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Professionalisation experiences of a 'business-minded' HIV targeted intervention NGO in India: An organisational ethnography

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ABSTRACT

This paper contributes to the literature on the professionalisation of NGOs in the context of the rise of 'business-minded' approaches whereby donors establish a market environment in which NGOs compete for funding by demonstrating their achievement of targets and implementing globally recognised management models. Theoretically, we use the distinction between 'economies of performance' and 'ecologies of practice' to explore how NGOs simultaneously 'perform' themselves publicly as meeting expected professional standards while simultaneously producing themselves practically through 'unprofessional' means. Limited global health and development literature addresses professionalisation as an empirical practice and experience. We report on an ethnography of a Bill and Melinda Gates Foundation-funded, HIV-targeted intervention NGO in western India, drawing on six months of participant observation and 17 interviews with NGO workers. The organisation meets 'business-minded' success criteria but does so through informal, personal, hierarchical arrangements at odds with the professionalisation model. Frontline workers are demotivated by their professionalisation experience, are suspicious of the performance of success, and find ways of achieving their vocation despite a system which they feel does not recognise the value of human relationships. Showing that 'business-minded' approaches do not necessarily rule out informal, potentially 'corrupt' ways of working, we argue against the 'professional-unprofessional' binary.

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Introduction

> When I began working, the first website I had seen was Eklavya [pseudonym]. I had read it word for word, and I used to tell people that I work in Eklavya, Gates (Foundation) funded INGO (International non-governmental organisation). Today, I honestly feel sorry. These people insult me! They ignore the real problems in these women's lives. For them, it is all about good scores and a good public image […] I do not tell anyone that I work with Eklavya anymore, just that I work with sex workers because that is what I really want to do.

The above quote is from a project manager describing his experience working in a 'celebrated NGO' and the glamour surrounding it. We frame the glamour associated with formal work with successful target-achieving NGOs as 'economies of performance' and the informal operational experiences as

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'ecologies of practice'. The manager shared his disillusionment and frustration at the donor staff for being disconnected from the grassroots realities. This account mirrors the well-documented dissonance between development policy and practice and the misaligned goals of donor and civil societies. Development research largely ascribes two primary roles to NGOs: service delivery and reform, constructing NGOs as a reliable intermediary between state or donors and citizens that understand a community's needs. Over decades, authorities have prescribed and proscribed various approaches for improved and effective operations of NGOs, and much needs to be unpacked of these effects in practice.

In the last few decades, global health and development systems have experienced bureaucratic reforms due to globalisation, the rise of neoliberalism and new public management (NPM), and other professionalising and rationalising rhetoric (Berman & Bossert, 2000; Leicht et al., 2009). The standardisation and professionalisation of large programmes are used to overcome inefficiency and quality challenges and to scale up at cost-effective budgets (Martin et al., 2015, 2017). Professionalisation has primarily been treated as a solution to inefficient, inflexible state-led development on the one hand and informal, relational, potentially clientelist or corrupt practices on the other (Maier et al., 2016; Mawdsley et al., 2005). A critical body of literature examines the impacts of various such managerial protocols globally (Alvarez, 2009; Cornish et al., 2012; Mawdsley et al., 2005). Critical terms such as McDonaldization, NGOisation, professionalisation, and NGO boom have been coined to capture this paradigm shift (Alvarez, 2009; Ritzer, 1996).

'Professionalism' continues to be largely synonymous with the formalisation of protocols, standardisation and universalism, intended to provide a rational basis for decision-making and implementation of interventions (Evetts, 2011a, 2013). Simultaneously, during the twenty-first century, 'entrepreneurial' or 'business-minded' approaches have gained favour, aiming to create a 'market' for NGOs to compete and innovate, governed by targets, incentives, and precariousness.

