because of their sexual promiscuity.[67] Women, the narrative went, "do sex" to feed their children; men "do sex" for pleasure. The epidemiological classification of "men who have sex with men" ignored any distinction between men who "did sex" for money and those who did not; what mattered was that they "did sex" with men at all.[68] As this section will show, while these stereotypes masked the complexity of sexual pleasure and livelihood for men in sex work, the symbolic currency

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[67] The category of the "male sex worker" is internally differentiated, partly because of an entanglement of biomedical classification and shifting local alignments of sexuality and gender identity that has produced a proliferation of new terms and categorizations (Cohen 2005; Boyce 2007). I base this section on accounts from interviewees who described themselves as doubledecker, gay, and kothi[67], respectively.

[68] I always heard this formulation the same way: with the noun "sex" in English, and the verb "to do" in Kannada (sex *maadodhu*).

of intimacy and pleasure was indeed far more common (and more available) to men than to either of the other categories of interview subjects. Indeed, unlike cisgender women and transgender women in sex work I interviewed, men even positioned the exchange of money as something that undermined the enjoyment of sex with multiple male partners, rendering it mundane rather than pleasurable.

Several of my interviewees identified with the characterization common to public health stereotype, saying they only "did sex" but not sex *work*. A 42-year-old NGO worker and member of the sex worker union, Gitesh was married with two children, and described himself as a "doubledecker," someone who was "on both sides at the same time." He had a long-term male partner of twenty years, but saw himself as fully engaged in his extended family life with his wife and children. Describing his experiences in the union, Gitesh described his relationship to sex as entirely distinct from that of women in sex work: "They come for money," he explained. "We come only for happiness (*sukha*)." Thus, when Gitesh described sexual encounters in which he was paid, the money seemed secondary to the encounter, which he pursued out of preference:

> "I didn't want to take cash. I didn't have a reason to do sex for money. For them [partners], they get a kind of happiness (*sukha*), and for me, I get a kind of peace of mind (*nemmadi)*, so why should I ask for money? I had the idea that [if I did] I'd become cheap.…even now, I feel shy about asking for money. I don't ask. If they want, they might buy me food, or if I like, I can also buy them food. But the one thing is, if we're going to drink, I don't give money. They have to pay for it. That costs a lot of money…If they didn't, I wouldn't ask. If they said they'd pay, I'd ask for that [alcohol]. But for money at least, I didn't ask. If they gave money on their own, I'd take it. If they on their own felt satisfied and said, here, take, 100 rupees for your expenses, I'd accept it. I wouldn't ask on my own."

Here, Gitesh revealed a complex interplay between sex and payment. Food, an essential need, may or not be provided; alcohol, more of a luxury, must be. Sex was initially pursued for pleasure; money was an additional benefit, but to ask for it might make him "cheap."

Puneet, a 23-year-old man with somewhat flashier sensibilities, was the son of a vegetable seller and a security guard, and now supported his family with Rs. 5,000 ($74) a month from sex work, even paying partly for his sisters' wedding ceremonies. Sex work held an emotional and recreational value for him as well as earning him an income. It also had not involved a dramatic shift in sexual practices from previous unpaid sex. He began sex work when a friend suggested that rather than "going for free," he should "take money":

> "I don't say I'm a sex worker first. First, I say I'm gay. Then we chat, and then I say I charge for sex. Then they ask how much, what's the deal, and I say I charge this much, and I do massage. *[But in your mind do you think of yourself as a sex worker?]* In my mind yes, I'm a sex worker."

As for Gitesh, Puneet's interactions with sexual partners occurred initially in the context of setting up a sexual relationship, not a monetary exchange. Puneet simply made the money element much more central. He commanded high prices compared to Gitesh's occasional Rs. 50 or 100 ($0.80 or $1.59), and made around Rs. 30,000 a month ($478) from sex work, a comfortable salary that

allowed him to cover his monthly expenses with plenty to spare.[69] Both identified sex as both a source of pleasure and money, and the lines between sex for pleasure and for money seemed, to some extent, contingent. For Puneet, the entire experience of sex work was a source of pleasure, giving him the ability to support his family, dress well, travel, and feel valued and successful.

       For men in sex work who did pursue sex work as a livelihood option rather than as an occasional practice secondary to normal sexual practice, doing sex work was a source of potential shame. Nagaraj, a 34-year-old who described himself as a kothi, identified strongly as a sex worker, but he spoke of his sex work as mainly a matter of need. His father, a police officer, sent him to live with an abusive uncle for his early schooling. He dropped out of school after 4th grade. Beginning with his early sexual relationships, money was a prominent element.

> "When I was just wearing shorts [at a young age]…I can't even explain it, I was in so much difficulty…..If I delivered a bin of water they'd give me one rupee. Then, in '84, when Indira Gandhi died, right?...For a bin of water, crossing a road and carrying 10 bins of water I'd earn 10 rupees….I was in 4th class then…. Then society didn't help me even when I was in so much difficulty. If I went to a hotel for a little bit of food, a chapati cost 1 rupee 25 paise. But if I couldn't pay, I'd do sex with him. I've done sex and eaten a chapati."

Later in life, Nagaraj had encountered spaces in Bangalore where sexual partners meet. His first formal paid sexual encounter earned him Rs. 100, which he described as "very costly" at the time. "When he gave [the money]," he said, "I felt I should continue. I wanted to become a sex worker." In addition to sex work, though, Nagaraj was constantly combining strategies to make ends meet. At the time I interviewed him, he was working as an AIDS outreach worker, doing whatever sex work he could manage; working as a broker for other sex workers, taking a commission for connecting them with clients; making snacks to sell; selling vegetables; and selling specialty items at festival time. He lived with his sister's family and his own wife and son. "You might feel bad that I have a son and I'm doing sex work," he said, "but I'm earning only for him." His only hopes, he said, were to buy his son a bicycle and a laptop. His sex work was, then, part of his effort to support his son, but he was much less comfortable discussing it than he was talking about his relationships with men in general.

       While Nagaraj described most of his sexual encounters as mainly for money, he made clear that his paid relationships were less valuable to him than his romantic relationships with other men. "What they wanted was sex; what I wanted was the amount [of money]," he said of his encounters with gay men in the "hi-fi" clubs on M.G. Road, but he drew a sharp distinction between his customers and his romantic partners, and romanticized his "feminine" capacity for love.

> "I cook everything; I do all the housework. Usually kothis do that; doubledeckers don't do it. From cleaning the clothes, to cooking, the people who do it are mostly kothis….what

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[69] Prices for sexual encounters, at least as told to me by sex workers, varied widely. Puneet was young, tall, good-looking, stylishly dressed, and used the Internet to pick up clients; Gitesh was older, married with a child, dressed in working-class clothing, and HIV positive. In general, negotiations over price depended on the service performed, the time of day or night, the sex worker's evaluation of the client's ability to pay, and the sex worker herself (her age, appearance, complexion, clothing, language ability, etc.). I did not collect systematic data on prices per sexual encounter, but focused on sex workers' overall monthly income from sex work.

doubledeckers do is, fuck and forget [he used the English phrase]. They do sex, and leave, that's a doubledecker's work. Kothis can't. They get involved. They have the feeling that he's my husband…That is kothi…I kept a panthi [male non-kothi partner] for 12 years."

Unlike the women I interviewed, he did not completely disavow sexual preference as a driving force in his pursuit of sex work. "It's not that I don't like it," he said, of clients who initially hired him for a "body massage" and then later ended up asking for sex. For Nagaraj, who had always struggled to make ends meet and had begun exchanging sex for basic economic survival at a young age, economic compulsion was an aspect of his sexual life he downplayed it when insisting on the sentimental purity of kothi love. For men, just as pursuing sex work out of preference was "unspeakable" for women, pursuing sex work for money was less comfortable, less "speakable," than pursuing it for love or pleasure.

Like women in sex work, men in sex work are not obviously visible and identifiable as sex workers in public. Visibility mainly related to possible "effeminate" body presentation, rather than their sex work, and many had strategies for making themselves visible or not visible, depending on the circumstance. Gitesh, for example, said that his family knew that he acted "like a woman," braiding his nieces' hair and talking in a womanly "style." He described his relatively more or less "feminine" mannerisms in different settings—with other kothis, when walking down the street. Yet sex work was the ultimate taboo subject, mainly because of his children:

> "As a family man…I can say it here, I'm a sex worker, and I do sex, but can I talk to the media? I can't. There's no way I can talk to the media; I can't now, and I can't in the future either. I can only talk after my children have grown up."

Nagaraj, too, was comfortable talking in an office setting about being a sex worker, but he preferred not to identify himself as such in public. His family was aware of his work with transgender people, but knew nothing of his sex work:

> "Transgenders have come and talked to my sister, have talked to my family….But in my house they don't know I'm a sex worker….I don't tell….even if I did construction work or coolie work, they'd expect it. If I say I'm a sex worker and I go to do sex--No one will agree! You can't put up a sign that says you're sex worker."

Men participated in a sexual economy in which pleasure and money were deeply intertwined. Nagaraj's description of the difference between kothis and panthis hints that this sexual economy was distinctly masculine, and separate from a world of steady romantic partners, whether men or women. It was associated with public places—public toilets at City Market, the park, the bus stand, hotels—separate from home, where Gitesh braided his nieces' hair and Nagaraj did all the housework.   As for women in sex work, sex work was something that had little public visibility for men, and if they did pursue it, it was the source of considerable shame, even if they were comfortable speaking about their sexual preference for other women. As for women, this low public visibility made it challenging for men in sex work to take on the collective identity of the "sex worker."

"Hijras have to do sex": The hijra system and group obligation, with high public visibility

For transgender women, the relationship to sex work was, as for women, one of familial obligation, but within a different kind of family—the hijra kinship network. Within the hijra system[70], work takes place according to economic obligations within a *guru-chela* (teacher-disciple) system, organized into seven larger *gharanas* or houses.[71] The family system, in addition to providing protection for hijras who are often vulnerable to harassment and abuse, also serves as an economic system that supports older hijras. Usha, a 32-year-old counselor at an NGO project who had left the hijra community, put it this way:

> "Seniors age. In our [hijra] culture, they look at earnings. They need earnings. They have to earn from people like us. If they let us live independently, they feel insecure. So what they do is, they look at how to keep juniors like us in control."

To my interviewees, the hijra system was nearly co-extensive with sex work or begging, to the point that it was difficult to distinguish one from the other. The most common narrative of sex work I heard from my transgender interviewees was one of "feminine" feelings in childhood—including a desire to wear women's clothing and a desire to do "women's work," like cooking and cleaning—followed by joining the hijra system. There, a young hijra was expected to do housework at home and go out to either do sex work or beg for money at shops or traffic signals, handing over all earnings to her guru in return for support in arranging a castration operation. Malini, a 27-year-old hijra who was now living separately from her guru with a partner, described her initiation as follows:

> "[A]fter I came here [to Bangalore], I joined a group with people like me, and then for one or two years I was with them and begging, and doing sex work, and doing the work they said to do at home, washing the dishes, washing the clothes…and earning every day. [They said] every day if you bring 1,500 we'll have your operation done, and if you earn more we'll do even more. They gave me that hope. And I did that and gave them money, and now I've done this [surgery] and become like this."

For my interviewees, sex work was inseparable from becoming a "real" hijra as well as sustaining

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[70] For Usha, it was important to distinguish being part of "hijra culture" and being a transgender woman. To be hijra meant a particular mode of dressing, kinship system, and religious practice, as Reddy (2005) details, but others who were male-born and lived as women did not participate in this system. The lines between hijra, kothi, and transgender were somewhat porous. Among my interviewees, several "pant-shirt kothis,"[70] hoped to join the hijra system at some point in the future, or had previously been part of the system. Some left the hijra system to live with a male partner as a wife; this was perhaps the most coveted situation. NGOs working with sexual minorities offered income and an alternative support network, and thus another way out of the hijra system. Many NGO workers described themselves as transgender or transsexual, but said they no longer participated in "hijra culture." Most transgender women I met had at some point lived in the hijra *gharana* system, and, even if they now lived independently, still had some relation to it.

[71] Once hijras join the system, they usually undergo a castration operation, or *nirvan*. The hijra system has common throughout Indian cities since at least the 16th century. See Reddy (2005) and Nanda (1990) for more background on this group.

one's position in the hijra system after the operation.[72] Just as their childhood inclinations to femininity were tied up in the idea of doing "women's work," their adult gender transitions required specific "hijra work." When I asked Malini if she preferred the label sex worker to the label hijra, she highlighted the inextricability of work, sex, and gender identity: "It's all the same, right? Hijras have to do sex."

In this context of sex work as the necessary economic extension of hijra group membership—unless one chose to beg instead, which most of my interviewees, who had chosen to do sex work, saw as even more degrading and exhausting--transgender sex workers, like women sex workers, rarely spoke of their work as intertwined with pleasure. The word hijras often used to describe sex work was "phun," or fun, and hijras often espoused a demonstrative, exaggerated version of sexual desire in flirting with men or attracting customers. In my interviews, however, work emerged as a gendered obligation and constrained livelihood option. Vaishali, a 24-year-old transsexual woman who lived alone but with a guru nearby, spoke of sex work in terms remarkably similar to many of the women I interviewed:

> "You have to earn. Only if you earn you can survive. Then no one helps you. Then what happens?...You earn, and you earn, you have no other job….that's why they go into sex work. If you do sex work…you don't go for happiness, you go for money. You can't do anything else, right, so you go to sex work."

Importantly, this ambivalent relationship to sex work emerged *after* castration, not before. Usha described herself as "hot-blooded" before she had her operation; Vaishali said she hadn't known how difficult it would be to do sex work when she decided to undergo the operation. Lavanya, a 25-year-old transsexual woman who had left the hijra system after six years and now lived with her parents, said,

> "Now I've lost all the interest….Then before I had castration, I had a lot of interest in doing sex. I was always in the mood. But now, it doesn't agree with me at all. Just somehow, I have to pay rent, I have to eat, I have to work, that's it. Even if I do sex, I don't get that much satisfaction."

Lavanya thus related her prior, masculine self to a time when sex was pleasurable; now that she was a feminine sex worker, sex work was only work.

While transgender women resembled cisgender women I interviewed in pursuing sex work out of a feeling of obligation to their families, they differed from cisgender women in sex work in being highly visible in public space: they were visibly transgressive of gendered bodily norms and often stood in groups. Walking with transgender women in Bangalore, I often felt the stares from people around us to be palpable. In everyday life, transgender women sometimes leveraged this visibility to protect themselves. Scholars have written about hijra performances of hyper-sexuality, both a parody of conventional femininity and a way of shaming men (Reddy 2005; Nanda 1990). This included often public conversations about enjoying sex. Once Saraswati, a senior hijra with a raucous voice, who often dressed in shirts and *panches*, traditional men's clothing, but had dramatic

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[72] As my interviews were all members of a sex worker union, this observation cannot be generalized to all hijras, who do not all prefer to do sex work. My point is that for those who did enter sex work, sex work was experienced as an obligation within the hijra system.

feminine nose and ear piercings, was telling about the famous hijra festival at Koovaakam, from which she had just returned, and where sex work traditionally takes place as part of the ritual activities. Saraswati told me she was altogether unimpressed with the proceedings. The men there are no good, she said. After a second they just fall over. That's it? It's over? If you're going to make something taste good, you have to grind it properly. Right Gowri? Right? You have to grind it properly. A little chili, a little coriander, a little cumin, a little fenugreek. Otherwise it's no good! These guys, all they want to do is have sex. They just pull off their pants and they want to get started. Saraswati's account pointed to the continuing role for pleasure in her sexual encounters. Nevertheless, she described her doing sex work not as something she pursued primarily out of preference for the job, but as something she did because she was a hijra.

When it came to activism, the difference between transgender women and hijras and women in sex work was patent: the former were loud, boisterous, and recognizable, while the latter were at pains to look and dress like "family" women. Their bodily visibility gave hijras and transgender women a kind of freedom to redirect their abject social position into a public performance of subversion. Preethi, a 32-year-old transgender woman, explained, "The public is a little scared of us. If they see our voice, or if we clap our hands." Preethi had mastered the ability to speak demurely and softly and pass as female-born in women-only spaces, such as the front seats of buses, while switching to a more obviously hijra mode of behavior when necessary, such as when she wanted to drink in a bar where women rarely went, or when standing at the front of a protest march.

Despite Preethi's strategic use of this ambiguity, often romanticized in popular accounts of hijras, her enduring hope was to develop more "female character," to live long-term with a male partner, and to raise children. This hope coexisted contradictorily but comfortably with her less domestic activities. Preethi had not given up sex work, but as she had become what she called more "smooth," she had begun to approach sex work while maintaining a kind of aloof modesty. She told me proudly that she no longer wore deep-cut blouses or fell on men to convince them to become clients—she simply waited for them to come to her. She lived in a house slightly away from the neighborhood where many hijras lived, and often spent time with other housewives who lived in her block. While Preethi complained about the dangers of sex work but did not mind it generally, other hijras insisted that sex work was one of the most unwanted aspects of being hijra, and spoke fervently of their desire to leave sex work if only the opportunity arose.

Transgender sex workers' ambivalence about sex work was linked to their desire to be seen as fully female, and to leave behind the physical ambiguity of being a hijra. In this rendering, femaleness took on a decidedly middle-class, patriarchal character. Vaishali, for example, longed to be seen as a "normal" girl, unidentifiable as transgender. She was proud of her striking looks; in her living room she had displayed several professional headshots, and she had even secured a role as a dancer in a Kannada movie. Yet she complained that people ultimately saw her as a hijra. For her, sex work was linked to being a hijra, and being denied idealized feminine patriarchal protection:

> "However pretty you are, people don't agree [that you're a woman]….Look, even if they agree, what's the work you do? They say you're a whore (*sule*)…. They don't know why we come into it. If I was born as a girl and was at home, would my parents have let me [do this]? They would have found me a nice boy and got me married and he would have looked after everything, the good and the bad."

Interestingly, Vaishali's account bore striking resemblance to women sex workers' accounts of finding themselves in sex work because they lacked husbands or parents willing to care for them

(Ray and Qayum 2009). Indeed, finding "a nice boy" was a constant preoccupation with transgender women I met. The longed-for ideal often appeared as middle-class domestic femininity—staying home and being provided for by a protective man. In short, the public visibility of being transgender was a source of angst; it automatically associated one with the profession of sex work. This meant adopting the collective identity of a "sex worker" was less risky, but it remained unappealing: while many transgender women saw being transgender as a preference or a spiritual or biological inevitability, sex work was only an unfortunate corollary.

As the above sections show, for neither cisgender men, cisgender women, nor transgender women in sex work was sex work both publicly visible and a personal preference—and so, for each, adopting a collective identity as a sex worker threatened either the privacy (by making it publicly visible) or the sentimentality (by emphasizing its livelihood components) of sex work. Women sought to de-exceptionalize their labor, making common cause with other poor working women, while men felt more affinity with those with stigmatized sexualities, and transgender women felt most identified with other transgender women. These differences posed significant challenges to forging a shared "sex worker" identity within the Union.

Forming Collective Identity: Tensions and Shared Circumstances

The challenges of forging a collective identity as "sex workers" became most pronounced as sex workers began to share organizational spaces as they participated in HIV/AIDS programs. Their criticisms of one another reflected key differences in each group's relationship to sex work and to public visibility. For example, transgender women's idealization of middle-class domestic femininity meant an occasional wary attitude toward women in sex work. My transgender and hijra interviewees viewed women sex workers with a mix of envy and pity, and sometimes even moral censure. Sudha, a 28-year-old transgender woman, longed to be seen as a woman with a family life (*samsari*), and questioned the moral purity of women who choose sex work. "They could do something else, right? Now they are married, they have children, and they have a household life (*samsara*). They still come here. We don't have that." In her view, to be a hijra was to do sex work out of no other option; if she were a real woman, the safety of patriarchal family would protect her from such indignities. This analysis left women sex work morally suspect, incomplete women, unworthy of the ideal Sudha imagined for her own womanhood. It also made it difficult for her to identify publicly with sex work as a collective identity: her ideal was to stay "near the house," just like any other good *samsari* would.