In this article, we conceptualise professionalisation and its various typologies collectively as intrinsic to the refined rationalising regimes. Refined rationalising regimes aim to rationalise development through formal processes, often blending top-down, centralising systems (where following centralised directives for project implementation, monitoring and management become the essence of 'professionalism'), with local-level competition (through the use of targets, incentives, competition for continued funding). In practice, the 'business-minded' is combined with the professional, managerial, and target-focused, in a combination which we call a 'refined rationalising regime'. While a substantial body of theoretical work is critical of new managerialism, professionalisation, and business-minded approaches, there has been limited attention to the experience of frontline workers subjected to these regimes. This article empirically investigates workers' experiences of undergoing professionalisation and its implications for the role of NGOs using a Bill and Melinda Gates Foundation (BMGF) funded HIV intervention NGO case study from western India. In other words, we examine the NGO makeover dynamics related to the formalisation process.

Mapping professionalisation in practice

Professionalism focuses on quality, professional attention, and craftsmanship (Evetts, 2009), while managerialism is more commercial, entrepreneurial, and corporate in its nature and focus (Noordegraaf, 2015). Even though these two have been distinctively characterised, both rhetorics have common elements of profit, efficiency, control, and autonomy. Recognising this combination, an 'organisational professionalisation' incorporates hierarchical structures of authority, accountability, and decision-making and includes standardisation of procedures and practices, target-setting, and performance reviews as accountability mechanisms (Evetts, 2003, 2013).

There is considerable literature documenting the causes of institutions adopting a business-like approach, the effects of professionalisation, and the multiple dimensions of organisational structures and processes. The professionalisation literature broadly examines quality, efficiency, profit, and control (Evetts, 2011b; Maier et al., 2016). Some examples include collegiate and trust values

against entrepreneurial logic (Besharov & Smith, 2014) and the effects of professionalism on identities and work values (Evetts, 2013). Likewise, overcoming challenges of corruption, promoting accountability and rationalising programme management through legitimising data gathering (Cloutier et al., 2016; Everett et al., 2007). The 1990s saw corruption being recognised as a threat to development issues and public management, followed by the rise of the professionalisation wave, which global organisations swiftly advocated frameworks to address (Doig & Marquette, 2005). For example, The United Nations Convention against Corruption (UNCAC) (UN, 2003), a hallmark in the global fight against corruption, focuses on accountability and performance monitoring as effective anti-corruption measures.

Experiences of such professionalisation 'transformations', including the nature of organisations and service delivery of NGOs, are well documented. For example, organisations deliberately adopt business-like approaches for self-improvement and to establish legitimacy (Dart, 2004), changing organisational characteristics and the extent of adopted managerial practices (Hwang & Powell, 2009), and differences in organisational identities amongst volunteers and paid professionals result in intra-organizational conflicts (Kreutzer & Jäger, 2011).

However, professionalisation is contingent on the actions of the 'professionals'. Hence, it is imperative to investigate how the professionalisation process unfolds in practice and how the 'professionals' experience it. Moreover, the nature of development work has personal and professional intertwined; hence, the professional agency of development workers, their identity, and motivations- the role of personal needs further attention. There is scholarship investigating these impacts on people. For example, examining the effects of professionalisation on feminist activists in Latin America and the United States, Markowitz and Tice (2002) found that while professionalisation contributed towards pushing feminists' voices in mainstream political spaces, it created social hierarchies, new divisions, power imbalances and discriminations within and amongst the activist organisations, further altering their course of action. Likewise, from a political economy perspective, using Oxfam GB as a case study, research shows the overemphasis on instrumental rationality of managerialism being used as a social technology for organisational control, ignoring the human and cultural elements (Eagleton-Pierce, 2020).

In the context of India, a 'professionalisation' of public life predates philanthrocapitalists (McGoey, 2012), global actors such as BMGF or the accompanying global health and development intervention templates. The genealogy could be traced to the colonial past of India. For example, the professionalism of Indian bureaucracy during colonial rule, as Moir (1993) puts it, the 'Kaghazi Raj', or the procedural 'rule of the paper', also known as the 'government by paper'. Based on the centrality of writing, the British managed and governed India at a distance. Another notable dimension was the rise of neoliberalism, which played a significant role in shaping the perception of the state as increasingly ineffective in providing social welfare. That led to the prominence of NGOs as the preferred means of delivering social programmes. Moreover, the discourse surrounding 'corruption' has been used to legitimize the reduction of state capacities by development institutions, which in turn has led to the privatisation of social programmes. Thus, in line with the shifts to the audit culture (Power, 1999) and global governance, India also transitioned to evidence-based governance, or in Sally Engle Merrys' (2016, p. 11) words, 'governance by indicators'. This model focused on the use of quantifiable data for decision-making by multiple actors and incorporated business management techniques in the public sector. In sum, metrics for performance evaluation with reference to standards were key, which led to shifting the power and placing responsibility from the individual to the experts who designed, implemented and assessed the measurements (Merry, 2016).