Classed tensions also sometimes emerged between transgender women and kothis. Kothis who had chosen to marry women sometimes regarded hijras' lifestyle with discomfort. Once, at an HIV/AIDS drop-in center, an encounter between Akshay, who had a clear aversion to middle-class aspiration, and Shobana, a transgender woman who had big dreams to become an IAS officer, crystallized these gendered tensions around class. Shobana did not dress like other transgender women at the office. Rather than wearing sparkly salwar kameezes and saris and flashy jewelry, Shobana usually wore a T-shirt and jeans, like other middle-class Bangalore law students. She often spoke in English, which infuriated Akshay. Meanwhile, Akshay often complained about rich, English-speaking gay men he had met and their arrogance. Once, as Shobana and I sat drinking tea and talking, Akshay joined in, complimenting me on my earrings. The following is an edited excerpt from my fieldnotes:

> Akshay looks at Shobana. He says, I always tell her, if you could only wear some nice
> earrings and a bindi, you would look so nice. You're always saying people get confused

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about you. I ask Shobana what he means by "confused." Shobana explains: sometimes people don't know when I'm walking around if I'm male or female. If I dressed the way he says, in a sari, people would know. Shobana is wearing jeans and a T-shirt, no jewelry, no makeup, with her shoulder length hair loose. This is my choice, she says. I also don't wear those things, I say. At least you're wearing a bindi and earrings and a nose ring, he says. And I hope you don't mind my saying, but you would look even better if you wore bangles and toe rings! It's how a *bharatiya nari* [Indian woman] should look. It looks nice. If you're always saying you're female, you should dress like it! There are lots of ways to be a *bharatiya nari*, I say. Shobana agrees. This is also a way of being Indian, she says. But why do you have to dress like this? Akshay insists, now appealing to both of us…. Don't feel bad, says Shobana, after he leaves in a bit of a huff. He's just joking, I say. Shobana agrees, but adds, he's a little joking and a little serious. He comes back a little while later. You're always talking in English, or Tamil, he complains to Shobana. You're so haughty, he adds, switching to English. You…bastard! He says that in English too.

Shobana's aspirations for a kind of educated middle-class femininity came into conflict with Akshay's idea of a more domestic image of the working-class *bharatiya nari* with toe rings and bangles. To him, if Shobana were to become female, she must meet the standards of this more, as he saw it, Indian femininity. But Shobana's faith in her social mobility contrasted with Akshay's view that such benefits were inaccessible to people like him. Her desire for middle-class femininity irritated Akshay, for whom working-class masculinity was the only way to blend in.

My interviewees mentioned several ways in which they differed from one another over the course of defining their own relationship to sex and work. The transgender stereotype of the kothi was one of playful promiscuity, rather than enduring love and responsibility and obligatory sex work. Some kothis hoped to become transgenders, but others pitied their social marginalization and their limited livelihood options. Both saw women in sex work as a counterpoint to the kind of ideal femininity they themselves longed for, though they often supported them passionately in practice. Women, for the most part, admired kothis, transgenders, and hijras for their boldness in public space, even as they preferred their own ability to blend in and appear to be "family" women. These stereotypes had some basis in everyday dynamics of sex, intimacy, gender identity, and monetary exchange. For all three groups, pleasure and intimacy were intertwined with exchanges of money. The language of pleasure was far more available to my male interviewees, both because it aligned with a production of public masculine sexuality and because it defined the path by which many (though not all) male sex workers initially entered sex work. At the same time, the introduction of money into a sexual encounter threatened to debase it, reducing an idealized kothi love to an expression of bodily need. Meanwhile, at least at a superficial level, both female and transgender interviewees hoped to blend in to a middle-class, idealized feminine asexual archetype, even though, through their work, they often subverted norms of gender performance, the gendering of public spaces, and norms of sexuality and feminine work. For them, sex work helped them meet their obligations as wives, mothers, daughters, or *chelas*.

While these differentiations in social conditions along two dimensions—experiences of sex work and public visibility—meant transgender women, cisgender women, and cisgender men each faced distinct risks in identifying themselves collectively as sex workers, and felt wary about being identified with one another, HIV/AIDS programs shifted the context for forming a sex worker collective identity in important ways. For one thing, as Chapter 3 showed, HIV/AIDS programs constituted "at-risk groups" as "communities," and though female sex workers and men who have

sex with men were considered different "communities," their shared participation in HIV prevention nevertheless brought them into contact. HIV prevention work provided a "shop floor" in which these shared interests could be identified and articulated. Second, HIV/AIDS programs made cisgender men and women more visible in public debate, creating openings for sex workers to speak more openly about sex work. The Union actively fostered the identification of these shared conditions and members' willingness to talk about them publicly.

As sex workers participated in HIV/AIDS and later Union work, they identified several shared concerns. Whether male, female, or transgender, all three groups of sex workers saw themselves as marginalized because of the norm of the heterosexual, patriarchal family. Early on in my fieldwork, I was sitting with Lata at a civil society meeting at which members of the sex worker union and other affiliated sexual minority organizations were presenting an interactive play. The play focused on a kothi who was in love with another man but was forced into a marriage with a woman by an unrelenting family. The superficial similarities to the life of a woman sex worker were not obvious. Lata immediately saw a connection, however. From her perspective, the same set of norms that placed kothis in heterosexual marital relationships against their will also placed women like her under patriarchal control. Sita related oppression within the family to the public denigration of sexual "others":

> "[I]f they're kothi, hijra, transgender, they face problems…from their families and the public. People say he's a *koja*, *chakka*, all those kinds of names. They give them a lot of trouble. And they scold our women too with all this kind of talk, saying she's a *sule* and all that. They say all these wicked things to our women….we have the same problem, right? That's why we said we would invite everyone, and include everyone, and form the [union], and we'll work for everyone together."

Another point of alignment was the experience of sex work itself. While social stigma was often the most traumatic for my interviewees, when listing their most frequent problems, most began with the police. Police and gangs of "rowdies" beat up, arrested, demanded bribes from, and raped female, male and transgender sex workers alike. Stories of being raped by clients were less common, but appeared among all three groups. "Even if we're different, the job we do is the same," Preethi said. Hari described the common forms of violence sex workers faced:

> "And some of the problems were almost one, and in some there were differences….Female sex workers had children. Our people don't have children….but in sex work issues, violence, or [those kinds of] problems, when all that came up, it was mostly similar. When we discussed it, we said the work we are doing is respectable work, and we wanted it recognized as work…. So then we said OK, and we started the Karnataka Sex Workers Union."

For Hari, a space for discussion was crucial to identifying these shared challenges. For others, it was required to overcome mistrust between groups. Usha, a transgender woman herself, described her initial mistrust of (and rivalry with) cisgender women in sex work, and her subsequent realization, through NGO work, that the forms of abuse they faced were shared:

> "Before I couldn't stand women. Really! Because when I stood on the road, we used to shout at them, they used to shout at us, and you pick up our clients and we pick up your clients…In [the NGO] we all gained awareness that we all do the same work. We all face the

same problems. If the police take us, they take all of us, and if we get stuck with rowdies, we all got stuck. Since we're all facing the same kinds of problems, if we fight with the government, we all should do it together."

Notably, it was not actual workplace—in this case, the road where sex workers picked up clients—that fostered recognition of shared interests. In fact, standing on the street together seemed to nurture competition and rivalry. Further, a large percentage of women sex workers in Bangalore operate without standing in the street or other public places at all. Rather than the shared spaces of sex work, it was with within the context of the shared workplace of HIV/AIDS work that Usha came to recognize the commonalities in her experience with women in sex work. Home-based sex workers sometimes shared contacts and networks across groups, but usually had little way of meeting transgender or male sex workers other than through NGO work.

Not only did participating in HIV/AIDS programs give sex workers a shared space in which to identify common conditions; it also gave them a language with which to articulate commonalities. Many of my interviewees used the word "sex work" in English when speaking of sex worker political solidarity, even if in more casual conversation they used words like *dhandha* (business) or *vritti* (job) or even reclaimed words like *sule* (whore) and *sule-munde* (whore-widow). Malini described the first time she realized that the grand-sounding word "sex work" really just described what she already did every night:

> "Here these people speak English; they say I do sex, sex work. Actually when I first heard [the term] sex work, I had thought it must be some other job!....One time, wondering what job someone went for, when I went with him for sex work, [I realized that he goes to] Majestic and does whore work (*sule kelasa*)!.... I said, 'I did this too last night! Is this what sex work is?'"

Almost every person I interviewed had first heard the term "sex worker" at an HIV/AIDS NGO or CBO. HIV/AIDS programs, because they involved careful typologies and record-keeping, labeled sex workers as such the first time they entered the office. These categories became solidified in day-to-day practice, such that terms like "kothi" and "double-decker" were regularly used in meetings for introductions and claimed with great emotion. The Union, too, cultivated the ability to identify oneself as a sex work. At one meeting I attended, for example, each participant in the circle practiced introducing herself: "My name is _____, I am a sex worker, and I work for the Union." As I watched, the introduction became more smooth, the uncertainties about whether to say the name in Kannada or English settling into a pattern.

Within the Union and within HIV/AIDS programs more generally, openness about one's participation in sex work was valued and encouraged. Many of the members of the Union idolized Asavari, the founder of the Union, who had died of AIDS a few months before I began my fieldwork. Asavari had released her real name to the media and identified herself as a sex worker and HIV positive, a first in Karnataka, in 2007. Rather than celebrating the anniversary of her death, the Union celebrated the anniversary of her claiming her sex worker identity in public. At the first such gathering, her son came to the podium and gave a moving speech announcing that, after hearing all the speeches about Asavari, he was proud of his mother for the first time. Asavari was celebrated because she had spoken openly about being a sex worker, something most members recognized as a challenging prospect that invited not only marginalization and stigma but also the possibility of extreme physical and emotional violence.

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This entreaty to confess identity openly was a feature of HIV/AIDS programs in general (Nguyen 2010). In HIV/AIDS NGO meetings, members often introduced themselves one by one with a name and a carefully defined "identity" that drew on the categorizations from HIV/AIDS program intake forms. Lesbian groups in Bangalore were critical of the Union, for example, for ignoring transgender men and lesbians who had not been the subject of HIV prevention programming. Asavari herself had been a lesbian, fellow Union leaders told me, but in the NGO's media accounts her sex work and HIV positive status stood much more prominently, because it fit with HIV/AIDS program categorizations. This persistence of categories also meant activists were sometimes pressured to discuss their personal lives openly. Once, I attended a meeting of HIV/AIDS activists in Bangalore at which one of the participants, Suchitra, had chosen not to speak about being positive with her family. Shankar, an NGO worker at the meeting, urged, If after 13 years of being positive, you still don't tell your family, even though you're so healthy…what are you going to go tell anyone else? Suchitra shot back, And then my brother's daughter has to get married. Can't you tell them if you can tell everyone else? Shankar pushed. What do you want, your family, or this work? I want both! Suchitra insisted. The conversation wound around and came back to the same topic, until someone intervened. Don't talk about this, Shankar, she said. Let's change the topic. The tension was high in the room.

Yet while the confessional culture of HIV/AIDS programs pushed for sex workers to claim identity openly, it also gave sex workers a lens through which to make sense of their social and material conditions. Rather than an external classification haphazardly imposed on a messy reality, the term sex work came to take on its own content as sex workers engaged and reshaped it. The term developed in dynamic relation to the everyday practices of sex work, as NGOs engaged in HIV/AIDS programs and, later, as the Union engaged with other social movements and with the state. For individual members, sex work remained either an obligation or a secret, and yet the term "sex work" resonated, in many ways with their experiences of sex work as a form of livelihood or group occupation. NGOs provided the catalyst for this shared analysis of sex work that laid the groundwork for a provisional collective identity.

Conclusion

Perhaps the clearest sign I encountered that sex worker identity was not the most salient basis of solidarity for male, female, and transgender sex workers was my interviewees' difficulty in answering my "identity" question—"How do you prefer to identify yourself?" My question felt relatively simple in the context of a sex worker union where members were constantly introducing themselves, with almost mechanical regularity, according to some sexual identity category drawn from NGO parlance—female sex worker (FSW), man who has sex with men (MSM), kothi, doubledecker, male sex worker (MSW), hijra, transgender (TG). Yet most of my interviewees, at least initially, felt unable to describe their identity unless I described the *audience* for that identity. "Do you mean how do I introduce myself to clients?" some said uncertainly. "Do you mean how to I introduce myself in the office?" "Do you mean do I tell my family about it?" For most of my interviewees, identities were relational, emerging differently in different contexts. It was not a fixed identity for any of my interviewees—for cisgender women, it was part of being an informal worker and/or mother, for cisgender men, it was part of being a kothi or a gay man, and for transgender women, it was part of being a hijra. All three groups did sex work, but sex work was not a primary lens for their analysis of their conditions until they encountered it through organizational practice. Nevertheless, their distinct experiences of sex work and public visibility shaped their willingness to participate in Union

activities, and their willingness to work together, leading to ongoing divides within the Union.

In relation to the literature on collective identity, this chapter has examined the ways in which my interviewees experienced sex work—their experiences and motivations for doing sex work and their public visibility as sex workers—and shown how these experiences shaped their willingness to participate in Union activities. Each group related to sex work differently, but no group both saw sex work as a personal preference and was publicly visible, a category from which middle-class sex worker activism emerged in North America and Europe. This difference helps to underscore the differences between the activism of groups like the Union and the sex-positive feminist approach to sex worker activism that emerged in the 1970s in San Francisco. My interviewees articulated shared interests as victims of the heterosexual, patriarchal family, and addressed strategic shared concerns that based on shared experiences of work and shared experiences of marginalization. In short, the promise of sex worker union organizing lay not in its celebration of sex work, as materialist feminist scholars have noted, but in its potential to de-exceptionalize it within a broad framework of marginalization. As this chapter has shown, it was in many ways HIV/AIDS programs that made this articulation possible, but HIV/AIDS programs that traveled outside of Bangalore would not incorporate this process of struggle into the story of its "success." The next chapter shifts the focus back to traveling HIV/AIDS policies, following the codification and export of HIV/AIDS program approaches to Nairobi.

Chapter 6
Exporting "Best Practice":
Representing Indian Sex Worker Programs in Kenya

A few months after leaving what I had come to understand as a complex and widely varied world of sex worker activism in Bangalore, I found myself at the office of the Expert Group in Nairobi, listening to a talk by a prominent academic about the Karnataka HIV/AIDS program. The Expert Group had been set up to support the Kenyan government in implementing a new set of HIV prevention programs with most-at-risk groups, or MARPs, including female sex workers, men who have sex with men, and IV drug users. The speaker, who was a personable, clear, and precise presenter, spoke with confidence about a program he had himself helped to design. The whole atmosphere of the talk reflected the logic of the "Learning Sites" the Expert Group had set up in Nairobi: the speaker used a pedagogical tone, there were several public health students in the room, and the presenter periodically paused to ask the group questions about epidemiological concepts.

This pedagogical approach and clarity of presentation reinforced the singularity of the Indian "model." The smooth graphs and charts, and the frequent mention of "our program" to encompass a vast range of elements, helped to codify and represent the Indian approach as a unified one, rather than a product of struggle or of incorporation of challenges and complications after the fact. The speaker had two points to drive home: the HIV epidemic in India was in decline, and the decline was attributable to focused prevention efforts with MARPS, which were now being initiated in Kenya. As the talk progressed, the first part of the argument was never questioned, and the discussion focused mainly on whether the program was replicable in Kenya, rather than unpacking the elements of the program or proving its relative relevance or irrelevance in its new setting.

In representing the Indian program as preplanned and deliberate, rather than the product of contestation, the talk reinforced the idea of Indian HIV prevention as "best practice," and India as a successful country that was "ahead" of others and should thus be emulated. George, one of the staff members at Expert Group, would later tell me, "Kenya as a country, we are not very mature, or rather we are not a very developed country, and one of the things that we've always encouraged is to learn, to adopt best practices that have worked elsewhere." To George, Kenya's position as a less mature country positioned it in a subordinate relationship to India, which was more advanced and should thus teach Kenya about how to manage HIV/AIDS. Within a global arena of national development progress, then, India's successes in HIV/AIDS policy shored up its position as a middle-income country with technical advances to share with its less advanced counterparts.

This chapter focuses on the export of approaches to sex worker programs and HIV prevention from Bangalore to Nairobi. In representing the contestations that had occurred in Bangalore as a singular model, exporting "best practice" incorporated some elements of the program and not others, ultimately leaving out the aspects of the program that opened up space for sex workers to make claims on the state. This process of representation helped to position India's HIV/AIDS program as superior and advanced in comparison to less advanced countries. I argue, though, it was the very conditions for the translation of "best practice" to the Kenyan setting—the Kenyan state's subordinate role in relation to international donors in defining development priorities—that imposed limitations on HIV/AIDS programs' ability to spur the kind of mobilization that unfolded in India. Sex worker organizations were accountable to donors, not the state, leaving them to compete for funding rather than challenging and transforming the state's policy to make it more relevant to the realities of sex workers' lives. Meanwhile, stripped of its elements that provided openings for advocacy, the "model" of sex worker participation in

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HIV/AIDS programs was unable to generate the kind of oppositional participation that had made HIV prevention in India successful in the first place.

Following the effort to replicate the Indian program—drawing mainly on experiences in Bangalore—in Nairobi, this chapter discusses the ways in which the "Indian" approach shifted as it was implemented in Nairobi, and then offers an explanation for these shifts by analyzing distinct donor relationships to the state in each country. In the first part of the chapter, I trace HIV/AIDS policy and research in Kenya and the role of sex workers within it, showing that, though international public health experts first connected sex work to HIV/AIDS through research in Nairobi, the idea of making sex workers and other at-risk groups central to the HIV/AIDS response only became a policy priority in response to donors and international agencies drawing on the Indian experience, even as they insisted that they were simply "responding to the Kenyan evidence." While they drew on India's focus on targeted HIV prevention, in comparison to India's policy, HIV/AIDS policies in Kenya placed an even greater emphasis on individualized tracking, with a much smaller role for sex workers in management and priority-setting than in India. Then, I explain *why* Kenyan sex worker programs took shape differently from their Indian counterparts. In contrast to cultural explanations for the difference, I argue that it was the Kenyan state's historically subordinated relationship to international development donors that prevented it from serving as a rallying point for Kenyan sex worker activism—ironically, the same subordinated relationship that made attempts to replicate programs from more "advanced" countries possible in the first place. In the final section, I show how advocacy organizations worked within and beyond these parameters to articulate an advocacy agenda linked to pan-African networks, or else how individual sex workers strategized to maximize the resources they gained from HIV/AIDS programs—both responses to their inability to mount a focused collective claim on the Kenyan state.

In presenting the analytical project of critical policy studies, Peck and Theodore (2010a) describe a process that is not simply a series of freely chosen transactions within which policies are imported, but rather a dynamic process with an "intrinsic politics" (Peck and Theodore 2010a, 169). Mobile policies, they argue, mutate through complex expert communities, but they do so selectively, as dominant institutions celebrate certain "best practices" within narrow ideological parameters. This dissertation has traced the travel of HIV prevention policy through expert communities across sites within India as well as between India and through policy-making institutions in the global North. The "success story" of India's HIV prevention policy, marketed in policy arenas both by UN agencies and the Gates Foundation, if in slightly different ways, quickly became a model for other countries to emulate. As the program evolved, programmers increasingly emphasized "the simple things in life"—data management, monitoring, evaluation—and relegated the "participatory" aspects of programming to realms of unpredictability. These participatory elements had been, however, central to programs in Bangalore that planners considered their starting point for conceptualizing their approach in Nairobi. By shifting the focus to Kenya in this chapter, I begin to analyze how and why this narrowing of priorities took place. As this dissertation has shown, what appeared to be a deliberate, replicable model was actually the product of a long process of contestation across India, now represented as a singular effort produced by a cohesive, unified state (Abrams 1988; A. Gupta 2012). Central to the process of representing India in Kenya was the project of Indian national pride in its advanced abilities to manage crisis, in comparison to the less capable Kenyan state. This very positioning of the Kenyan state as subordinate and inefficient precluded the possibility of contestation of the kind that emerged in India.

Kenyan AIDS Policy: The Disappearance and Reappearance of the Sex Worker
Sex Workers as Reservoirs of Disease in Early Policy (1985-2010)

Though sex workers were not central to HIV/AIDS policy until the mid-2000s, sex workers have been central to Kenyan HIV/AIDS research from the beginning. A group of Canadian researchers in Nairobi had begun studying STDs in the neighborhood of a large STD clinic in the late 1970s, and were the first to announce the arrival of HIV in East Africa in 1986 in a widely cited article in *The New England Journal of Medicine* (Kreiss et al. 1986). Studies of Kenyan sex workers were used to establish the prevalence of disease and prove that the epidemic in sub-Saharan Africa, unlike in North America, was fueled by heterosexual transmission (Kreiss et al. 1986; D'Costa et al. 1985). Research on Nairobi prostitutes formed part of the research that would establish what Booth (2004) calls the "high-frequency transmitter" model of disease spread, which positioned sex workers as the origin or "reservoir" of disease, and male migrants as contracting the disease from contact with them. Sometimes, these models were developed only based on men's own reports of how they had contracted HIV, rather than any research with sex workers at all.[73]

Studies of prostitutes in Nairobi were used not only to measure their own risk of exposure to HIV, but to gauge the prevalence of HIV/AIDS in Kenya at large: they provided easy access to information that could suggest trends in the broader population. For example, a study led by Peter Piot, who would later become Executive Director for UNAIDS, found that HIV prevalence rose from 4% in 1981 to 61% in 1985 in Nairobi prostitutes, and concluded that "AIDS virus was recently introduced into Kenya…HIV can rapidly disseminate in a high-risk group of heterosexuals, and…prostitutes may have significantly contributed to the spread of the virus." The 1986 study of 90 female sex workers (Kreiss et al. 1986) found an HIV prevalence of 66% in low-income sex workers and 31% of high-income sex workers. Even before HIV/AIDS became an issue of concern for public health experts working in Kenya, prostitutes were already marked as a "major reservoir" of sexually transmitted infections (D'Costa et al. 1985) and subjects of study for university researchers.

Studies of Nairobi sex workers, then, followed a pattern of defining groups in order to seek them out, test them, and confirm their importance as groups. The "prostitute" was by no means a simple category to define in Nairobi; on the one hand, Nairobi had a history of prostitution that overlapped with the housing market and supported systems of migrant labor (White 1990); on the other hand, prostitution was highly differentiated, and, many involved in transactional sex may not see themselves as prostitutes or be identifiable as engaging in sex work (Standing 1992; Hunter 2002; Booth 2004, 96; Mojola 2014). The influential Kenyan studies, then, focused on visible, urban prostitution. Researchers themselves explained that they studied Nairobi prostitutes, in part, because they were "readily identifiable" (D'Costa et al. 1985, 64), but, in a self-confirming prophecy, 70% were found to have at least one sexually transmitted disease (D'Costa et al. 1985, 66). Mahajan (2008) describes the process as "global foreknowledge": patterns were known in advance, based on existing models, and then confirmed by data. In addition to the visibility of street- and bar-based sex workers in Nairobi, Kenya's relatively stable political climate and the ease of working in English there (Thomas 2003), combined with high levels of disease, made it a relatively straightforward site for research. As one researcher put it,

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[73] See Chapter 4, " 'High-Frequency Transmitters' and Invisible Men," in Booth (2004) for a much more detailed close reading of key published research articles on Nairobi sex workers published in the 1980s and 1990s.

"You want to find these kind of communities for scientific research because you want to find a community with a high incidence, so that if you do an intervention… [*It will make a big difference*?] Well, not so much that it will make a big difference, but you can see the difference. Okay, you're doing a study, you want to have a power with as small a sample size as possible, so if in five hundred or a thousand people in Homa Bay, you can see results in a few years that you would need ten thousand people for in London or New York City, you're gonna do your research in Homa Bay. [*So it kind of provides statistical power.*] Exactly. You want to go into a community where there's a high incidence of a condition so that your interventions have a more likely chance of seeing support of your intervention."

Despite this early research on HIV in Kenya, official reactions to the epidemic remained noncommittal in the mid-1980s, in part because of fears about threats to tourism (Thomas 2003) but also in reaction to racist panic in North America and Europe about the African origins of the disease. In 1985, when the *New York Times* ran a story on African AIDS, Kenyan officials banned copies of the newspaper in the country upon arrival (Fortin 1987, 911). Kenya was not alone in its reaction: while North American public health experts bemoaned the fact that "not a single case of acquired immune deficiency syndrome (AIDS) has officially been reported from central Africa" (Norman 1985, 1140), multiple African governments challenged the idea of an African "origin" to the disease, and 50 African researchers at a major international conference canceled their presentations and issued a statement in protest of the implication that there might be one. In this context, the few studies of sex workers by Northern researchers provided key sources of evidence for public heath planners. Finally, under pressure, in 1985, the Kenyan Minister of Health confirmed that 22 cases of AIDS had been identified in the country, but the government continued to officially deny the existence of an HIV/AIDS epidemic until the release of the study of Nairobi sex workers (Kreiss et al. 1986). Kenya began officially reporting HIV/AIDS cases in 1986, after the formation of the Kenya National AIDS Committee in late 1985 (Fortin 1987).

Nevertheless, early rounds of HIV/AIDS policy made no specific effort to address sex workers. HIV/AIDS was not declared a national disaster until 1999, fifteen years after the first cases of HIV had begun to emerge in the country. The declaration led to the formation of a second national institution coordinating AIDS control—the National AIDS Control Council—in addition to the existing NASCOP, and the institution of a new national AIDS policy, the Kenya National AIDS Strategic Plan (KNASP), in 2000. Under the first KNASP, the government of Kenya opened HIV testing sites, conducted awareness campaigns, set up blood transfusion centers, and began providing limited antiretroviral treatment for people with AIDS. The second five-year plan, KNASP II, made mention of the need to target "vulnerable groups"—"discordant couples, commercial sex workers, orphans and vulnerable children, girls, migrant workers, uniformed services, and victims of rape and sexual violence" (NACC 2005, 13) and suggested a focus on prevention of new infections "in both vulnerable groups and the general population," but was mainly focused on increasing access to testing, promoting condom use through social marketing, diagnosing and treating sexually transmitted infections (STIs), preventing mother-to-child transmission, and blood safety—a typical generalized package of interventions for AIDS control at the time. Sex workers were to receive much less budgetary attention than other groups—sex worker prevention programs would receive 190 million Kenyan shillings, or around $2.5 million, as opposed to around $12.5 million for youth programs and $7.3 million for prevention among the military and police (NACC 2005, 39). Sex workers were central to research on HIV/AIDS and models of disease spread, but they were not considered major targets for prevention.

"Kenyan Evidence" and the Refocusing on Sex Workers in HIV/AIDS Policy (2010-2013)

This relatively limited policy focus on sex workers began to shift in the mid 2000s, as international "best practices," promoted by UNAIDS and donor agencies in part using evidence from India, began to insist on HIV/AIDS policy focused on at-risk groups. These shifts were then confirmed through studies that modeled the Kenyan epidemic based on international assumptions. Starting in 2005, several research reports were released that argued for increased programmatic focus on sex workers and other at-risk groups. The Behavioral Surveillance Survey (BSS) in Kenya, conducted in 2002 but published in 2005 in collaboration with the CDC and Family Health International, defined populations "at particular risk" as youth, female sex workers, and migrant men (NASCOP 2005, viii). The report argued for increased attention to the "groups driving the epidemic" (NASCOP 2005, 5), and sex workers were a "core group" because of their "high risk of HIV infection."

More influential than the BSS or the Kenya Demographic and Health Survey (KDHS), was the Kenya Modes of Transmission analysis, conducted between 2007 and 2008 and released in 2009. The Modes of Transmission approach, first developed in 2002 by UNAIDS and the Futures Group, a development consulting firm, in Southeast Asia, and piloted in Kenya (Pisani et al. 2003; Case et al. 2012) was part of a general UNAIDS push to streamline HIV/AIDS programs worldwide and focus resources based on epidemiological data. By 2012, the model had been used in 44 countries to identify at-risk populations. Russell, a consultant and researcher, explained,

> "You know, if a thousand infections are happening, we've been working for the last twenty years on these assumptions and suppositions as to how the transmission occurs, but in a mature epidemic, or a changing epidemic, what's happening today? You know, who are the people who are at risk?...Where are the next thousand infections happening? What grouping?...It was designed to answer that, obviously for the purpose of then being able to design targeted programs, channel the money where it would have most value, design interventions that got to the heart of the epidemic. So that was the hoped-for result."

In 2008, after the model had been revised, it was tested again, this time in Kenya, Uganda, Mozambique, Lesotho, and Swaziland, as a "know your epidemic, know your response" effort. The Modes of Transmission Analysis argued much more strongly than the BSS for renewed attention to sex workers, as well as men who have sex with men (MSM), who had up to then been largely overlooked in official HIV prevention planning. The analysis argued that Kenya had a "mixed epidemic" (Gelmon et al. 2009, vii), one that included both high general prevalence and even higher prevalence among at-risk groups, and that existing KNASP strategies "do not fit with the epidemiological evidence." Programs must instead expand the focus on prevention, specifically among sex workers, truck drivers, and men who have sex with men, groups who together accounted, according to the analysis, for a third of new HIV infections nationwide (Gelmon et al. 2009, 15). The analysis found that heterosexual sex within a union or "regular partnership" (44.1%) and "casual heterosexual sex" (20.3%) still accounted for the majority of infections, but the report's policy recommendations mainly focused on the other risk groups. The report also argued that sex workers were in part at risk because of their "illegal and stigmatized status" (Gelmon et al. 2009, 27) and suggested links to a broad range of structural factors: violence, legal structures, war, policy, demographic change, macro-economic policy, health policy, social policy, illicit drug control policy, poverty, gender inequalities, global capitalism, economic inequalities, racism, sexism, discrimination, and stigmatization (Gelmon et al. 2009, 32). Overall, the report pushed for "full scale-up of prevention strategies" (Gelmon et al. 2009, 39), which were currently fragmented and implemented

through a range of non-governmental and faith-based organizations without any systematic coordination or link to state agencies.

While policymakers would increasingly refer to the Modes of Transmission analysis as providing new information about HIV transmission in Kenya—the figure that a third of infections were concentrated in at-risk groups was widely cited and often came up in casual conversation—one of its limitations, as acknowledged by its own architects, was its dependence on existing data to generate estimates of HIV incidence, in a confirmation of Mahajan's (2008) "global foreknowledge." Russell, who worked on the Kenyan Modes of Transmission analysis, put it,

> "I mean, if you don't look for it, you're not going to find it…at the same time the Kenyan Modes of Transmission study was done, the Ugandan Modes of Transmission study demonstrated 0 transmission through MSM [men who have sex with men]. If you don't have any data, it's not going to show up on the model."

The categories used in the Modes of Transmission analysis, in many ways, pre-determined the potential outcomes: if data existed for a category of women called "female sex workers" and this category was then included in epidemiological models, the model would then confirm that this group contributed significantly to the AIDS epidemic at large. The results of analysis were, in some ways, known from the start. Researchers were not surprised by their findings so much as finding a confirmation of their expectations. The model was not open to the formation of new categories:

> "Part of that was official UNAIDS policy as to what was considered to be an at-risk population. Because there was, again – lots of discussion about this because all sorts of populations can be considered to be at high risk of AIDS – you know, babies, teenage girls, out-of-work youth, truck drivers. It's a long list. And UNAIDS at that time had just sort of coined the term MARPS. And to their definition, MARPS were sex workers, IDUs, MSM. That was the category that we were supposed to populate. And so any other groups were added grudgingly. So for example, like truck drivers – well, they can be heterosexual men…who are clients of sex workers….That's why they didn't want to add too many categories."

International standards, then, to some extent pre-determined the findings of the Modes of Transmission Analysis. Moral sensitivities also played a role. For example, the Modes of Transmission analysis distinguished between "at-risk populations," like sex workers, who "because of their individual behaviour are at higher risk for transmitting HIV," and "key populations that are vulnerable," such as orphans, "whose situation may lead them to engage in behaviours or subject them to behaviour that may expose them to HIV infection" (Gelmon et al. 2009, 43). This distinction allowed subsequent policy to distinguish between those who chose to put themselves at risk and those deserving of state protection because their risk was no fault of their own.

From Russell's perspective, modeling was an exercise riddled with uncertainty that may or may not shed light on actual trends in HIV transmission. Its wide usage, in this context, seemed unwarranted:

> "[T]he secret of the problems with modeling is that a lot of these global reports that you see on, you know, the incidence of tonsillitis in Ghana is based on very, very limited data. People have found a paper or two with a sample group of a few dozen, and extrapolated that into

the whole country. So, I wouldn't say that the Kenya Modes of Transmission study was that extreme, but I must also confess that sitting in meetings over the last few years, and seeing our study being so widely quoted, and seeing policy being based on it, also recognizing that some of those conclusions were not the strongest conclusions we could have had, makes me a little bit uncomfortable."

Despite these reservations, the study was indeed quickly taken up for new policy development. Released at the same time as the Kenya AIDS Indicator Survey (NASCOP 2009), which did not focus on sex workers but identified geographic regions and other demographic patterns in HIV prevalence, the Modes of Transmission analysis inspired the National AIDS Control Council (NACC) to reformulate its national strategy two years early. A foreword by the Minister of State for Special Programs cited the two studies and announced the new focus of Kenyan HIV/AIDS policy: "the prevention of new infections" (NACC 2009b, viii). The policy now had a "crosscutting focus" on "most-at-risk and vulnerable populations (MARPs)" (NACC 2009b, ix), with sex workers, drug users, and men who have sex with men the "primary MARPs" (NACC 2009b, xi).

Table 11. Three Rounds of Kenyan HIV/AIDS Policy

Phase	Duration	Key Funders	Budget[74]	Main Priorities
KNASP I	2000-2005	Government of Kenya, World Bank, USAID	$160 million	• Prevention and advocacy • Treatment, continuum of care, and support • Mitigation of the social and economic impacts of HIV/AIDS • Monitoring, evaluation, and research • Management and coordination
KNASP II	2005/6-2009/10	Government of Kenya, PEPFAR, Global Fund, World Bank	$2.0 billion	• Preventing new infections • Improving quality of life of those infected or affected by HIV • Mitigating the social and economic impact of HIV/AIDS • Support services
KNASP III	2009/10-2012/3	Government of Kenya, PEPFAR, UN	$3.6 billion	• Health sector HIV service delivery • Mainstreaming of HIV

[74] For KNASP I, budget amount is from NACC (NACC 2000, 19). NACC reported a requirement of 14,059 million Kenya shillings, or $160 million in 2000 US dollars, and an expected funding base of 7,735 million Kenya shillings, or 88 million in 2000 US dollars. NACC (2005, 39) reported a need for 179,452 million Kenya shillings, or $2.0 billion in 2005 US dollars. NACC (2009b, 35) reported a need for 266,708 million Kenya shillings, or $3.56 billion in US dollars at a conversion of US$=KSh 75. All budget numbers are cost estimates of required funding, not actually available funding amounts (for example, in KNASP III, NACC reports that it has available only $2.5 billion of its $3.6 billion requirement (NACC 2009a, 37)

		agencies, Global Fund, Clinton Foundation, World Bank		• Community-based HIV programs • Governance and strategic information • "Cross-cutting focus" on most-at-risk populations (MARPS), including sex workers

Table 11 shows the three rounds of Kenyan HIV/AIDS policy between the time when Moi declared HIV/AIDS an emergency in 1999 until 2013. Community-based programs were mentioned in the second phase of policy, but KNASP III indicated a broader focus on specific populations, including sex workers.

Table 12. Kenya National HIV/AIDS Strategic Plan, 2000-2005

Prevention and advocacy	58.0%
Mitigation of socio-economic impacts of AIDS	5.6%
Monitoring, evaluation, and research	2.9%
Management	13.6%
Treatment and support	19.9%

Table 13. Kenya National HIV/AIDS Strategic Plan, 2005/6-2009/10

Prevention	24.0%
Quality of Life	29.1%
Socioeconomic Impact	30.0%
Support Services	16.9%

Table 14. Kenya National HIV/AIDS Strategic Plan, 2009/10-2012/13

Prevention	19.5%
Care and treatment	57.9%
Orphans and vulnerable children	8.4%
AIDS programme management	13.8%
Human resources	0.3%
Enabling environment	0.1%

Notably, this shift in focus did not necessarily mean a shift in budget. As Tables 12, 13, and 14[75] show, the percentage of the HIV/AIDS budget devoted to prevention actually decreased from 58% to 19.5% over ten years, while funds devoted to treatment for people living with HIV increased

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[75] Estimates in Tables 2-4 show estimated required, not estimated available, funding, at the beginning of the policy period. For consistency, figures come from the official KNASP documents (NACC 2000, 19; NACC 2009b, 39; NACC 2009b, 34–5)

from 2% to 57.9% of the budget. In KNASP III, sex worker programs officially comprised .65% of the budget, an increase from .1% in the previous policy. Sex worker program allocations were to increase from $3 million in 2009/10 to $11 million in 2012/13 (NACC 2009b, xiv). The policy focus on sex workers was thus cost-effective: rather than large-scale prevention programs directed to the general public or the provision of free medication to those living with HIV, the government could simply focus on low-cost programs run by sex workers to prevent HIV transmission where they appeared to occur the most. George, who worked at the Expert Group, explained, "We were investing where we were not getting much in terms of prevention. So…with the review of the KNASP…there was a lot of focus on designing programs that would then target these key populations because we needed to close the tap where the greatest infections were coming from." The idea of "closing the tap" emphasized the logic of efficiency behind the program shift: targeting at-risk groups would control the epidemic at its source, rather than waiting for the epidemic to spread further, demanding high-cost treatments.

Despite Russell's reservations, Kenyan officials referred to the Modes of Transmission analysis often to explain why Kenyan policy was shifting toward a focus on "most-at-risk populations" (MARPS). Though the results of the studies were to some extent pre-shaped by international assumptions, they were taken to be evidence of *Kenyan* trends, and programs simply responded to the evidence. George, who explained, "the Kenyan Modes of Transmission analysis…. was able to clearly show that SW and IDUs and MSM attribute about a third of the new infections. So it's basically based on the evidence." Harry, the head of the MARPS program at the National HIV/AIDS Control Program (NASCOP), noted the role that the Modes of Transmission (MoT) study and the Kenya AIDS Indicator Survey (KAIS) had played in highlighting most-at-risk populations (MARPS) where previous pressure from those groups themselves had not: "There have been many, of course, pressure among key populations, before even [the] MoT study and the KAIS. But it's after that evidence was generated that they thought there would be a national coordination and leadership by NASCOP. So…it's just responding to the evidence, because previously we did not have hard evidence as regarding to what key populations are contributing to." The categories generated by the Modes of Transmission analysis, which were defined according to UNAIDS standards, became standard categories in the Kenyan policy, with alternative categories, such as prisoners or the military, now regional variations to be evaluated on a case-by-case basis. When I asked about alternative categories, for example, Harry explained, "Everyone will come and tell you in my area these are the key populations. So [the policy] should avoid that, to use focus."

In addition to a general shift toward focusing on MARPS, the new policy also widened the range of concerns that could now be included within HIV prevention programming for at-risk groups, in line with international shifts in policy "best practice" toward sex workers that drew on Indian evidence. The policy discussed issues such as the "criminalization of MARPs' high-risk behavior" because of "religious and cultural resistance," their marginalization from public sector services, and "denial and social intolerance" (NACC 2009b, 16). Interventions would address "root causes of vulnerability" including "beliefs and values around masculinity and femininity" (24). The called for a "rights-based approach" where "civil society will be strongly involved" (13), and the systematic, state-directed coordination of donors. The accompanying National Guidelines for HIV/STI Programs for Sex Workers (NASCOP 2010) were written largely by the Expert Group, based on Indian experience, and emphasized "biomedical" elements such as HIV and STI testing and reproductive health as well as "behavioral" elements such as peer education and risk counseling and "structural" elements such as services to mitigate sexual violence and support to "expand

choices beyond sex work" (NASCOP 2010, 15).[76] Programs were to follow participatory processes that empowered sex workers and built consensus, and research through "rapid ethnographic assessment" would get perspectives "from the inside" to guide programming (NASCOP 2010, 24–5). "Community mobilization" programs were also suggested to "encourage these individuals to organize themselves and advocate for their health and human rights (NASCOP 2010, 66). These programs, at least on paper, borrowed much of the language of international policy shifts around rights-based sex worker programming. While the new policy touted its inspiration in studies of the Kenyan epidemic and careful analysis of gaps within the Kenyan context, both the studies and the subsequent strategies drew heavily on dominant global trends in HIV/AIDS policy, in the definition of categories, the modeling strategies that confirmed the significance of the categories, and the language in which the ways forward were identified and expressed.