Scholars have examined the effects of professionalisation, NGOisation and highly bureaucratised managerial practices in India. For example, the transformation of feminist collective movements in India (Roy, 2015), the professionalisation of the contemporary feminist practice (Roy, 2011), the professionalisation of ideas in gender and feminist engagement in civil societies in India (Narayanaswamy, 2016), NGOisation effects on HIV and associated stigma (Nambiar, 2012), and professionalisation in practice using a case study of Rajasthan (O'Reilly, 2011).

The Bill and Melinda Gates Foundation is referred to as the exemplar of philanthrocapitalism (Bishop & Green, 2008), reshaping global health development by merging corporate practices with health and development issues. BMGF sponsored the AIDS initiative Avahan, a highly publicised corporate model for health interventions in India. The programme had 'nine international NGO partners' and devolved its work to 134 district-level NGOs, that operated in 83 districts and 605 towns with a population of approximately 200 million people' (Lorway & Khan, 2014, p. 51). Its entrepreneurial approach, a rather refined version of NPM with characteristics of a competitive nature, had a huge emphasis on results and an outsourcing chain. The Avahan HIV-targeted intervention project in India was modelled along the 'business-minded' approach that relied on accurate data and results reporting as an 'effective management model' (Avahan, 2008). 'Staffed by a careful mix of professionals with backgrounds in business and public health, this project aims to combine the basics of business with technical expertise to deliver a programme at scale'(Ramakrishnan & Alexander, 2006, p. 60). Avahan claims its success, reach, and impact are attributed to its business-style approach (Narayanan et al., 2012; Ng et al., 2011). Furthermore, the entrepreneurial narrative portrayed peer educators (sex workers) as a 'sales force', delivering the 'prevention services', against the business projections of successful health impact ('lives saved') (Lorway & Khan, 2014, p. 54).

While there is extensive documentation of Avahan's success in reducing HIV prevalence in India (Boily et al., 2016; Vassall et al., 2014), there is also a growing body of literature critiquing the BMGFs' 'business-minded' HIV-targeted intervention (Biradavolu et al., 2015; Lorway, 2017; Lorway & Khan, 2014; Shukla et al., 2016; Vijayakumar, 2018). Much of this critical literature draws on ethnographic research across the six high-prevalence Indian states of the Avahan programme and considers the effects of these target-driven measurement systems on people and practices. For example, Lorway and Khan (2014) problematise the epidemiological categories (and typologies) used in HIV interventions in India and their constitutive role in creating new identities for sexual minorities and offer compelling accounts of how these monitoring systems construct realities on the ground. Correspondingly, Lorway (2017) investigates the social and political impacts using Avahan's standardised knowledge regime as an example and emphasises how large-scale global health intervention creates and upholds 'evidentiary sovereignty' while overlooking experiential knowledge. Likewise, Biradavolu and her coauthors (2015) show the unintended effects of a community-based monitoring system for sex workers' HIV intervention in India and their disempowering and deskilling impact on the very community they were designed to benefit. We have shown users' experiences of monitoring and evaluation systems in HIV interventions in Western India to be performative and contribute to the logic of evidence rather than programme efficiency (Shukla et al., 2016). Vijaykumar (2018) examines multiple usages of the concept community in the Avahan programme, highlighting the leverage it afforded to sex workers to make collective demands and gain higher control. Notably, there also exists activist literature critiquing the rationalising regime and discussing its damaging real-life impacts on communities of male sex workers (Chacko, 2011). This article seeks to contribute to this growing research agenda of context-specific constructs but with a different focus, namely, investigating professionalisation in practice, and by doing so, we problematise the notion of simply advocating for NGOs to become more 'professional'. This article builds on and furthers this existing scholarship by contributing to empirical research using organisational ethnography from a Western high-prevalence state in India.