The significance of international policy priorities for Kenyan policy was particularly clear in a context where Kenyan sex workers on surveys indicated high levels of knowledge about HIV prevention *before* policies development around HIV prevention among sex workers intensified. Out of all groups covered in the Behavioral Surveillance Survey, for example, female sex workers had the highest levels of knowledge about HIV/AIDS: 60% had "no misconceptions" about the disease's transmission, and 88% had used a condom during their last sexual encounter (NASCOP 2005, xi). Sex workers had been engaged in HIV prevention programs in Kenya since the start of the epidemic. Policies rarely referred to this evidence in justifying the new focus on MARPS in Kenyan HIV/AIDS policy, because it might have thrown the shift into question. Indeed, few of my interviewees could identify any approaches that had been previously used in Kenya that inspired their HIV prevention activities. Despite an insistence that the new MARPS focus was a response to the evidence, then, it was also a response to the pressure for more cost-effective programming and the international success story of India's HIV prevention approach.

International "Best Practice" in Kenyan Policy

The international orientation of "best practices" toward community-based programming for at-risk groups was shaped centrally by the Gates Foundation, which sought to spread the success of its Avahan program in new settings. As Avahan began to withdraw from Indian HIV/AIDS programming, it immediately began to market the story of its successes in India in international policy circles. While the Gates Foundation's exit from Indian HIV/AIDS program was not unexpected, it nevertheless left Indian HIV/AIDS experts and activists feeling abruptly abandoned. "Well yes, they've ruined everything and they've gone. Who's going to hold them responsible?" asked an NGO director in New Delhi. Within the logic of the experiment, Avahan's departure made sense: it had innovated, tracked its results, and proved a concept, and could now move on to implementing its model somewhere else. News articles carried the estimate that Avahan had prevented over 100,000 HIV infections in India between 2003 and 2008 (Ng et al. 2011), a finding confirmed by a quasi-experimental study of districts with Avahan presence and districts without, and

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[76] The guidelines indicated some continued discomfort with sex workers as pursuing an unwanted profession that should be avoided. At the same time, they responded to potential critics who might argue that sex workers are all trafficked and thus should be "rehabilitated" rather than provided with HIV/AIDS services, stating clearly that "since the majority of sex workers are not trafficked, caution should be paid in protecting the rights of sex workers" (NASCOP 2010, 18).

the Gates Foundation began promoting its successes in India elsewhere.[77] The success was presented in ways that emphasized the role of surveillance, monitoring, and individualized data, which were then separated from the specificities of the Indian experience and presented as more generalized technical innovations for cost effectiveness.

Specific institutional relationships facilitated the replication of the "model" in Kenya. The Bill and Melinda Gates Foundation funded two major initiatives to facilitate "South-South transfer" of HIV programming expertise. The logo of one of the projects was a curving highway, leading from somewhere in Southeast Asia toward Africa.[78] Each of the two programs, the Africa Grant (focused on South Africa and Kenya) and the India Learning Network (focused on Thailand, Bangladesh, Sri Lanka, Ghana, Ethiopia, Zambia, Uganda, Nigeria, Tanzania, and Mozambique) was channeled through a specific international NGO. In Kenya's case, the program was managed by the a Canadian university, which had managed the Gates Foundation's HIV prevention programs in Karnataka and had also been the main epidemiological research institution studying sex workers in Kenya for thirty years. The university's specific mandate was to establish an Expert Group that would work as a "back office" for NASCOP, conduct training, introduce new prevention programs, and establish a "model program" to demonstrate HIV prevention approaches for sex workers through two Learning Sites, one in Nairobi and one in Mombasa. In addition, the Expert Group would develop policy—the staff, for example, helped write the National Guidelines for HIV/STI Programs for Sex Workers.

For Avahan, "success" and replicability were almost interchangeable. Among activists I met in India, the question of whether India's HIV prevention program had been a "success" was often the subject of considerable debate. Within bureaucratic circles, however, and especially among those who frequented international policy discussions, India's "success" was less questionable. A former director of NACO told me that HIV prevention was one of India's greatest state successes: "It's a great example, a silver lining in the dark cloud we have in this country. When we have so many failures, at least we can show something as a success. And they also understand [that] in a country like India, it's difficult to make anything succeed." Within India, Karnataka's was considered a particularly successful story, "one of the best"—thus, as David, the head of the Expert Group in Nairobi, explained, "given that success, I was again asked to do the same damn job in Kenya." "Success" was defined partly by the potential for replication—for David, replication was a sign of success, and for the former director of NACO, success was something "we can show" to other countries.

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[77] Gates Foundation was also beginning to scale back its funding commitments in global health. Annual Reports from the Gates Foundation between 2001 and 2012 indicate that the Gates Foundation was spending 75% of its budget on its global health program in 2001, between 25% and 49% in 2002-2004, and between 59% and 65% in 2005-2011. In 2012, the percentage of funding for global health dropped to 28%. Part of this shift indicated the Foundation's overall interest in reorienting its focus to "global development" rather than global health: in 2012, 49% of the budget went to global development.

[78] Though sometimes described as an opportunity for African countries to share their expertise in the large-scale provision of treatment while India shared its expertise in prevention, both programs primarily focused on the latter, with knowledge primarily flowing from India to Africa. There were no exposure visits, for example, for sex workers in India to learn from Kenyan programs, and officials involved in South-South partnership programs generally referred to the program's as one in which Kenyan policy adapted to Indian innovation.

Model-building and evidence generation were central to Avahan's programming from the start. Though Avahan largely built on existing national program approaches in India, it brought with it renewed attention to evaluation. Unlike the evaluations of bureaucratic agencies seeking to justify the use of funding and attract more funding, or identify areas for improvement, Avahan's evaluations were designed to develop a product: a replicable model for HIV prevention that could then be promoted elsewhere. An evaluation framework published in the journal *AIDS* in 2008 noted,

> "*Success for Avahan during its implementation phase is demonstrating that it is possible to build quickly a scaled, quality programme for core and bridge groups across a large geography with complex and heterogeneous local environments.* Although Avahan is not intended to prove experimentally that the package of prevention interventions result (sic) in a reduction of HIV among these populations and the general population, nevertheless *this is a key expected outcome of the programme.* Evaluation therefore requires both measuring scale and associated parameters achieved by the implementation, and capturing its impact on HIV among core, bridge and general populations. In addition, *cost-effectiveness assessments are both useful evaluation outputs in their own right and major inputs into programme transfer.*" (Chandrasekaran et al. 2008, S5, my emphasis)

Within these success stories, Karnataka would become what David called a "primary reference point," in part because a lack of prior intervention had meant Avahan's effects could be isolated from previous rounds of programming (Chandrasekaran et al. 2008, S11). The active presence of researchers in Karnataka made it easy to facilitate study visits, which often included training sessions in the Bangalore KHP office followed by visits to local NGOs and CBOs. Avahan's evaluations also relied on natural experiments, comparing different districts with differences in intervention start dates to generate findings with more statistical power (Chandrasekaran et al. 2008, S11).

By the Avahan program's close, efforts to demonstrate the program's success were in full swing. More than the other program elements, Avahan emphasized the use of surveillance data in directing programming. One article by researchers at the Gates Foundation, subtitled "How did India do it?" argued that India offered lessons for other countries because of its "intelligent and integrated use of data": "India is an example of how 'know your epidemic, know your response' messages can effectively be implemented at scale" (Sgaier et al. 2012, 240, 243). Data management was Avahan's main substantive contribution to Indian HIV prevention programs—13% of Avahan's program budget went to monitoring and evaluation, compared to 3-4% of the national budget (Sgaier et al. 2012, 245)—and it was Avahan that was best positioned to sell the model and influence African governments to adopt it. Further, data management tools were easily transportable in the form of Excel spreadsheets, monitoring and evaluation worksheets, and formulas. The article's conclusion that data management was "how India did it" was thus useful in promoting the Gates Foundation's expertise. The "know your epidemic, know your response" approach emphasized extensive data collection on an unprecedented scale, analyzed through centralized computerized systems to determine where technical and financial resources were most needed. Cost-effectiveness was an underlying driving principle for all of these allocations.

In addition to careful geographic analysis that would drive resource allotments, extensive data use determined *whom* to target with programming. Thus, a key message of the Indian HIV/AIDS program to African countries was the value of focusing on "most-at-risk populations" (MARPs). The importance of these groups, hitherto largely overlooked, was now crucial to addressing a lingering epidemic and avoiding the further expansion of already massive treatment

costs. A WHO report focused on sub-Saharan Africa argued that "the relative importance of key populations such as sex workers increases" as HIV epidemics appeared to lessen in urgency, but only one in three sex workers in the region received prevention services (WHO 2011, 3).

A major World Bank report (Kerrigan et al. 2013) published around the same time made an even more detailed case for focusing on sex workers in HIV prevention in African countries. It emphasized the recognition of sex work as an occupation, not just for public health purposes but as a "human rights imperative" (Kerrigan et al. 2013, xxii). While arguing that community mobilization programs for sex workers held an intrinsic human rights value, the report also offered a new set of arguments for their implementation: epidemiological models that estimated the potential effects of scaling up such programs in Brazil, Kenya, Thailand, and Ukraine on HIV infections. The impact would be greatest, the report argued, in countries such as Kenya, with both high HIV prevalence among sex workers and high HIV prevalence in the general population.

Figure 9. World Bank Projections for Kenya
(Kerrigan et al. 2013, xxviii)

Figure ES.1   Modeling Scale-up of a Community Empowerment-based Comprehensive HIV Prevention in Kenya: New HIV Infections among Sex Workers

Source: Authors.
Note: Emp. = empowerment-based; ART coverage is maintained at 2011 levels.
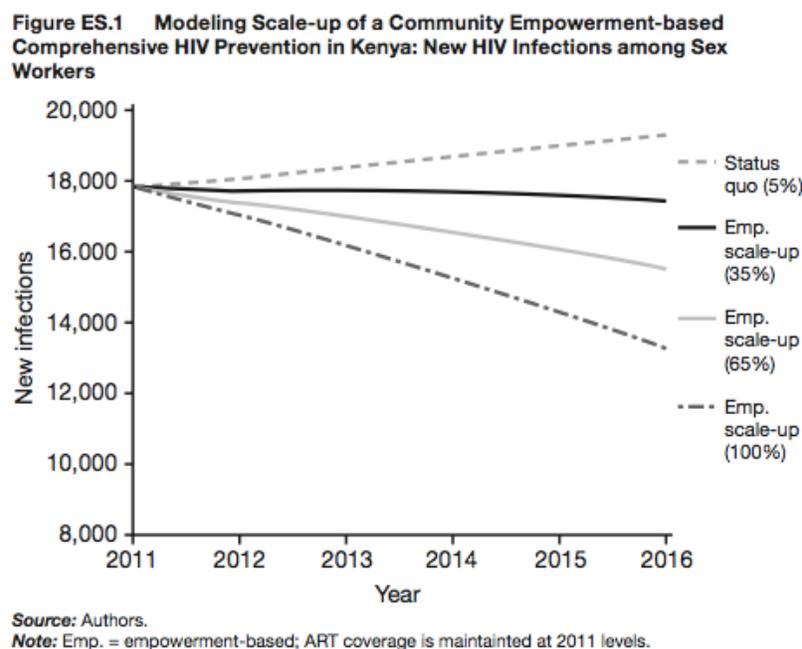
Overall, the scale-up would cumulatively avert up to 10,800 infections in 5 years and 20,700 infections in the general adult population (Kerrigan et al. 2013, 165). In Kenya specifically, the intervention, if it reached 65% of sex workers, would avert 20,683 new infections in adults between 2012 and 2016 (Kerrigan et al. 2013, 188) (Figure 9). These infections would be averted at a cost of $3,813 per infection, comprising 16% of national HIV/AIDS expenditure, figures considered relatively low (Kerrigan et al. 2013, 237–8). This would save $8.6 million in treatment costs (Kerrigan et al. 2013, 249). Additionally, reducing violence against sex workers in Kenya could avert 5,300 new infections in sex workers and 10,000 new infections in the general population of adults within 5 years (Kerrigan et al. 2013, 265). These extremely specific projections offered easily

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quotable numbers that fit the demands of economics-driven public health decision-making, at a time when HIV/AIDS budgets were increasingly strapped. These messages were being adopted quickly by countries facing large HIV/AIDS epidemic. In Table 15, I compare the national AIDS policies of the five countries with the largest HIV/AIDS epidemics—which I define as the largest numbers of people living with HIV in 2012—to show the shift in approaches to sex work. By the 2009-2018 policy period, all the countries had abandoned approaches that made no mention of sex workers, and had moved into either at least mentioning sex workers, or mentioning them and noting the importance of addressing social and legal issues facing sex workers as part of HIV prevention.

Table 15. Approaches to Sex Workers in National HIV/AIDS Policies in Five Countries with the Largest Numbers of People Living with HIV in 2012[1]

	1999-2007	2005-2012	2009-2018
Minimal mention of sex workers or unspecified mention of HIVprevention among sex workers	Nigeria (2001-2003) Kenya (2000-2005) South Africa (2000-2005) Mozambique (2000-2002)	Mozambique (2005-2009)	
Mention of expanding HIV prevention programs with sex workers		Nigeria (2005-2009) Kenya (2005-2009)	Nigeria (2010-2015) Mozambique (2010-2014)
Mention of sex workers' social and legal environment as part of HIV prevention	India (1999-2007)	South Africa (2007-2012) India (2007-2012)	South Africa (2012-2016) India (2012-2015) Kenya (2009-2013)

While those involved in policymaking spoke of the model as an "Indian" model—as Table 15 shows, India was the first to promote approaches to sex workers later incorporated into policy into other countries—the marketing of the approach in Kenya was abstracted from its origins. When I asked George at the Expert Group if he had faced resistance in discussing an "Indian" model in Kenyan policy circles, he explained that he de-emphasized the Indian aspects of the model when speaking about it. "We're not marketing it as the Indian model," he said, "We're marketing it as a model that has worked elsewhere." The particularities of Indian programs, central to the program's evolution, faded from view as the model became "best practice."

"The Simple Things In Life": The Model Narrowed to Individualized Surveillance
The refocusing on sex workers in Kenyan HIV/AIDS policy, then, responded to the idea of targeted HIV prevention with sex workers as "best practice," promoted both through epidemiological models then presented as local evidence and concrete institutional relationships between Indian and Kenyan policy-making institutions facilitated by the Gates foundation. The model, however, was now represented as mainly an approach to data and evidence, with a lesser emphasis on the social services and advocacy aspects of Indian sex worker organizing. Table 16 highlights the differences between the elements of programs as promoted by the Gates Foundation.

Table 16. Shifts in Program Elements from Kolkata to Nairobi

Kolkata Program	Bangalore Program	Nairobi Program
Surveillance of sex workers' sexual behavior and disease status Condom distribution Public health education	Surveillance of sex workers' sexual behavior and disease status Condom distribution Public health education Individualized tracking Experimental comparisons of districts	Surveillance of sex workers' sexual behavior and disease status Condom distribution Public health education Individualized tracking Clinical services
Social services • Prevention of trafficking/ forced sex work • Children's collective with cultural programming and advocacy work • Formation of savings cooperatives • Ad-hoc responses to violence from partners, clients, police, etc., including protests at police stations and police trainings	Social services • Formation of savings cooperatives • "Crisis response" programs (Peer educators respond to arrests and harassment on an individual basis)	Social services "Crisis response" programs (Peer educators trained as paralegals respond to arrests and harassment on an individual basis)
Advocacy demanding citizenship • Access to rations and voter ID cards • Advocacy for decriminalization of sex work • Advocacy for universal pension • Alliances with labor, feminist, LGBTQ movements • Cultural programs to reduce discrimination against sex workers and their families • Discourse of radically challenging gender norms and models of sexuality	"Program-based advocacy" • Police "sensitization" programs • Some advocacy for decriminalization of sex work • Provisions for sex-worker-led CBOs to manage their own programs • *(Advocacy demanding citizenship, and against the HIV/AIDS programs, emerges outside the HIV/AIDS program itself, through advocacy organizations, and is sidelined from the official model)*	Advocacy • Advocacy to push for further attention to MARPS and sex workers within HIV/AIDS policy • *(Advocacy for sex workers' rights promoted outside the HIV/AIDS program itself, through advocacy organizations)*

The reaction of visitors from African countries to their trainings in India often focused on the nuts and bolts of surveillance. Reflecting on their visits, for example, visitors from Nigeria mostly emphasized what they had learned about mapping target groups geographically, their growing realization that they had a "mixed epidemic," and their new appreciation for targeting resources

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toward specific at-risk groups. Most remarked at their lack of data: they simply knew nothing about where the sex workers and men who had sex with men were in Nigeria or how many there were, leaving them unable to design effective programs according to Avahan's data-driven vision. If involvement of communities was mentioned it was mainly in terms of "sustainability." In other words, those aspects of the program that were designed *prior* to receiving sex workers' input— planning, developing evaluation tools, and mapping—were the ones to be replicated, not the aspects of the program that had resulted from participation. Whether or not planning and data management were the reasons for Avahan's success, it was planning and data management that was to be exported to new settings. Bureaucrats within India themselves questioned the possibility of replicating the Karnataka experience in a new country. "I'm not doing a ready-made model that will work in Uganda," said the head of community mobilization in Karnataka. "You can distribute condoms in a day, but you can't change the whole thinking in a day."

Surveillance, then, was easier to transport across settings. For implementers in Kenya, surveillance was also the prerequisite to mobilization, rather than its complement: in David's words, "the simple things in life," such as condom distribution and monitoring, must precede concerns about advocacy or policy change:

> "I know people want to hear things like community mobilization, advocacy, and violence, and this and that. They can come later. You see, I can't talk about advocacy if I'm working with ten sex workers…..When the estimates are in the thousands. So my point is that first you reach the thousand. Do some programming with them. Reach at least 50% with programs. Then you can talk about other things. Rather than saying, oh, no, this is also very important, we need to do this, we need to do that. The problem is that when you go to the field, you start confusing people. Do you want outreach or do you want mobilization?…The point is that keep it simple in the beginning. The simple things in life. How many are there? How many have you reached? How many are coming to clinics? How many condoms are going? Is it enough? Things like that. Then you can talk about crisis, violence, this, that, mobilization, group building, so on and so forth."

David described the kinds of calculations that "the simple things" entailed: if drug users used 90 syringes per month, then 1000 drug users needed 90,000 syringes. For him, "mobilization" "sounds very nice, goody-goody job, a bit more soft-core in nature," and the priority was "hardcore prevention" before getting into the "frills of the program." The role of structural interventions and policy interventions, so often celebrated in India, were "things that will come later" for staff at Nairobi sex worker organizations as well, and "community mobilization," defined by technical staff at the Expert Group, was now "mobilizing sex workers for information and services" rather than the broader sense of political action in Indian programs. The head of the MARPs program at NASCOP explained that organizations who hoped to expand the focus of targeted prevention programs had a "misunderstanding" in thinking that they should fight for the decriminalization of sex work: doing so, he said, was not part of their mandate to prevent HIV. George's definition of "community mobilization," too, differed significantly from that of Indian programs. While officials in India defined community mobilization as the ability of sex workers to take over programs and sometimes demand their own services from the state, George described community mobilization as efficient and targeted, "one that happens at the hotspots, at the right time, and done by the right people….So that's what goes by community mobilization. And that it should lead to individualized tracking."

Though the language of sex workers' human rights did surface in policy documents in Kenya, in the process of implementation, too, the surveillance aspects of the Indian program continued to define the program. Once the Expert Group was formed in 2012, it began working both to train community organizations to implement a Karnataka-style approach to HIV prevention and to set up its Learning Sites in Nairobi and Mombasa. Individual sex workers were to be monitored much more closely, as group-based monitoring would be replaced by individualized "micro-planning" that accounted for every individual's paid and unpaid sexual encounters, condom use, and disease history. Partnering with organizations with clinical staff and extensive research experience helped enhance this focus on micro-planning. The new Learning Site and drop-in center for sex workers was housed at an organization I call the Clinic in Nairobi's Central Business District. As a project founded through a Canadian University with long experience monitoring sex workers and conducting research on their sexual behavior and disease profiles, the Clinic seemed well aligned with the Expert Group's aims in Kenya around monitoring and data management. Compared to Indian programs, the Clinic functioned more directly as a clinic rather than simply a health education center and STI clinic, serving as a "one-stop shop" for sex workers. the Clinic's greatest strengths, according to its own staff, were in its health services and its monitoring systems, which included unique ID members linked to biometric data. The Clinic also conducted health outreach through peer educators. According to staff, the Clinic had 9,000 registered and 6-7,000 sex workers who are active clients of the clinics. Ann, the director, spoke enthusiastically about the Clinic's data collection:

> "You should see some of our data. When a sex worker comes to [the Clinic] for the first time, we document some of the things in the enrollment, and they're documented every three months, and you can see trends and changes. One of the things that changes is proper use of condom. You can track that…You can tell when Ann came to [the Clinic], how she used condom, when does she get STI, the whole process of following up, and that has been very useful to know when to do interventions."

The Clinic staff's approach to sex work, then, was rooted in a culture of research and monitoring that aligned it both with the interests of the Expert Group and the approach of the Modes of Transmission analysis that had guided Kenyan policy. Indian models, the Clinic staff insisted, could not really add much to its existing strengths, outside of improving on its data and monitoring tools. "We are not going to implement anything new," said Ann. The program was just "to improve on what we're doing." The Clinic was thus relatively resistant to program elements that extended beyond its existing expertise in data collection. A local research institute, the implementer of a model program based in Mombasa, also had a background in research and monitoring. John, the director, saw the benefit of the Indian model as largely related to an intensification of individualized surveillance:

> "We have been trying and asking ourselves questions….how many sex workers are we reaching in our program? But we never had a clear, straightforward answer. Because in…previous peer education sessions, sex workers will hold those sessions with a mixture of some other women who are within that locality. Therefore you will not exactly know who is a sex worker and who is not. Although you can know, but you will not know exactly how many. Because we were not keeping records of individual names."

For John, new tools from India allowed for greater individualized tracking that solidified the category of the "sex worker" and provided clarity on exactly whom the program reached. At the Expert Group and among staff and sex workers who visited clinics, this "micro-planning" often appeared as the major element of the program. Alice, who managed a program in Mombasa, noted that "one of the key things that I've said I've learned from the Indian model that was very very good was the microplanning. I think that's the one key thing that I would take from that. That we had not thought about it in that way. You microplan for each and every individual." When I introduced myself to a nurse at the Learning Site in Mombasa, for example, she told me that they were "trying to copy India here in this office." I asked how it was going. We used to give a box of condoms to everyone, she said, but now we have to ask them: how many sex acts do you do? How many partners? These elements of micro-planning, the meticulous documentation of individualized sex acts in order to calculate precise numbers of condoms and precise dates of follow-up, seemed unnecessary in the context of prior rounds of more generalized condom promotion. The extensive documentation these processes required demanded the majority of peer educators' time. It thus dominated her experience of the "Indian" program, regardless of what else the model included.

Within the Expert Group approach, advocacy and social services were not completely separate from the model they hoped to impart. Compared to KHP, whose staff had mental health and participatory development backgrounds, NASCOP was more commonly staffed by people with medical or nursing backgrounds. David noted that NASCOP had asked the Expert Group to write its National Guidelines for HIV/STI Programs for Sex Workers in part because a Kenyan document would be "too clinical"—Kenyan staff would be unable to integrate issues like violence, legal concerns, and program management into its policy in the way that the Indian staff could. The Clinic, for example, was relatively uninterested in incorporating issues outside of surveillance into its programs. The Clinic's materials and staff referred to a "rights-based approach," but "rights" generally referred to providing quality health services for free, rather than the idea of "rights" as the right to work or the right to social protections that Indian organizations had promoted. When I asked one staff member about her dreams for the organization, she said simply, "To account for each and every sex worker and her risk profile." Legal issues, as Tom put it, were "something we can't do anything about." Ann, the director of the Clinic became confused when I asked how she defined human rights work. "No, we are more under the public health…I know the constitution allows everybody to get health services. I don't think we are crossing the boundary to go to rights." She paused. "Does rights mean legalizing sex work?" I said it could be. She continued:

> "The Clinic as an entity stays away from that. That's not our core business. What we do is to provide a platform for sex workers to meet. We have a lot of rooms where they can meet. They can have their meetings. Now we have people who come to talk to them about their rights. As I said, we are addressing a lot of violence cases and we have people who talk to them. So there's a forum for them, but internally we will not be seen carrying placards and saying we are in sex work."

Within policy, also, the "enabling environment"—a concept that had been central to integrating social services and advocacy into sex worker programs in India—was defined mainly as facilitating surveillance rather than for sex workers' citizenship claims. The Guidelines for the program defined the "enabling environment" was defined as "access to appropriate, affordable, acceptable and accessible health services without being penalized" (NASCOP 2010, 28) where in India it was defined as an environment "wherein those infected and affected by HIV could lead a life of dignity

free from stigma and discrimination" (NACO 2003, 3).

Avoiding integrating social services and advocacy into programs was also a practical strategy for responding to critics who might otherwise challenge NGOs providing free services to sex workers. As an Expert Group staff member, Joshua, explained, it was important to insist over and over to potential critics that programs were HIV prevention programs, and that they were "not trying to legalize anything." In Mombasa, one expert explained, where one of the drop-in centers for men in sex work had even been set on fire by opponents, emphasizing connections to the Ministry of Health provided a measure of protection. Emphasizing these connections meant downplaying sex workers' involvement, and avoiding behavior that might appear oppositional or challenging to local sexual moralities:

> "When it is a government effort, the community will take some time before they can say it is not a good intervention. So we want to retain it as a government effort….Once it is a government effort, we are not likely to have issues with the community members. That's one thing. And then the second one is talking to the beneficiaries of the program to ensure that as they go in and around there for services, they also behave themselves. Because sometimes people can go overboard in terms of dressing, in terms of makeup, in terms of many other things. We've had the drop-in center for MSMs [men who have sex with men] and it has not been attacked by any member of the community. Because the people who are there just behave like any other man. So we want to talk to our peer educators, and their peers, to present them honorably, like just other men, and nobody will really put them to the test."

This "honorable" presentation, of course, was at odds with large-scale advocacy. In response to the threat of violence, sex worker programs were to stay unobtrusive, rather than drawing the notice of community members and announcing themselves as promoting the interests of sex workers beyond a narrow surveillance mandate.

While participation and advocacy were touted in policy documents, NGO staff found their own ways to reproduce programs without significant transformation. At the HIV clinic in Nairobi I began visiting in the fall of 2013 a few days a week, a clinic that had recently added a "rights-based advocacy" component to its services for sex workers, there was a clear separation between sex workers' advocacy and social service work and surveillance and public health work, and the organization of the office clearly prioritized the latter. Above the Clinic, which had long provided sex workers in central Nairobi with medical services, a new drop-in center had been set up with a TV, a box of free condoms, an uncomfortable leather couch, and an advocacy officer to help sex workers facing unlawful arrest. But the staff of the Clinic downstairs had locked the door to the entrance of the drop-in center so you had to walk through the Clinic first, subject to the watchful stares of Clinic staff, and ask someone to open the back door to the drop-in center for you. I visited day after day to find an almost empty drop-in center, the TV sitting in the corner sadly unused.

Programs also reflected a much more limited approach to sex worker participation than even the most conservative versions of HIV/AIDS policy in India. In Mombasa, Kenya, I joined a group of women, transgender women, and men in sex work and two workshop facilitators in an air-conditioned conference room. They had been at work all day, and the atmosphere was comfortable and boisterous. Once they had all agreed to let me join—first insisting that I identify myself as either a sex worker or not—they returned to crafting their mission statement. The group, composed of representatives from fifteen small sex worker organizations based in and around Mombasa, served as the community advisory board for the new Learning Site.

As the day went on and the board formed its mission statement, its limited role in running the program became more and more obvious. Most generally, the board's role in advising the program was not expected to challenge its fundamental assumptions. "Are you going to make decisions? Be careful here," the facilitator told the group, as they listed their goals on butcher paper. "Remember, it says 'participatory.' You are going to initiate the process and bring people together and come up with something that everyone is happy with. You aren't going to make decisions. What if you make a decision and then [your organization] says no? What if they say where's the budget for this? *Advise.* You are going to *advise.*" The version of participation at play in the conference room looked strikingly different from the forms of participation experts often evoked when they spoke of the Sonagachi experience and even of the mobilization of sex workers in the six Avahan-funded states, in which sex workers ran meetings and street protests and sometimes directly challenged donors and government officials on matters of policy. Here, the final mission statement of the advisory board looked very similar to descriptions on previous presentation slides about what advisory boards should do. The community's participation had confirmed, rather than shaped or even influenced, pre-planned expectations about what the community's appropriate role would be— to sustain, deepen, and extend a program, but not to transform it.

Donor Subordination and the Limits of Replication

The Kenyan approach to HIV prevention, then, had far less of an element of social services and advocacy than the Indian one, and sex worker participation remained relatively limited. Kenyan and Indian staff in Nairobi offered two main explanations for this difference—cultural and institutional. I argue that the institutional differences—specifically, the subordinate role of the Kenyan state in relation to international donors, in comparison to the Indian state's more authoritative role— explained the trajectory of Kenyan HIV prevention policy most convincingly.

One year into the implementation of the Nairobi Learning Site, staff at the Expert Group had high hopes but several frustrations. They had already gone a significant way toward changing strategies in programs with sex workers to be more data-driven. However, the drop-in center in Nairobi had not taken off. There were few visitors to the office other than staff. Paralegals went about their work, but the efforts at community crisis response had not spurred new forms of solidarity or community. When I asked either Kenyan or Indian interviewees about why the program looked different in Kenya than in India, they first offered cultural explanations. India was more tolerant, even though sex workers operated in secret, while in Kenya sex work was both more open and more stigmatized because of Christian and Muslim moralities.[79] One sex worker in Mombasa, Gloria, worked as a peer supervisor and had been part of HIV prevention programs for six years. She also worked as a hairdresser, and when I met her she was dressed in purple leopard print with matching eyeshadow—she said she liked to look neat, not like a poor person. "Sex work in India is safe," she said. "People don't know who is a sex worker because they wear saris and dress nicely." Kenyan sex workers, by contrast, had to put themselves at risk by dressing the part, and this difference meant sex workers faced more danger in their everyday lives. For Ann, the director of the Clinic, such cultural differences were the basis for impassioned arguments about the unsuitability of Indian approaches to Kenya:

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[79] I do not mean to imply that religion was not of concern to sex worker programs in Kenya. In particular, for men in sex work, religious moralities were a major barrier to organizing. However, prior to sex worker and sexual minority mobilization in India, similar barriers faced activists in India.

"I understand in India, there's a caste for sex work. In Kenya today, sex work is still very low, still being considered lazy and loose morals to be doing that thing, and there are always options, you're told, so many things you can do instead of selling yourself, there's always many things you can do according to the society. So we have not reached a place yet to embrace [it]. That's why I'm saying we need to be culturally sensitive. How much do you want to publicize this? Sometimes if you want something so much, you show people so much, we are sex workers, we're here, see us, see us, it won't work….But in India it was there. Brothels are there. They are known by the government. Sex workers are still very hidden, severely hidden in Kenya. So I agree we learned so much from India, but I want us to not cut and paste."

Beyond statements about differences in sexual morality, discussions of culture often extended to organizational politics. For Namita, one of the Indian staff at the Expert Group, there was no "spirit of voluntarism" among sex workers in Kenya—people preferred to participate if they were paid for it, not otherwise. There was no culture of "shouting and screaming" or "protesting," like at NGOs in India. In a traffic jam in Nairobi, she said, people would sit patiently for hours; in Bangalore they would have spent so much time getting out of their cars, picking fights, and honking their horns that they would have started a new traffic jam. Kenyan experts, too, produced differences between Kenyan and Indian political cultures, positioning Kenya as "conservative" and India as "tolerant" or "outgoing." Mercy, a sex worker activist who had visited India through The Network, reflected,

"You know…in India, the community is close and together with that togetherness. In Kenya we don't have that togetherness. So for them implementing projects is very easy. They can bring sex workers together, bring kids of sex workers together to go to school, they can even say sex workers should go to this brothel. But in Kenya it's hard. [*Why?*] Because of the culture I guess. The way we are brought up. Even where I stay in my apartment, I don't know my neighbor. I don't even know my neighbor, and it's not by default but it's the way I'm raised up. I don't care about my friend or who's around me….But I realized in India, eating, you have to eat together. Sitting, you sit together. In Kenya, no no no no. So like sometimes programming becomes hard because we don't have that togetherness. But we are trying to improve it and we have taken sex workers there and they have really appreciated and seen that so that's a very good thing. They need to be their sister's keeper."

For Mercy and Ann, such cultural differences reified Kenya and India, rendering them static and Kenya resistant to change. Sex worker activism in Kenya, in Ann's view, amounted to cultural insensitivity; for Mercy it was simply difficult to imagine because of an inherent "Kenyan" resistance to collective action. In these explanations, cultural differences became reified as permanent.

Despite these appeals to culture, there was no evidence that Kenyan social movements were inherently less vibrant than Indian ones. Kenya has a long history of postcolonial nationalist movements as well as resistance to Moi's 25-year one-party rule in the country. Of the 21 sex workers I interviewed in Kenya, 12 said they felt comfortable identifying publicly as sex workers, or well over half—suggesting even more comfort with sex work than my Indian interviewees, among whom 24 of 82 said they felt comfortable identifying openly as sex workers, and 28 said they would identify as sex workers in specified settings or when asked directly. Further, while some officials insisted that Kenyan culture was resistant to sex work, Nairobi did have a long history of sex work

integrated into the economic and social life of the city, even without a structured system of brothels characteristic of Indian colonial cities like Kolkata and Mumbai. White (1990, 34) calls working prostitutes Kenya's "first urban residents": without a manufacturing base, Nairobi in the colonial period served as a temporary home for male migrant laborers, and women prostitutes owned real estate and rented out rooms in addition to providing sexual services. Prostitution in the city became a source of financial support to families in surrounding villages in a time of agricultural change as well as providing a structure for intimate labor—sex, cooking, and a place to sleep—that underpinned the migrant labor system. While, in White's analysis, the *watembezi* form, which took place outside the home, and the *malaya* form, which took place within women's homes, differed in their public visibility, neither was considered a "specific occupation" that distinguished women from the realm of the "respectable" (p. 43). Thus, despite a prevailing Christian moralism around sex work and sex workers in Nairobi, sex workers were at the same time integrated into the fabric of urban life. As David put it, "In India you'd have to find a home-based sex worker with a torch actually, you know. It's such a pain. In Kenya you don't have to do that actually. Walk into any bar, you find sex workers. Walk into any street, you find sex workers." Less tolerance for sex work, in Nairobi, at least, could not explain the lack of involvement of sex workers in programs.

Finally, though officials in Kenya often argued that sex work was legal in India and thus advocacy with sex workers there was easier to pursue, sex workers in India and Kenya in fact face relatively similar legal contexts. In both Kenya and India, laws surrounding sex work are remnants of British law. Neither the Indian Immoral Trafficking (Prevention) Act (1986), nor the Indian Penal Code, nor the Kenyan Penal Code, nor the Kenyan Sexual Offences Act (2006) directly criminalizes prostitution—all detail regulation and punishment for activities surrounding prostitution, such as the exploitation of prostitution or living off the earnings of a prostitute. In Kenya, activists point to municipal by-laws as sources of the most frequent arrests, but even the Nairobi General Nuisance By-Laws (2007) criminalize "loitering" for the purpose of prostitution rather than prostitution itself (FIDA Kenya 2008). In India, too, soliciting for prostitution is criminalized under the Immoral Trafficking (Prevention) Act, and sex workers are also booked under public nuisance laws. In short, both countries face somewhat murky legal contexts for sex work in which abuses often arise from police misinterpreting the law.

Rather than these cultural explanations, at the institutional level, the national government's subordinate relationship to donors and researchers made it particularly difficult to organize the kind of approach that had been used in India. In contrast to the Indian government, the Kenyan government played a limited role in coordinating HIV/AIDS programs around the country. This difference was particularly clear to the technical experts who came to Kenya to implement India-style programs, only to find their authority severely limited without a centralized government mandate. As David put it,

> "The other difference is that, [if] you take the Indian government and Kenya, once the government of India spends the money, if they control the money, they control all the decisions around it as well. You get the point? Now the thing is, like, if you're a donor, let's say donor X, and I'm a donor Y in India. You want to push in 10 million dollars, I want to push in 15 million dollars. OK? Now I can't go and start a program in, let's say, Assam, because I like Assam. OK? You and I would have to go via the NACO, telling the government of India, well, I need to put in this much money, this is our commitment, where do you want us to go. Government of India would say, well, this is our national mandate, these are the national guidelines, this is our gap, so why don't you go over there and fill up

the gap. So it's a government mandate, which you are fulfilling. And not your mandate. In Kenya it's the reverse….If you ask [the government] today how much money comes in for the HIV program, they don't have an answer. Because they don't know. Donors don't need to get in touch with the government of Kenya to start a program. You have a bilateral agreement with the Ministry? Start anywhere! You see? So we have been doing our field visits and doing a lot of technical handholding of partners and we realized that the same sex worker is funded at least from 3 to 4 different sources. What does that show? The government is not in control or in charge of funding and programming."

Such frustrations surfaced over and over in my interviews with both Kenyan and Indian program staff. Even though it was the outsized role of foreign donors in Kenyan policymaking that made it possible for the Expert Group to attempt its programming in Kenya in the first place, this role simultaneously made it impossible to replicate India's program. It was India's very resistance to importing models promoted by foreign donors that made its own model difficult to replicate—or, at least, made the surveillance aspects of its model easier to replicate than its social services and advocacy elements.

Kenya's subordinate relationship to international donors in its HIV prevention programs with sex workers had precedents in a longer history of relationships to international development funding. Particularly after Moi came to power in 1978, Kenyan development policy was known for its openness to international donors and the role of NGOs in providing social services for Kenyan citizens (Hearn 1998; S. Brown 2001; Brass 2012). Nairobi, crowded with the African headquarters of UN agencies and international NGOs, epitomized this relationship. The pattern was particularly noticeable in Kenya's HIV/AIDS funding. Kenyan HIV/AIDS programs received disproportionate international funding in comparison to other health sectors in Kenya. Compared to India, Kenya had a relatively higher budget for HIV/AIDS: in 2009, Kenya's HIV/AIDS budget was $687.3 million (UNAIDS 2010, 236), compared to India's $140 million (UNAIDS 2010, 232).[80] In an example of "AIDS exceptioalism," HIV/AIDS programs in Kenya received large amounts of funding in the mid-2000s, largely from international sources (Morfit 2011; Casarett and Lantos 1998; Smith and Whiteside 2010). This made Kenyan health officials were inclined to focus disproportionately on HIV/AIDS, and inclined not to challenge the international donors that provided such huge amounts of funding. As Figures 10 and 11[81] show, Kenya saw overseas development funding for HIV/AIDS far outstrip funding for the health sector after 2005, while in India, this only happened in one year, 2007.

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[80] For consistency, these figures come from the UNAIDS *Report on the Global AIDS Epidemic 2010* (UNAIDS 2010). The figures differ slightly from domestic reports. For example, the Kenyan National AIDS Control Council reported a budget of $629.3 million in 2009/10 (NACC 2009a, 37).
[81] These figures come from the Creditor Reporting System (CRS), which consolidates data on OECD countries' bilateral aid. I compiled data for all donors' commitments, which indicate intended priorities (not actual disbursements). STD and HIV/AIDS funding falls into a different category, Population and Reproductive Health, than the rest of the health sector, allowing for comparison. STD and HIV/AIDS made up the vast majority of Population and Reproductive Health funding in this period.