We examine how professionalisation unfolds in practice, using an organisational ethnography of a BMGF-funded, successful NGO implementing HIV intervention in western India. We draw on 'ecologies of practice' that unpack the experiential knowledge of practitioners versus the dominant audit-driven 'economy of performance' (Fisher & Owen, 2008). We examine the interactional data between the NGO staff members to understand their experiences relating to their goals, successes, motivation, and accountability procedures as they underwent 'professionalisation' (economy of performance). The official accounts produced and demonstrated by the NGO contribute to this performance economy, which is shaped by the target-driven donor agenda. The informal operational

ways, often overlooked or hidden, co-constitute a carefully constructed ecology of practice where the NGO workers work together to sustain the duality of their work demands. We argue that shifting trajectories from bureaucratic reform to incorporating refined rationalising regimes may not necessarily overcome the systemic failures of programme efficiency and effectiveness.

Context: Successful NGO implementing HIV-targeted intervention

Jyoti (pseudonym), the case study NGO, has strong experience working with brothel-based female sex workers in Jasmine Lane, a large red-light area in an urban city with approximately 3000 sex workers in western India. Since the mid-90s, Jyoti has worked on HIV prevention and care components, conducting behaviour change communication and awareness camps through a peer-based model. It first received funding in 1996 from the Indian government, State AIDS Control Society (SACs), to carry out targeted intervention (TI) activities with brothel-based sex workers. Eklavya, the state lead partner, an international NGO of the Avahan programme, which administers funds to the NGO, started a sexually transmitted infections project run clinic in early 2007 in partnership with Jyoti. Independent of the Gates fund, Jyoti also provides a night shelter and crèche facility for the children of sex workers in Jasmine Lane. In addition, the NGO runs an Integrated Counselling and Testing Centre (ICTC) sanctioned by the government SACs.

Jyoti first received funding from the Gates Foundation, under the Avahan programme, in February 2007 to implement the medical component, the project-owned sexually transmitted infections clinic. From November 2009 onwards, Jyoti started implementing both the outreach and clinic components of the Avahan project for 1000 brothel-based female sex workers (FSW). In 2011, Jyoti had an additional grant to work on the project's Organisational Development (OD component). Towards the end of the data collection period (December 2011), the Gates Foundation was handing over the projects to the Indian government. Jyoti was successful in securing additional funds for the year of April 2012–2013 (during the transition) for an additional 800 sex workers.

As part of its HIV/AIDS prevention activities, Jyoti implemented a peer-led model of outreach to contact and educate sex workers, providing condoms and other preventive health services. Sex workers were encouraged to visit clinics and undergo regular health and STI check-ups. Other specialised health services like ICTC, Anti-Retro-viral Treatment (ART), and tuberculosis treatment were also provided through referral linkages established with local providers, both government and privately managed. Jyoti facilitated collective community action to prevent and respond to crises (for example, police raids) and instances of harassment and violence.

The staff composition included a 1000 FSW TI project, run by a project manager, four outreach workers, one counsellor, one doctor, one paramedic, one monitoring and evaluation officer, one accountant and 17 peer educators. Staff recruitment was proportional to the number of registered sex workers in the project. The OD component grant secured by Jyoti had one project manager and two community mobilisers. The additional 800 FSW interventions project initiated towards the end of the data-collection period meant Jyoti would be recruiting additional staff members in 2013.

Methodology

This article draws on an ethnography of an NGO implementing a Bill and Melinda Gates Foundation-funded HIV-targeted intervention programme called Avahan in an HIV high-prevalence state in western India. We report on data from 17 in-depth interviews with NGO workers, of which 10 are non-sex workers staff, and seven are sex-worker staff, primarily peer educators. In addition, we use field notes from six months of participant observation of the day–to–day working of NGO workers. These include observing peer-educator's one-to-one conversations with sex workers, outreach workers providing mentoring support to peer educators and the NGO workers filling in the actual forms and reporting the data. We also use data from an additional 13 meetings, which were observed and recorded. The meetings related to routine monitoring visits of the donors,

evaluation meetings, community mobilisation, advocacy meetings with police officials, and self-help group meetings conducted by the NGO. Data were collected by the first author between May 2011 and January 2012 in the Marathi language, translated, and transcribed into English. Glasgow Caledonian University School of Health Ethics Committee granted ethical approval.