Figure 10. Overseas Development Aid to Kenya, 1995-2011
(in constant 2012 US$ millions)
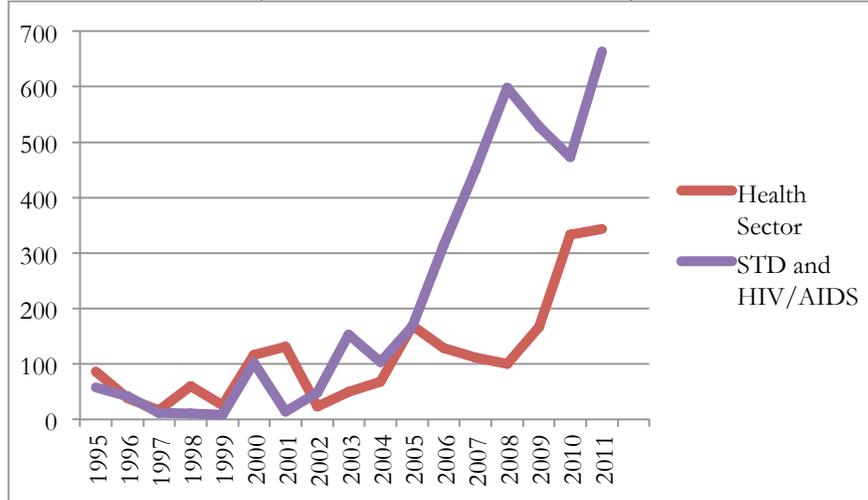
Figure 11. Overseas Development Aid to India, 1995-2011
(in constant 2012 US$ millions)
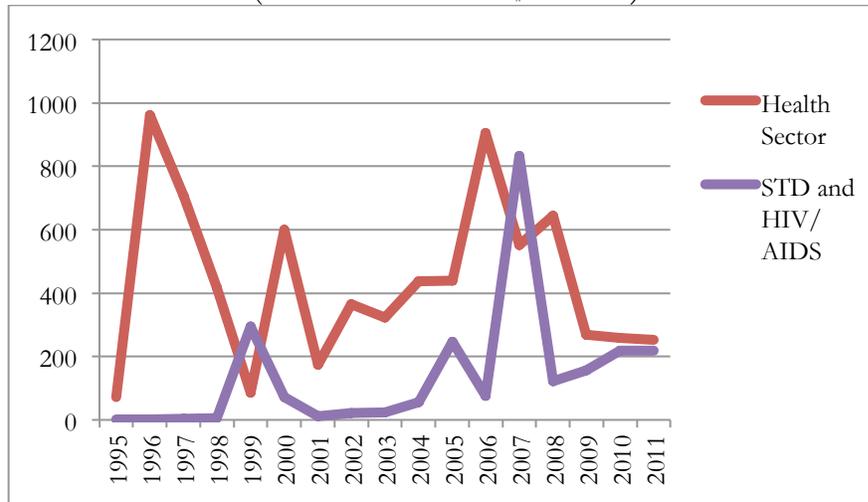
Overall, Kenya's HIV/AIDS budget was more composed of funding from a few sources, mainly the U.S. government, than India's HIV/AIDS budget. According to UNAIDS, similar proportions of HIV/AIDS budgets were composed of domestic funds: India contributed 16.5% and Kenya 14.2% (UNAIDS 2010, 232, 236). However, under its third strategic plan, the Kenyan government reported that it contributed only 6% of the budget for 2009/10 to 2012/13, (NACC 2009a, 37), while the Indian government reported contributing 40.8% to the budget for 2007-2012 (NACO 2014). Kenya's dependence on U.S. funding was particularly significant because, until a 2013 Supreme Court case (Roberts 2013), agencies receiving U.S. funding for HIV prevention were prohibited from "promoting prostitution," a vague characterization widely interpreted to mean not working directly with groups led by sex workers or engaged in promoting sex workers' human rights.

Figure 4 shows the percentage of overseas development aid to Kenya and India for STDs and HIV/AIDS from the U.S. government, which peaked at 93% in 2009.

Figure 12. Percentage of Overseas Development Assistance for STDs and HIV/AIDS from U.S. Sources, 1995-2011, Kenya and India[82]
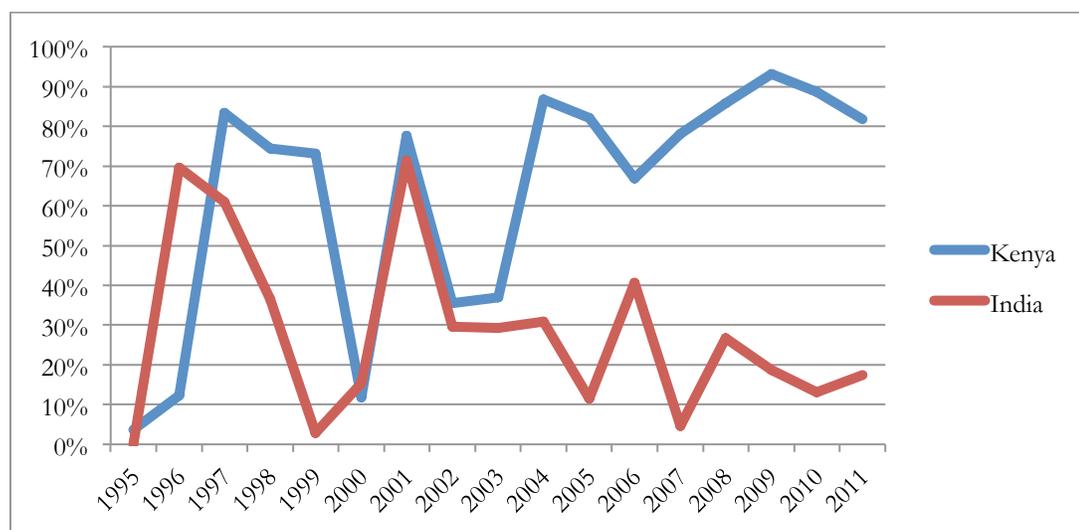
According to the National AIDS Control Council, of Kenya's HIV/AIDS budget in 2009/10, 81%, came from the U.S government under the President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. Agency for International Development (USAID), and the Centers for Disease Control (CDC) (NACC 2009b, 37). Kenya was a PEPFAR focus country starting in 2004.

Table 17. Funding Sources for HIV/AIDS Programs in India and Kenya, 2007-2009[83]

	Total	Domestic	Bilaterals	GF	UN	Multilaterals	Other International
India (08)	$145.6m	16.5%	19.1%	41.1%	0.7%	22.6%	0.0%
India (09)	$140.0m	16.5%	19.1%	41.1%	0.7%	22.6%	0.0%
Kenya (07)	$418.6m	13.7%	68.3%	6.3%	1.5%	0.0%	10.2%
Kenya (08)	$659.9m	11.2%	79.3%	1.5%	2.4%	0.1%	5.6%
Kenya (09)	$687.3m	14.2%	75.2%	2.8%	2.2%	0.0%	5.5%

In comparison, India's budget was relatively less reliant on bilateral donors. Unlike Kenya, India was not a PEPFAR focus country, and its bilateral donors included a wider variety of countries, including Australia, the UK, Canada, and the Netherlands. The largest multilateral sources of

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[82] These figures come from the OECD Creditor Reporting system, and indicate funding commitments.

[83] For consistency, these figures come from the 2010 UNAIDS *Report on the Global AIDS Epidemic* (UNAIDS 2010, 232,236). GF refers to the Global Fund for AIDS, TB, and Malaria, a multilateral organization formed in 2005 that consolidates funds from multiple sources.

funding for Indian HIV/AIDS programs were the World Bank, the Global Fund, the UK's Department for International Development, and the Gates Foundation. As a result, the influence of U.S. policy on its sex worker programs was relatively limited.

The international focus on HIV/AIDS in Kenya was in part a response to the greater political and humanitarian urgency of the epidemic there in comparison to India. In 2011, both countries had decreasing estimated adult HIV prevalence, but Kenya's was much higher, having decreased from 8.5% to 6.2% between 2001 and 2011 (UNAIDS 2012, A5), compared to a decrease from 0.4% to 0.3% between 2001 and 2009 for India (UNAIDS 2010, 188). In absolute numbers, India's epidemic remained notable--in 2011, Kenya estimated 1.6 million people living with HIV (UNAIDS 2012, A10), while India estimated 2.4 million (UNAIDS 2010, 187) Among female sex workers, a widely cited Lancet meta-analysis estimated an HIV prevalence of 13.7% in India and 45.1% in Kenya (Baral et al. 2012, 541–2), both figures several times higher than overall prevalence in their respective settings, but much higher in Kenya than India. The Kenyan government's relatively late coordinated response to the HIV/AIDS epidemic, with Moi declaring the epidemic a national emergency in only 2000, helped create the conditions for a continued major role for international donors in HIV/AIDS funding and policy-making.

To Indian experts, the role of international donors in Kenya's HIV/AIDS response left Kenyan state officials unable to assert priorities or coordinate efforts. David attributed the difference to a culture of subordination to donors: "People don't want to be assertive. This is a very polite country, you see. We are not so polite. That's the problem. People over here are very polite so they don't stand their ground, don't ask for things." Namita noted that these different relationships to donors might also be traced to an institutional history in which research organizations played a major role in programs with sex workers. Sex workers in Kenya were not intrinsically ill-equipped to mobilize, but it was a history of the very research culture in which Expert Group Expert Group itself was embedded that prevented them from showing the "spirit of voluntarism" sex workers in Bangalore, Kolkata, and Mysore showed. A research culture positioned sex workers as objects of surveillance, thus limiting the possibilities for sex workers to meaningfully challenge program priorities.

The role of donors also meant local organizations must respond to multiple demands from different donors, and often multiple donors operated in one place. My interviewees at all of the organizations I visited in Nairobi mentioned competition for funds between organizations working in the same area as a key challenge, in addition to the multiple program priorities donors imposed. "NGOs are more accountable to the donors than to the government," noted George at the Expert Group. "Donors have increasingly tightened their strings so they are expecting more for less…so the space is crowded, so everybody is fighting for space." The dynamic also meant that multiple programs might work in the same area:

> "In some places they have up to six implementing partners reaching out to the same female sex workers within the same location….Some of them, three or four of them are from the same funding agency…Naturally programs here, what they do is that when they are given some funding, they look out for the low hanging fruits. The low hanging fruits are those places, people that you can easily reach…So everybody comes to the same club that is in town."

Faced with this pressure, Kenyan NGO staff discussed the limitations they faced because of donors much more frequently than my Indian interviewees did. In India, NGO leaders explained, the

government might impose their priorities, but dependent as they were on particular organizations to reach marginalized groups, they were often unable to control those organizations with clear agendas of their won. In Kenya, selling one's contribution to donors was a prerequisite to any mobilization, and if an organization lost its funding, another group would be there to take its place. Even more advocacy-based organizations were forced to compete for funding with organizations providing medical services, leaving the possibilities for large-scale social movement alliances among organizations limited.

Ironically, the same assumptions underlying the Kenyan state's subordinate relationship to international donors were the assumptions that made the Expert Group's work in Kenya possible in the first place: the assumption that the Indian "model" could work in Kenya, and that experiences from the Kenyan health system or Kenyan sex workers were not adequate to address the epidemic. The language of Indian innovation and Kenya's desire to catch up surfaced often in my conversations with HIV/AIDS experts. Regarding donor coordination, David noted, "India was like that in 2006....in Kenya they're still in 2004. I'm sure it'll improve." Few of my interviewees could cite examples of Kenyan programs or health approaches that had provided models for Kenyan HIV/AIDS policy. For John, based in Mombasa, India's model was the best, and Kenya's adoption of the Indian model set it apart from other sub-Saharan African countries:

> "In terms of other countries, we will have to adopt the Indian model because it has shown to provide good results, it has shown to make a bigger impact, and it has also shown that it is more effective and efficient in delivering quality services to the sex workers. So in [the] African scenario, Kenya is leading in provision of services to the sex workers. It has better government policies than any other country, apart from I think Senegal where sex work is legalized. So we are better off and we are more better in relation to sex workers in African region... And that's why we went to borrow from India."

To John, India offered the most advanced models, and to borrow from elsewhere in sub-Saharan Africa would offer a less efficient, advanced strategy. George said that Kenya borrowed from India because it offered a large-scale, social and behavior model, but also because Kenya had less to offer in terms of policy innovation: Practices that had worked "elsewhere"—anywhere but "here"—suggested an innovation and expertise that local sex workers and organizations, not to mention the local history of health programming, necessarily lacked. George's observation suggested an underlying understanding of Kenyan policymaking as intrinsically less valuable than that of a more "mature" country like India. There was an experimental logic to this importing of models, as well: John noted, "what we want to do is to test [the model], modify it, and even make it better for India to come and learn from us."

This policy emphasis on imported models, rooted in assumptions about Kenya's inferiority and lack of "maturity," contradicted the very processes that, as I showed in Chapters 2 and 3, underpinned India's response to HIV/AIDS. India's program relied on the Indian government's ability to coordinate resources, and activists' constant challenging of state policy to both refocus it on pressing social and political concerns and redirect it to more generalized collective citizenship claims. It depended on organizations responding to a single target—the National AIDS Control Organization and leveraging it to expand programs and to take on other state agencies. In short, the very basis of Gates Foundation's presence in Kenya—an assumption that models from "elsewhere" prevailed, and a context in which donors defined categories, policies, and priorities--contradicted the professed spirit of India's approach. Though prediction, planning, and management aspects of

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programming had been exported to Kenya, it was opposition to management and resistance to planning that had produced the successes Avahan now sought to sell in foreign policy markets, and those successes were much less reproducible. In the next section, I show how, nevertheless, some activist groups did mobilize forms of resistance that meaningfully addressed both HIV/AIDS and the broader concerns of sex workers.

Sex Worker Organizations, International Donors, and Individual Strategizing

While Kenyan government policy and officials remained resistant to integrating social services and advocacy into work with sex workers, some sex worker organizations and Expert Group staff sought to, as Indian organizations had done, push NASCOP to do so. However, advocacy in Kenya, in comparison to India, focused more on the international donor community and NASCOP, rather than a broader citizenship claim beyond the Ministry of Health. Meanwhile, individuals strategized to use resources provided by HIV/AIDS organizations in order to access services, without always mounting collective projects or forms of resistance.

As the Expert Group attempted to adapt Indian programs in the Kenyan Learning Sites, integrating social services and advocacy into the work of research organizations was particularly challenging. In an effort to address this gap, Namita, who was particularly interested in community mobilization and addressing violence against sex workers, sought partnerships with sex workers' rights organizations in Nairobi: groups I call the Network and the Empowerment Project.   In partnership, the Clinic would provide medical services at the Learning Site, while advocacy officers recruited from The Network would handle legal issues and supervise sex workers trained as paralegals to address everyday encounters with violence. However, the organizations soon clashed on both ideological and practical grounds. Hester, a The Network leader and former sex worker, criticized the Clinic for its lack of participatory leadership:

> "I'll say that it has been a bit challenging, because the organizations that were chosen to work with us are not sex-worker-led organizations, so when we put our ideas [forward] they think that we are so stupid, we didn't go to school, so we can't tell them anything. They feel like they own the space, and that space is not for the community. But we as The Network thought that that space was supposed to be for the community, and it was supposed to give capacity building to the community. And the spaces that we had, they were supposed to be for the community, so the community could learn from the spaces that they had been given."

As Hester pointed out, the Learning Site did not engage sex workers' participation as much as its initial plans suggested it would. As David put it, " Our primary mandate is to improve programming. [There are] a lot of rights based organizations in this country that are not doing programming. We don't interact with them so much because that's not really our mandate." If programs were to address human rights, he said, they should approach it from the angle of HIV: "There's a human rights angle to it and there's a HIV angle to it. It's better to approach the human rights angle via the HIV rather than doing the reverse." For David, "programming" and HIV meant conducting outreach, distributing condoms, and microplanning, bringing larger numbers of sex workers into the program's surveillance network. "Rights," the advocacy work that the Network and the Empowerment Project the Empowerment Project wanted to do, fell outside of this mandate, and was easier to promote through an HIV lens.

The Network and the Empowerment Project worked primarily in international spaces for sex workers' rights, often with support from HIV programs and funds. The Empowerment Project

formed in 1998 as a response to violence in bars against bar hostesses who often also did sex work. Early on, the majority of the Empowerment Project's work focused on HIV outreach, and it began receiving funding from the National AIDS Control Council (NACC) in 2000, soon after NACC formed. A 2005 research project with FIDA Kenya, a women's rights organization affiliated with the International Federation of Women Lawyers, spurred the Empowerment Project to expand its focus to forming income generation groups and, with support from the Open Society Institute (OSI), human rights advocacy, largely around violence against sex workers. At the same time, the Empowerment Project also operated medical clinics and conducted public health studies, and had reached 10,000 sex workers through its efforts. For the Empowerment Project, issues of violence were inextricably linked with HIV prevention. The founder, Rebecca, recalled,

> "I remember in one training we were training them on HIV, then the girl said, how can you be telling us about condoms when about 20 girls are in the police station. They stopped the training. Throughout we have seen that direct link [between violence and HIV] and it is difficult to approach one without the other."

The Empowerment Project became a founding member of The Network, a coalition of sex-worker-led organizations[84] in 2010. The coalition was formed as part of an emerging network of African sex worker organizations. At the time, the Sex Workers Education and Advocacy Taskforce (SWEAT), a sex worker activist group based in Cape Town and registered in 1996, had begun holding conferences to create a regional network of sex workers' rights organizations, and the African Sex Worker Alliance (ASWA) was launched at a conference in 2010. Compared to the Clinic and even the Empowerment Project, The Network's leaders were more steeped in the language of collective action, speaking often of the sex workers' movement, and run by an elected board. The Network's community outreach focused on legal aid and "knowing your rights" in the event of an arrest, and The Network organized a yearly march and rally for the December 17 International Day to End Violence Against Sex Workers. The Network leaders were actively engaged in international networks of sex worker organizing like the Network of Sex Work Projects, and traveled often to India and elsewhere in Asia as well as to other African countries for training and conferences separately from the Expert Group. The organization's broad goal included advocating for the decriminalization of sex work.

The Network, with its links to SWEAT, was part of an international history of sex worker activism that extended beyond the work of research and clinical organizations like the Clinic. SWEAT and the Empowerment Project, founded in the mid-1990s, had worked with sex workers before they had become a global focus for HIV/AIDS policy. However, though they had some links to women's organizations, neither The Network nor the Empowerment Project had the broad social movement links organizations like DMSC, VAMP, or the Union had in India or SWEAT had in South Africa, and HIV/AIDS and HIV-funded sex worker organizations were the major source of both funding and movement alliances. Matthew, a founder of The Network and the director of an organization focusing on men in sex work, noted,

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[84] The Network defined "sex-worker-led organizations" as groups made up of at least 80% current or former sex workers. Democratic elections of leadership were not necessarily part of this definition; The Network leadership was elected by a group of representatives from all its member organizations, while the Empowerment Project was not run by an elected leadership. In an interview, the director of the Empowerment Project said 30% of the paid staff were sex workers.

"[A]ll of us in Kenya, to have decriminalization and all those kinds of things, it will come with HIV. Because every focus in Kenya is still about HIV…. That is the platform in Kenya that people use, everyone. They are being protected…everyone, are all being protected by HIV/AIDS…. Because of the key population, because they are high-risk group, and people must address the issues of the high-risk groups…. HIV is not the main issue in the key population groups. There's a lot more than HIV, more than condoms and lubricants. There is violence, there is all those kinds of things."