The first author was formerly a project officer on an Avahan-funded HIV intervention (2005–2007), followed by independent research work in the same field. This experience resulted in networks that were used for recruitment for this study. This research was conducted as an independent project with university funding. The second author has been investigating sex worker-led HIV prevention in India since 2005. Over the years, the authors have collaborated on a number of public health research projects in India.

BMGF had started transitioning (2010–2013) the Avahan programme to the Indian public system during the data collection period, transferring the HIV interventions under the State AIDS Control Societies jurisdiction (Sgaier et al., 2013). This transition period was rife with uncertainty for NGOs in terms of funding, downsizing, or even withdrawing existing funds. There was unease over the lack of funding under state management. NGOs complained about the demanding reporting requirements (Vijayakumar, 2018), and questions were raised about the sustainability of such a large-scale, heavily funded programme under the new state public system (Lorway, 2017). Since the metrics used to assess the suitability of NGOs for this transition were all fulfilled by Jyoti, it was unlikely that they could be cut off from future funding. Overall, this transition period could have influenced our respondents and had consequences for the data collected.

Drawing on Fisher and Owens's (2008) work on 'economies of performance' and 'ecologies of practice', we examine professionalisation unfold in practice by investigating the organisational office culture in a BMGF-funded successful NGO. The formal accounts produced and demonstrated by the NGO contribute to the performance economy shaped by the donor agenda, while the informal operational ways, often ignored or hidden, form part of a carefully constructed ecology of practice where the NGO workers collaborate and compromise to sustain the duality their work demands.

We conducted a content analysis of extensive data and made summary notes. The summary notes were analysed using the theoretical lens of 'economies of performance' and 'ecologies of practice' (Fisher & Owen, 2008) and categorised into two sets of themes: firstly, formal aspects of organisational culture that we frame as economies of performance, including success and recognition; pride in meeting targets; and the staff optimism and agency to contribute to real work, And secondly, workers' experiences concerning professionalisation in practice, including dreams, hopes, and disillusionment; pressured office environment, and power dynamics that reflect the practical violences constituting the ecologies of practice.

Professionalisation on paper: The economy of performance

Success and recognition

The donor agency judged the success of Jyoti in terms of targets achieved, such as outreach, including 100 per cent registration of sex workers (registration was tracked against the baseline numbers derived at the beginning of the project) and clinical testing for the female sex workers; forming 17 self-help groups of community members that reflect the 'local ownership' agenda of the donors. Jyoti was awarded 'the best performance NGO',[1] marking their success compared to other partner NGOs funded by Avahan. The NGO proudly displayed (in the reception area) a framed certificate and a picture of the NGO director accepting the award from the government body for AIDS control. The NGO director has a large collection of awards from various local and government institutes for working with disadvantaged women or for the best HIV-targeted intervention efforts. The office's main reception area displays a large collection of pictures of the director meeting various police officials and celebrities, including one with Bill Gates. Staff shared the media clippings as

proud evidence of their achievements. They have maintained a file of newspaper cuttings and media coverage. Apart from feeling proud, most NGO staff said these strategies helped create a 'good impression' for future grant applications. They showed the file to the visitors, and it also gave them a sense of being the staff of a 'celebrity NGO'.

Pride in meeting organisational targets

'Eklavya has accepted Jyoti as the best organisation. Good at its work', proclaims the Project Director.

The NGO workers took pride in being the best-performing NGO of the year, which meant they successfully achieved the programmatic targets set for the outreach and medical components. The specific indicators for outreach used were the number of registered sex workers, monthly contact made by peer educators and outreach workers with the registered sex workers, regular monthly internal check-ups, and twice-a-year HIV testing. Other targets that the NGO met were forming self-help groups, local committees, and the district-level management committee of the sex workers, distributing condoms and other medical services. 'We have several visits [because it is perceived] as an ideal project. We are looked upon wherever we go. The bar has been raised', proudly shared the Project Manager.