For Matthew, HIV/AIDS was the main platform for the issues of LGBT people in Kenya at large. Hester, the national coordinator of The Network, saw NASCOP as "one of the best partners that we have," but noted that they tended to become less supportive when The Network brought up issues of decriminalization. Mercy, a consultant who had worked with the Empowerment Project and The Network, explained, "Most of the time we hide behind HIV programs because you can't just tell a donor you are doing rights for sex workers….We get HIV program money and then you can do some rights work, you can bail out some sex workers, but you can't tell a donor you did that." At the same time, she noted, focusing on the surveillance needs of organizations like NASCOP could crowd out advocacy concerns: "HIV programming has taken the arena of everything, and advocacy has been left out."

In everyday as well as more systematic ways, sex workers challenged the surveillance mandate of HIV/AIDS programs. One strategy was to respond to specific threats to sex workers' safety on the job. The Empowerment Project had held demonstrations demanding an investigation of a Nairobi serial killer who had targeted sex workers, and The Network's yearly march for the International Day to End Violence Against Sex Workers. Another strategy was to demand different or better services. For example, men at the Empowerment Project had demanded access to the clinics the organization ran, and the Empowerment Project had begun providing services for men as well as women. At the Learning Site, where tensions had risen between the staff and sex worker clients who said the staff members were rude and discriminatory toward them, sex workers even locked down the clinic one day to demand friendlier treatment.

Notably, in comparison to Indian instances of sex worker activism directed toward demanding social services from the state or local-level protests against violations from the media or the police, activism in Kenya generally aimed at HIV/AIDS programs or the international donor community. For example, the sex workers who had closed down the Clinic had directed their collective action toward the HIV/AIDS program, not the state at large. Matthew was heavily involved in international activism around sex work, and had protested the U.S. government's restrictions on funding for organizations promoting sex workers' rights. The cause was relevant to Matthew's work because the majority of Kenya's HIV/AIDS funding came from the U.S. government. Rebecca, the director of the Empowerment Project, highlighted the value she placed on individual empowerment within sex worker organizations:

"When I think back to where we were in 1999 and 2000…when I think of how far we have come, I can really say that the empowerment has been a very ongoing process which has borne fruit over time. Now I'm seeing sex workers run their projects… seeing them coming together, and saying oh yes I think we can do this together, running their own projects, speaking up for themselves, they don't want anybody, not even the director of [the Empowerment Project] to speak on their behalf, no, they want to air their views themselves,

let me talk, let me say what I want, it's very encouraging. Even seeing someone like [a member of the Empowerment Project] in Safari Park [a big hotel in Nairobi], there's a big crowd of all the international people on HIV, standing up and saying I'm a sex worker and really talking out there and airing her views and everybody applauds her and gives her an ovation, and I can say that is empowerment and it has taken time but it's been there."

Rebecca's vision of empowerment involved sex worker running their own programs, and speaking out with confidence in official spaces, such as a conference of international HIV/AIDS donors and experts. It did not necessarily involve links to social movements other than sex worker and HIV/AIDS movements, or a class-based claim to status as an informal laborer, as some sex worker organizations in India had made. The Network and the Empowerment Project were not linked to feminist movements or labor movements. Their claim was a claim to inclusion in international networks of sex worker activists and in conversation with the international HIV/AIDS donor community. Hester noted that the term "sex worker" itself offered access to this international activist community: "I think sex worker is good because we don't only say it to Kenyans. We also say it to international people who are coming here to see the movement."

Finally, in response to the increased attention to sex workers that the state's surveillance needs entailed, some sex workers strategized on an individual level to pursue their goals, sometimes with support from their organizations. Sarah, an advocacy officer at the Empowerment Project, said, was to "bring people up"— the Empowerment Project encouraged some 36 sex workers to start small savings groups or "merry-go-rounds" and apply for government Youth Fund or Women Fund resources. Mercy saw herself as a success story of the Empowerment Project. After her mother and sister, both bar hostesses and sex workers who had died of AIDS, she had sought out the organization after reading about it in the newspaper. She had worked at the Empowerment Project as a receptionist and saved up, with some support from the Empowerment Project, for a college degree in sociology. Janine, a peer supervisor in Mombasa, said the main benefit she had gained from NGO work was her access to training and certificates, and worked as a community health worker as well as an HIV peer supervisor.

Individuals also strategized to access the best services and jobs from among the multiple organizations providing HIV/AIDS services to sex workers. Alikhan was a student and self-described high-end sex worker who loved expensive cars and fancy hotels. He told me animatedly about how he negotiated with clients to ensure they were wealthy enough to be worth his while, asking for taxi rides and drinks at fancy clubs. He was just as strategic in navigating HIV/AIDS services in Nairobi. He once spent a day walking around the city with me, stopping at the different organizations he often visited—a drop-in center for LGBT people, a center for LGBT people with an HIV clinic, and the Clinic. We met at the Clinic, where he went for a clinical visit, then visited another office to look at Facebook and watch Bollywood videos on the computer. He felt more comfortable at the LGBT drop-in centers, but when they ran out of condoms and medicine, he visited the the Clinic clinic. Others sought employment as peer educators in multiple organizations. As Joshua, an Expert Group staff member put it,

"I want more money. What do I do? I'm trained in this program, and this other program also needs someone like me. So what I do [is], I'm not satisfied with what I get here, the stipend they are giving me, so to get more I have to work for the other one as well."

One of my interviewees, Rose, for example, worked at both The Network and the Clinic, and had

previously worked at the Empowerment Project. She had received her first training from the Empowerment Project, but then moved to the Clinic and joined The Network, where she sometimes did odd jobs to earn extra cash. Sex workers' decisions to work at multiple organizations frustrated Expert Group staff, who saw duplication of efforts as a major source of inefficiency and sought to streamline programs and account for each individual's risk. On the other hand, it allowed Rose to make a comfortable salary in addition to her sex work. This individual strategizing, as well as more large-scale individualized advocacy that the Empowerment Project and The Network were involved in, differed significantly from the kind of mass collective mobilizations in some organizations in India: they were individualized strategies or built around claims to donors and HIV/AIDS programs rather than representing a collective citizenship claim.

Conclusion

Though the travel of the "model" from India tended to intensify individualized surveillance efforts, then, the resulting interactions between sex worker activists in Kenya and in India did create some openings for advocacy, though in a different form from in India. For Hester, coordinator of the Kenyan Sex Worker Alliance (The Network), advocacy in Kenya was possible, and India represented the least of what Kenyan sex workers might achieve. India represented paths forward, potential directions for a nascent African sex worker coalition:

> "We couldn't have sex workers volunteering for public clinics, and we saw that in India so we came and demanded it from NASCOP. Like, sex workers being directors and running their own things. We felt like the Indians do not even know how to speak English. Kenyan sex workers can speak English. That means we have a lot. We can run our own things. We have learned a lot and they keep on empowering us all the time."

Hester saw advocacy as possible for Kenyan sex workers, rather than a cultural impossibility, like detractors who saw surveillance as the only aspect of Indian models that might be transportable. Hester herself was a former sex worker who had been involved in national and international networks of activism pushing for the decriminalization of sex workers. These moments marked openings in the travel of the Indian "model" from Bangalore to Nairobi: though the program had increasingly been stripped of its politics, and packaged and presented to Kenyan sex workers in such as a way as to progressively separate advocacy work from the demands of data collection, the traveling pathways these policies created left spaces for connection and inspiration linking sex workers in diverse sites.

But with all the structural barriers in Hester's way, it remained to be seen where such inspirations might lead. It was, of course, the very travel of the model that limited its possibilities for creating political openings in the Kenyan context in the way it had done in India. The sources of "success" in India had emerged in the cracks in coercive public health programs, in collective actions that had pushed back against state and donor excesses and critiques that had been constantly absorbed, re-negotiated, and pushed once more. Communities could not be "mobilized" by technocrats, nor could "sex workers" be defined through epidemiological modeling. In India, the intensification of surveillance of sex workers' sexual and non-sexual lives accompanied sex workers collective claims. In Kenya, advocacy and sex worker participation became "frills," a non-essential luxury, a secondary stage of development inaccessible to underdeveloped Kenyan state agencies. While some within the Expert Group resisted this tendency and involved existing sex worker organizations actively in programs, because of the ongoing tensions between these organizations and

NGO staff, the program was ultimately reduced to its planned form, rather than its contradictory, living political shape—a series of epidemiological strategies, surveillance mechanisms, and management tricks. This representation of a pre-planned Indian "model" shored up a vision of the Indian state as cohesive and sophisticated and Kenya as subordinate, but it was this very subordinate role of the Kenyan state that limited its ability to foster a vibrant program that could foster constructive opposition. In this context, the challenge to sex worker activists who did seek to make broader claims on the state, was to leverage what opportunities state attention did offer, and build on its activist tradition, without being reduced to "the simple things in life."

Conclusion

Among the many sex workers I met in my fieldwork, Rose was perhaps the most unequivocal in her identity as a sex worker. She was born and brought up in a "sex den," she told me, and her mother was a sex worker. She had brought me to another such sex den to introduce me to some of her friends. Like other sex dens I had seen in Nairobi, it was on the second floor of a building one entered through a narrow staircase. It had a courtyard, with rooms arranged in a rectangle. Several of Rose's friends sat in the passageways connecting their rooms, talking and laughing. Later that evening, they would set up a desk at the front of the stairwell to greet the men who would start crowding the entrance to come in. But in the early afternoon, the building was relatively quiet, a surprising refuge from the bustle of central Nairobi just outside. I interviewed Rose in one of her friends' rooms. Eloquent, with fine features and refined taste in clothes, Rose saw herself as a savvy businesswoman. She had worked as a sex worker starting when she was a teenager, and had begun working at an HIV prevention NGO at 24. Subsequently, she had become a peer educator at two other sex workers' rights organizations, as well as working as a government-certified trainer for other peer educators. She also did odd jobs for NGOs, and ran a business on the side selling handmade mats. The business was so successful she had begun hiring other women to make the mats for her.

Rose had a natural authority and confidence about her, and she was well respected in her NGO work. I immediately admired her efficient, no-nonsense attitude and her readiness to say what she thought. For Rose, despite her other business ventures, her primary identity as a sex worker was relatively unproblematic. Sex work was her first job, and she described herself easily as a sex worker. She kept her family somewhat separate from sex work—she had an apartment outside the city center where she lived with her two daughters—but they knew about her profession. She had never been married. When I asked about it once, she snapped, laughing, "If I'm a sex worker it means money for my pussy! So a steady partner won't give me money for my pussy! I only do clients." Her well-defined identity as a sex worker also meant she was uncompromising about identifying publicly as a sex worker. To identify publicly as a sex worker was simply to acknowledge an underlying truth.

> "You know, if you talk about it, it sets you free. There is nothing that tortures you inside….it's like, if you are dark, and you pretend to be light. You cannot. If you are dark, come out with your darkness. And then in that way, you are going to be very bold and confident in yourself. But if I'm dark, and I want to be light, and [use skin-lightening creams] to be light, my identity remains dark, and in my mind it will always click that I'm dark, I'm not light. So it's better you come out so you won't have any torture in you."

For Rose, hiding or minimizing one's status as a sex worker was as false as trying to change the color of one's skin. It was a biological truth, and to deny it suggested a deep disjuncture and self-denial.

Rose's single-mindedness in her sex worker identity set her apart from sex workers in India, who often positioned their role as sex workers in relation to their roles as mothers and wives, and thought of sex work as the work they did rather than an underlying truth about who they were. Rose suggested the public health archetype of the urban sex worker. She operated out of well-known Nairobi sex work "hotspots," and was unmarried and relatively young. She had multiple clients, but no long-term partner, and was proud of her independence as well as that of her children. These qualities made her easy to locate, identify, and involve in disease prevention programs.

It was the idea of sex workers like Rose as the source, or "reservoir" (D'Costa et al. 1985), of the HIV epidemic that had confirmed researchers' ideas about the virus in sub-Saharan Africa and shaped subsequent policy-making worldwide. These early studies of the "African" epidemic linked the category of the prostitute inextricably with the spread of HIV. The category itself was poorly defined in the context of other material exchanges surrounding sex and intimacy (Booth 2004; Hunter 2002; Standing 1992). However, Rose was aware of the fact that this status as a sex worker opened up some opportunities. She was savvy about navigating the resources—free health care, HIV prevention jobs, legal support—that she had access to as a sex worker in a time when sex worker programs were growing in scope. At the same time, she was critical of organizations that worked with sex workers without employing them or giving them leadership positions. "In sex work we say you set a thief to catch a thief…if you go doing something and you're not a sex worker, it will be wrong," she said. "Because you will not get what you want. Nobody will give you an ear. After all it is like you are coming to just look at them, laugh, and get a story to go and talk about."
`   Rose represents one of the central puzzles with which HIV/AIDS experts in Kenya grappled. On the one hand, Rose identified as a sex worker, dressed in ways that marked her as a sex worker, and frequented well-known places of sex work. Unlike Lata, discussed in the Preface, Rose had not moved from one job to another; she had always seen sex work as her primary source of income. Indeed, compared to almost all of my interviewees in Bangalore, of the twenty interviewees in Nairobi and Mombasa, over half had never had any job but sex work, though some now had side businesses they had started through income-generation programs for sex workers. And yet Kenyan sex workers had not become engaged in sex worker programming in the way that Indian sex workers had. Even as they were more visible to the casual observer as fitting the archetype of the sex worker, by and large, men and women like Rose saw clinics and organizations as sources of services, and were sometimes deeply critical of them, but had not sought to change them. What dynamics shaped Rose's ability to identify herself as a sex worker, and to mobilize (or not mobilize) that identity as a basis for making political claims at a time when Kenyan HIV/AIDS policy had refocused its attention on sex work? Why, despite the existence of many open, confident full-time sex workers like Rose, was sex worker activism in Kenya still relatively small compared to sex worker activism in India?

        To address such questions, this dissertation has adopted an approach that considers sex workers' activism and HIV/AIDS policy in relation to each other, within a scholarly literature on development policy, transnational social movements, and neoliberalization. Despite what some experts told me, it was not an inherent difference between Kenyan and Indian sex workers that produced this difference in activism. Rather, it was the distinct relationship between donors, state governments, and sex worker organizations in Kenya and India that gave Indian sex workers an opening to engage the state through HIV/AIDS, while Kenyan sex workers remained trapped within a narrow definition of disease prevention.

        Scholars have pointed to the tendency for poverty-alleviation "fixes" and development policy models to travel in the era of neoliberalization (Peck and Tickell 2002b; Peck and Theodore 2010a; Brenner, Peck, and Theodore 2010). HIV/AIDS policy, with the massive scale of financial resources it has received in a relatively short period, has involved several such traveling policy models. I have used HIV/AIDS policy to build on this literature in several ways. Methodologically, I have studied changing articulations of sex worker identity and activism, on the one hand, or "viral politics," and HIV/AIDS policy, or "viral policies," on the other, without analytically privileging either one, and remaining attentive to their dynamic relationship to one another. The HIV/AIDS epidemic has shaped sex worker politics—creating organizations, networks, frameworks, theories,

and analytical categories—in ways that are impossible to ignore. At the same time, HIV/AIDS is not the only dynamic in sex workers' lives and struggles. By conducting ethnographic fieldwork, including both participant observation and in-depth interviews, among policy-makers as well as program staff and participants who do sex work, I have developed a fuller understanding of the ways in which policy shifts and transforms, both within policy-making spaces and outside of them. I have shown how disjunctures within the state constitute policy, rather than policy being imposed and then disrupted from the top down (A. Gupta 2012). And I have shown how policies intended to hollow out the state's functions—through cost-effective disease prevention strategies and the displacement of the burden of health programs onto non-governmental entities and vulnerable groups—create new, critical collectivities with the capacity to demand the continued expansion of welfare programs (A. Gupta and Sharma 2006; Sharma 2008)

In Chapters 1, 2, and 6 of this dissertation, I "followed the policy" of sex worker programs for HIV prevention, showing how programs were selectively translated from one site to another through networks of experts and donors. In Chapters 3, 4, and 5, I analyzed "viral politics," and showed how the repackaging of the model in one nodal site—Bangalore—was the product of ongoing struggle. Sex worker groups formed in relation to state HIV prevention programs leveraged their categorization as "communities" to challenge state HIV prevention policy in everyday and more systematic ways (Chapter 3), and, in the process of forming alliances with other social movement groups (Chapter 4) and interpreting their own social and material conditions (Chapter 5) formed new gendered collective identities that became the basis for a sex worker movement capable of exceeding the mandate of HIV prevention.

In this concluding chapter, I turn to the literature on transnational feminist movements to reflect on what sex worker organizing can tell us about movement-building during late neoliberalization. Scholarship on transnational feminism has long been concerned with the contradictory possibilities of the increasing role of NGOs in addressing gender inequalities in the global South, as well as the incorporation of gender expertise into state programming. Sex workers' role in large-scale HIV prevention programs, and the support they have won from a range of unlikely sources, from corporate donors like the Gates Foundation to human rights funders and even to some extent the Indian judiciary, crystallizes some of the tensions involved in this relationship between movements, NGOs, and the liberalizing state, and highlights both limits and possibilities.

Situating Neoliberal Development Policies

Scholarship on neoliberalization often diverges as much in its definition of the concept as in its assessment of its processes and effects. Scholars like Evans (2008) and Harvey (2007) position neoliberalism mainly as a political economic project. For Evans, neoliberalism represents an uneven, even failed, attempt by elites to extend the reach of the self-regulating market, but succeeds in producing economic and social inequality. Other scholars (Ferguson 2010; Gill 1995; Miller and Rose 1990; Ong 2006) see neoliberalism as including a set of rationalities, concepts, and ideologies that extend into a wide variety of social realms. One mediation of these approaches is Peck and Tickell's (2002a), which is attentive to local contestations over the meaning of neoliberalism, but does not de-link them from the transnational dynamics of a neoliberal political economic project. Even as neoliberalism is "restless" and "mutating," it is also embedded in transnational dynamics of power that set the limits for local contestations. Yet the approach continues to present challenges. What *is* neoliberal, if such a wide range of policies and ideologies, from conditional cash transfers (Peck and Theodore 2010b) to basic income grants (Ferguson 2010) can be included within its

gamut?

In responding to this tension, Wacquant (2012) argues that what really distinguishes neoliberalism is the use of the state to impose market rationalities on citizens. Ferguson (2012) suggests a two-part understanding of neoliberalism, as a "political-technical" project and a kind of "rationality": while the "political-technical" project serves to recolonize the postcolonial world in the world order, the rationality, which underlies various pro-poor government programs, may offer alternatives to the political-technical project in some settings. Evans and Sewell (2012) offer a four-part understanding of neoliberalism, as economic theory, political ideology, policy paradigm, and social imaginary. Noting that neoliberalism in general has not been successful in achieving its professed goals of economic growth, they point out that it has increased the power of capital and the inequality of incomes, and the social imaginary that supports these transitions has been "assimilated very broadly across the world" (Evans and Sewell 2012, 63). At the policy level, however, Evans and Sewell warn against reducing the renewal of some liberal ideologies as necessarily tied up in these broader shifts. While their exact analytical prescriptions differ, all of these scholars are calling for greater specificity in the use of the term "neoliberal" and in parsing out "neoliberal" aspects of programs. In their approach to participatory budgeting, for example, Baiocchi and Ganuza (2014, 40) avoid blanket statements that suggest participatory budgeting is a "friendly façade to neoliberal reforms," arguing instead that it must be understood in its context, and its elements must first be analyzed before its effects are unilaterally dismissed.

Ethnographies of postcolonial developmental states converge with these accounts by demonstrating how neoliberal reforms may coexist with large-scale pro-poor programs. Gupta and Sharma (2006, 293) argue that this coexistence suggests the unique context of neoliberalization in India: "neoliberal empowerment programs in India do not follow and displace welfare programs. What we see instead is the rapid expansion of both types of programs." This kind of analysis opens up possibilities for understanding neoliberalization as an uneven process rather than as totalizing governmentality: here, the persistent demands of sex workers for group-based recognition and welfare programs prevent state agencies from ever simply displacing disease prevention onto sex workers and then leaving them to manage their own risk. In this way, Sharma (2008, xxii) argues "poor people's activism…refuses to let the redistributive state fade away." Further, neoliberal programs may even contribute to the formation of critical collectives capable of making demands on the state for social welfare, or of exploiting the disjunctures within the state to serve strategic ends. When scholars write about the possibilities for redirection of neoliberal programs (Peck and Theodore 2010a; Ferguson 2010) they often reduce the opportunities for these new solidarities to neoliberal programs alone, but, as this dissertation has shown, opportunities also emerge from contradictions within the state, regional histories of mobilization, and the alliances that form within specific political contexts. Rather than reducing analysis to programs glossed as neoliberal, this dissertation has taken on Hart's (2008, 680) provocation to grapple with how "identifiably neoliberal projects and practices operate on terrains that always exceed them." By focusing on the story transnational institutions tell about their programs, neoliberalization scholars miss the ways in which these programs are continually subverted and redirected in their sites of implementation, sometimes in ways that unexpectedly shape seemingly neoliberal models as they travel.

NGOs, the State, and Transnational Feminisms: Tensions and Opportunities

The politics of HIV/AIDS is politics in a time of crisis. Faced with an epidemic, public health experts in both India and Kenya had to find immediate ways to access sex workers, even though their work was partly illegal, and include them in policymaking as a condition for access to

more sex workers. In a policy context where sex workers' rights has become, at least on paper, tied up with effective HIV prevention models, HIV/AIDS has created the conditions for everyone from Kofi Annan and Bill and Melinda Gates to West Bengal members of parliament and Karnataka judges to make statements in favor of the rights of sex workers. Such developments are hard to imagine outside the context of HIV/AIDS and the ways in which sex worker activism has become a standard for "best practice." The director of a sex worker advocacy group in Cape Town registered in 1996 told me she was surprised when the South African health minister, Aaron Motsoeledi, went to Karnataka to visit the Avahan program and met a sex worker for the first time. "You could have met a South African sex worker right here!" she said. "He never asked us."

Despite what seems exceptional about sex worker politics, my approach has emphasized the ways in which the relationship between sex worker collective identity formation, on the one hand, and HIV NGOs and the state, on the other, shows continuities with other social movements in the context of neoliberalization. There is a long history of feminist debate around the possibilities and pitfalls of bureaucratization through NGOs (Alvarez 1999; Ray and Korteweg 1999; Alvarez 2009; Thayer 2009), and how NGOs might limit the possibilities for feminist groups to make oppositional claims on the state, or strip away elements of their work that are more based in redistributory claims. Some feminists have argued that NGOs are dangerous to social movements, that they professionalize activism, replacing grassroots constituencies with trained mediators, and de-politicize questions of gendered power and class inequality. Fraser (2009) has sharply criticized contemporary feminisms for, by losing their connection to claims for redistribution, becoming reduced to a politics of recognition that is available as a justification for neoliberal capitalism.

However, if accounts of "NGO-ization" and the role of Northern aid in the 1990s focused on NGOs' ability to bureaucratize social movements, disconnect them from their constituents, and even be co-opted by the interests of private capital or the regulatory needs of the state (Alvarez 1999; Edwards and Hulme 1996), more recent scholarship has focused on the ways in which Northern NGO funding is struggled over on the ground, in particular settings, through hybrid relations of both power imbalance and solidarity, with sometimes transformative results (Thayer 2009; Alvarez 2009).   These ethnographic accounts show that a role for NGOs may not always serve to depoliticize poverty and inequality. Alvarez shows that NGOs can provide scaffolding for grassroots groups to articulate claims, and Thayer shows that poor women can leverage their relationships to NGOs to, at times, demand changes in the way resources are used. These relations are also tied up in particular state relations to NGOs and civil society. Alvarez (1999) argues that Chile, where NGOs institutionalized early on with humanitarian aid under the Pinochet dictatorship, had a more robust relationship with the post-Pinochet state than NGOs did in Colombia and Brazil. Kudva (2005a) argues that, in India, NGOs first served as functionaries of the socialist state, later diversified and worked in opposition to the state, and, under liberalization, have now proliferated and diversified, but maintain "uneasy, sometimes reluctant, but pragmatic and often sophisticated partnership" with the state, in which they both work with the state and attempt to keep it accountable to poor people (Kudva 2005a, 239).

Such "uneasy relations" have long been a part of sex worker politics. Sex worker groups, highly stigmatized and often in need of support from some external authority, have often worked with HIV/AIDS institutions and donors. Kempadoo's work on global sex worker organizations draws together accounts of a range of organizations advocating for sex workers (Kamala Kempadoo and Doezema 1998; Kamala Kempadoo 2003). In general, these sex worker groups acknowledge the attention sex workers have received because of the HIV/AIDS epidemic as a force of "revitalization" (Kamala Kempadoo and Doezema 1998, 22) for the global sex work movement,

arguing that it offered activists from the South a new platform for participation in Northern-dominated global networks, new funding, and new alliances with LGBTI organizations. While this account has less to say about the potential de-politicizing aspects of such an alliance, a more telling account emerges in Jenness's work (1990; 1993) on COYOTE (Call Off Your Old, Tired Ethics) in the United States. Jenness argues that COYOTE's politics emerged in relation to three arenas: an early set of arguments (emerging in the 1970s) about discrimination and selective enforcement of laws that disadvantaged sex workers; a debate within feminism about the difference between "prostitution" and "trafficking," and mobilizing discourses about choice and control over the body; and an engagement with the public health apparatus after the emergence of the AIDS epidemic. In her earlier account, Jenness (1990) frames AIDS as an opportunity to "work within the system," receive funding, and challenge the scapegoating of sex workers while enabling sex workers greater control over their work and the ability to protect themselves from disease. Later, however, Jenness (1993) grows less optimistic: COYOTE's association with a public health education project funded by California's department of health ultimately overshadows its other goals, and one of its founders takes on a new role at the World Health Organization. Here, Jenness describes a shift toward a focus on AIDS as leading to the "demise of the contemporary prostitutes' movement per se" as prostitutes' rights organizations become nothing more than a link between public health organizations and sex workers (1993:109).

Jenness's account here is reminiscent of Alvarez's (1999) discussion of the NGO-ization of feminist organizations in Latin America—rather than serving as critical interlocutors, prostitutes' rights organizations become more neutral mediators between the state and sex workers, and increasingly aligned with bureaucratic imperatives over more radical ones, and surveillance concerns over those that address the political and social that marginalize sex workers. However, as in Kudva's (2005) analysis, NGOs can play a diverse range of roles in activism. Majic (2013; 2014) shows that sex worker organizations in the United States, including COYOTE, balanced their service provision activities with oppositional forms of implementation and challenges to dominant gender ideologies. Within India, scholars and activists have ranged from critiquing the HIV/AIDS epidemic as a pure source of depoliticization (Ghosh 2005) to a kind of contradictory opportunity (Kotiswaran 2011; Menon 2009). Non-sex-worker activists I interviewed, for example, noted that they would never have become involved in sex worker politics without the HIV/AIDS epidemic. HIV/AIDS was the reason they came into contact with the lives of sex workers—even if HIV/AIDS was not the reason they stayed to become involved in a sex worker movement. As I have shown, NGOs often took on hybrid functions in activism. One influential activist supporter of a sex worker collective in Maharashtra told me that the sex worker movement was made up of "NGOs who believe they are movements"; the director and founders of the NGO argued that they were a "movement-based NGO."

The sex worker activists in this dissertation, then demonstrate the hybrid possibilities of NGOs in relation to feminist projects. They also point to another kind of hybridity: the dynamic relationship between the politics of recognition and of redistribution (Fraser 1997). The North American sex worker movement Jenness (1993) discusses is mainly a recognition-based movement, arguing for the recognition of sex work as work, and inclusion of sex workers in feminist politics. By contrast, the Indian sex worker movements I have highlighted in this dissertation begin to integrate such a recognition politics with claims for social welfare. In doing so, they highlight the ways in which recognition and redistribution are deeply intertwined.

While I was conducting fieldwork, activists with whom I worked constantly found themselves challenging the narrow focus of middle-class sexual minority activism in Bangalore.

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Akshay, a sex worker who worked at an HIV NGO, once visited a major IT company in Bangalore to conduct an LGBTI sensitivity training for software professionals. Akshay was angry because one of the participants had asked him why sexual minorities could not simply get jobs like other people. "Only poor people know what poverty and wealth is," he said. "What can they know?...If you experience it once, without anything, being without any money, than you will realize how poverty is…Some days I don't even eat going home…I feel bad that this is my life. Why did God give me this life? I'm not in this side or that side. [Akshay identified as bisexual.] Who will take care of me until I die?" Akshay came from a poor family and had worked in multiple jobs before becoming involved in sex work, but had often been sexually harassed at work. This sexual marginalization, for him, was deeply tied up with his emotional and economic well-being—he did not have access to a heterosexual family who could take care of him—as well as his class position.

For sex workers, then, the project of recognition is itself a project of redistribution: to be recognized as workers rather than part of the illegal economy is to claim citizenship, inclusion in public services, and, perhaps in the long term, the right to safe working conditions. While Marxist theory and Marxist feminisms (e.g. Fortunati 1995) have long positioned sex work within an analysis of reproductive labor—Marx famously wrote that prostitution was only a "specific form of the general condition of the laborer"—sex worker movements have struggled to build traction with either feminist or worker mobilization (Weitzer 1991; Gall 2007). For sex workers, recognition *as* workers is a prerequisite to making redistributory claims. At the same time, sex worker activism blurs the boundaries between the two, showing that they are not simply intrinsic features of pre-constituted groups, but emerge as activist goals within distinct political and social milieus.

The shifting role of class-based claims in Indian social movements has been analyzed in relation to the demise of the Nehruvian socialist state and the rise of religious nationalism and liberalization (Omvedt 1993; Ray and Katzenstein 2005). These analysts observe a proliferation of social movements that no longer find class a relevant concept for organizing. Agarwala (2013) argues, by contrast, in relation to informal workers, that class continues to be meaningful in the lives of the poor. Identifying as part of the working class, for informal workers, provides access to state benefits, even as the traditional claims of class-based labor, such as a challenge to capital, have been replaced by welfare claims. In other words, class may not be receding in relevance—rather, the concept of class is changing. Sex workers are perhaps even more at the edge of this reconfiguration of class than the construction and beedi workers Agarwala studies. Sex workers' activism has emerged at a moment when the working class as a category is being rethought (Bryan-Wilson 2012). In this sense, sex workers represent what feminist labor scholars have long pointed out—that a feminist labor politics must rethink the concept of the "worker" (Cobble 2007), not just for specific groups of workers but for all workers. Around the world, engaging this kind of feminist analysis of labor has demanded hybrid organizational models that span NGO and traditional trade union structures (Vosko 2007; Ontiveros 2007; Hardy 2010; Bhatt and Jhabvala 2004; Jhabvala 1998).

In these elements of hybridity, sex worker organizations I highlight in this dissertation are not necessarily exceptional—rather, they indicate new possibilities for the integration of redistribution and recognition claims in social movements, and new possibilities for alliances between sexual minority, feminist, and labor movements built on a shared analysis of gendered and classed inequality. One of the tragedies of HIV/AIDS is that it has exposed the suffering of some of the world's most marginalized people, and highlighted the deep links between poverty, sexuality, and violence in their everyday lives. For the activists I discussed in this dissertation, life is already in a state of crisis. HIV/AIDS has intensified the crisis, but also provided a platform from which to demand redressal. Rather than top-down set of constraints, HIV/AIDS funding and the discourse

of community mobilization offers the possibility of new spaces for the articulation of collective claims—but not all the time, and not everywhere. Donors themselves play a key role in the transfer of political strategies across settings, but the states' relationship to donors, and the political context in which strategies are transplanted, structure the possibilities for development models to be redirected toward progressive ends. Ultimately, then, the global HIV/AIDS response provides broader insight into how social movements mobilize around moments of crisis, how uneasy alliances might be formed, and how conceptions of collective well-being can be formulated.

After AIDS

In July of this year, UNAIDS announced that the Millennium Development Goal targets relating to AIDS had been met nine months ahead of schedule, and that "the world…is on track to end the AIDS epidemic by 2030." As part of this announcement, UNAIDS released a report, *How AIDS Changed Everything*, which summarized the achievements of the global AIDS response (UNAIDS 2015). Yearly AIDS-related deaths were down from 2 million in 2004 to 1.2 million in 2014; 15 million people were on antiretroviral therapy, and the funds mobilized for the response were up from $4.9 billion in 2001 to $21.7 billion in 2015, an unprecedented amount.

Perhaps most striking about this report's title, aside from maybe a certain comfort with hyperbole, is that AIDS *changed* everything: AIDS is in past tense. Is this, then, the end of AIDS? The question has surfaced in the public health literature for several years now: "the beginning of the end of AIDS" in 2012 (Havlir and Beyrer 2012), "AIDS is not over" later that same year (Sidibé, Piot, and Dybul 2012), then "the end of AIDS: HIV infection as a chronic disease" in 2013 (Deeks, Lewin, and Havlir 2013). Thus, the lessons discussed in the report are lessons for development practice as a whole: lessons on advocacy, partnerships, finance, gender (the report is organized into lessons, so each chapter is a "lesson.") These "lessons" suggests an emphasis on success, on drawing strategies from the AIDS experience that might be carried into new areas, on an ongoing process of learning, now that HIV/AIDS programs are starting to close.

By following the travel of policies from one place to another, and the ways in which programs are represented as packaged products, this dissertation pointed to some of the reconfigurations of movement building, funding arrangements, and policymaking that have taken place at the end of AIDS in India. For the Gates Foundation, the end of AIDS meant wrapping up loose ends, writing final reports, and moving on to new things. For Indian officials, it meant celebrating a national success in the international arena. And for the tens of thousands of people living with HIV, sex workers, sexual minorities, and IV drug users who were first swept into a massive transnational disease management effort and have now been left behind by the large-scale funders and high-profile campaigns, the end of AIDS means continuing to leverage newly solidified collective identities to make claims on state agencies. The difference is that now, without the urgency of crisis to back those claims, they join the chorus of usually silenced demands marginalized people must make on the developmental state to have a chance at basic survival.

When I returned to Bangalore two years after my fieldwork, the office the Gates Foundation had set up in Bangalore was now fully engaged in projects on new topics such as orphans and vulnerable children and maternal and child health. The state agency for AIDS prevention was continuing to fund programs, but on a much smaller budget. Sex workers who had now come to rely on HIV/AIDS programs for part of their income had not been paid in almost a year because of funding delays, intensified by the election of a new right-wing government that had mis-managed HIV/AIDS funding and seemed uninterested in rectifying the problem (not to mention engaged in systematically dismantling the support bases of nongovernmental institutions critical of the state). Drop-in centers I had once visited to find full of sex workers and sexual minorities dancing to movie songs, watching TV, and taking naps were empty, and people spoke with wistful nostalgia about the days when there were, at least, always free tea and biscuits. Many had gone back to their old lives and workplaces. Targeted prevention, after all, was the ultimate cost-effective strategy for AIDS prevention—sex workers, sexual minorities, and IV drug users monitored themselves, with low pay, before the virus spread enough that the state would become responsible for large-scale antiretroviral

medication, as in sub-Saharan Africa. From the donor's perspective, the investment had reaped its returns.

When I visited Preethi, a transgender woman who lived on her own and had once worked as an outreach worker, she seemed to live a completely different life than she had before. Rather than going to the office every day, she now spent a week out of every month in a small brothel north of Bangalore, where she worked intensely, sometimes seeing 10-12 clients in a day. This earned her more than enough to pay her rent and save, and she made more money now than she had when she worked in HIV prevention. The problem is, though, she told me, I get bored during the day. She had also left her hijra family, and she didn't interact with anyone much now except clients and a group of friendly neighbors. The CBO where she had once worked could no longer afford to conduct outreach efforts to keep her engaged:

> It's not like before—only staff come, no one from the community. It's really sad to see now. I wanted to go to the office the other day when I heard it was open, but I didn't have time…. They have no funds. They're saying it will close soon. They don't call us for events anymore. They did a protest and I would have gone, but they didn't come to tell me.

Later, I visited Lata, from the Preface, who had left the Union and opened a bangle shop right next to the main bus station in in her town. In the bangle shop she stood separated from the stalls on either side by flimsy walls, a rope hanging from the ceiling for her to keep her balance when she climbed in and out. Except for the fact that Lata's shop was frequented by women who did sex work in the bus stand and its surrounding area, as well as some transgender women, no one would know from a casual conversation that Lata had spent eight years working in HIV/AIDS programs, that she traveled to Kolkata and Delhi to protest the criminalization of sex work. What can I say, she told me. They came and did something and then they left. We still have to be here. All of the offices of HIV prevention offices Lata had once worked in had now closed, and Lata, who had once organized protests on the steps of Town Hall, held meetings with government officials, and gave statements to the newspapers, had now faded back in to the everyday tangle of commerce, intimacy, and survival that had always shaped her life. If the HIV epidemic temporarily drew a boundary around her sex work and placed her at the center of an impending public health crisis, she now lived in the aftermath of the crisis. The donors had gone home, and she still had to be here.

When I called Sita to ask how she was doing, she told me she was out in the fields—she now earned her income from a combination of agricultural day labor and sex work, and had left the Union, where she had worked as a paid organizer, because it didn't pay enough. I visited her soon after, meeting her at the bus stop in her small time. She arrived walking briskly, but with a somewhat painful lopsided gait I didn't remember, looking a little bigger than she did before, but otherwise the same. Sita told me she had some work to do at the courthouse. She had been involved in a property dispute for two years now—an angry cousin had taken to coming over and harassing and beating them over it—and she was now waiting for the police case to come through against him as well as to transfer the family property equally to all the family members. Sita held a brown paper envelope full of documents related to the property dispute. We walked in and she sat across from a tall woman with sharply defined lipstick and long curly hair. Sitamma smiled and said hello, and started talking about how she wasn't sure when the court date was. The lawyer said someone else had to set it, so we should wait for this other person to come. In the meantime, Sita sat patiently, chatting with everyone who came in and out. Then Sita turned back to the task. You said to bring these documents, she said, pulling them out. The lawyer looked through

them slowly and distractedly, finally offering some legal advice and then turning back to another pile of documents. Then we went upstairs looking for whoever the lawyer told her will give her a court date. Upstairs, Sita nearly accosted the wiry man responsible, and against his languid protests, asked him over and over until he scribbled a date down on her envelope. I was impressed. As I followed her home, to the bank, and even to the temple—where many of Sita's friends would not enter because they were afraid they would be harassed because they were Dalit—I watched her navigate each situation with confidence. She's really nice, Sita told me later of the evasive lawyer we had met in the courthouse. She's helped me a lot. I finally asked Sita if she thought working in the Union had made any difference in her life. One thing is that before, I didn't used to be able to talk like this. Like how I was going around in the courthouse, talking to everyone.

Even if the donors had left her behind—and even if HIV/AIDS had only ever been incidental to her life in the first place—the crisis and its aftermath had meant something for Sita. Like Lata, she had spent her life working, as a child in a factory, as a young adult in sex work, later as an HIV prevention educator, later as an activist, now as an agricultural laborer and a sex worker. These aspects of her life had not changed. She was poor and worked brutal hours, but at 32, she already had a son who was entering college, a partner who treated her reasonably well, and a number of friends in her neighborhood. She was involved in Dalit activism and in a women's self-help group in her community, and still attended Union events if she could. She had taught herself to read and write using her son's school texts, and practiced every day in a small cardboard-bound notebook. Sita had uncovered ways to navigate official spaces in ways she never would have been able to do before becoming an HIV/AIDS peer educator. She had learned, as she put it, to talk:

> "Wherever I went, I didn't used to talk bravely. That's the first point. I wasn't able to talk bravely. I hadn't learned how to talk properly. Now I always talk boldly, whether it's to the police, or thugs, it could be anyone, no problem. I have the strength now to ask what's going on. Once you have courage, then no matter where you are, you can live."

This learning to speak was an unexpected side effect of the massive HIV prevention effort in India. No matter how it was represented around the world, for Sita in her small town, a point of access to state agencies had opened up a new way of articulating a collective identity with other sex workers and navigating the everyday hassles of accessing welfare as a marginalized woman. As a woman, sex worker, poor and low caste, Sita faced brutal circumstances in her everyday life. The crisis of the epidemic forced state agencies and donors to pay attention to people like Sita and recognize their utility and providing some small openings through which they might stake collective claims. However small the opening, people like Sita were willing to use it.

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