NGO workers also reported the feeling of satisfaction in their jobs where they achieved very tough targets of getting the sex workers their social entitlements, such as voters' identity cards (also serve as national identity cards), ration cards (providing government-subsidised food allowance), the PAN card (permanent account number) which is issued by the Indian Income tax department and also serves as an important proof of identity for a citizen. This unique number is almost mandatory for opening a bank account or receiving taxable salary and is unaffected by the change of address.

Gaining and maintaining the trust of the director was very valuable to most staff. They felt a sense of pride when they proved their worthiness to the NGO director. For example, an ORW shared that whenever Jyoti hosted visitors, the director would assign her the responsibility of showing them around the field area and presenting Jyoti's work. Once, the director was not in town, and they had an upcoming foreign delegation visit to explore Jyoti's Gates Foundation-funded work with sex workers. The outreach worker reported she completed this duty successfully and perceived it as an ultimate symbol of trust from madam. The field visit was a success, and the director was proud of her, which meant a lot to her, as evident from her quote, 'I feel satisfied that I am more easily recognised than the director. Mummy[2] knows I have built a good rapport in the area. That feeling!'

Staff agency and optimism to contribute to 'real work'

The NGO staff were driven by their idealistic motivations. They individually tried to solve the problems at the field level and continued to do the real work they believed in. Their optimism to work in difficult situations and overcome field challenges was witnessed during fieldwork.

Peer educators reported instances where they were denied entry to the brothels. The brothel owners would not allow them to conduct outreach sessions with sex workers since it was a loss of their business time and money. The peer educators were so determined that they used to engage sex workers on the street while they solicited clients. On enquiring if peer educators thought that they should bring up the issue at meetings and change timings for outreach, peers said they did not see this as a viable option. One of the peers explained, 'There is no point in changing the time. We talk to them on the streets while they wait for customers. For a condom demonstration, we find a corner or go to their brothel'.

The project culture had been cultivated over a long period, and the staff felt it was their responsibility to complete the work despite challenges. Partly, this was driven by their idealism and

optimism or belief in the NGO's contribution to improving the lives of sex workers. Staff also recounted how resilient strategies helped them work towards achieving their targets.

Professionalisation in practice: The ecologies of practice

Corrupt routes to success?

Although the NGO staff are very proud of their achievements, are publicly praised by donors, and enjoy the limelight of media coverage, this NGO has a reputation, in some quarters, for being corrupt and using unethical ways to achieve the set programme targets. Similar NGOs in Jasmine Lane, some funded by Eklavya, others funded by different donors, cited examples of the informal, unethical means through which they perceived Jyoti achieved success.

> I will not work like NGOs in Jasmine Lane do, giving cuts to the SACs [State AIDS Control Society] officer to get their cheque released. It is clearly a 60:40 ratio [40% of the total sanctioned budget goes towards the bribe]. The cuts are part of it, oh yes, very much, my dear! The government openly does that, and the NGOs are part of it. People like Rekha [Project Director of Jyoti] and others in Jasmine Lane play around with the numbers, show their work as successful, and get money and praise. (December field notes)

Bobby, an NGO director working in Jasmine Lane, also funded by Avahan, accused Jyoti's director and another competing NGO director of employing unethical strategies to achieve their targets for HIV testing in the ICTC and being complimented by the donors.

> Garry and Rekha are the same; they use fraudulent numbers and politics to achieve targets, and then they are seen as the most incredible people doing their job. They score highest in ICTC camps. They cheat and manipulate numbers to show that they have achieved targets. (January fieldnotes)

Two NGO directors working in the same red-light area as Jyoti, a government donor official, and a member of staff at Jyoti itself all claimed that Jyoti used police pressure to increase the uptake of HIV testing by sex workers to meet the targets for ICTC. A government donor official even alleged that Eklavya (administering the funding) advocated this strategy to the NGO. Further, he reported that Jyoti convinced sex workers to undergo the test by claiming that it was to check their haemoglobin levels (a less stigmatised and threatening test) rather than a test for HIV. 'Eklavya collects blood under the pretext of haemoglobin testing. The community is not even aware that their blood is being collected for an HIV test […] How is it voluntary (December fieldnotes)?'

Despite being recognised as successful at a formal level, Jyoti has a non-glamorous reputation at the informal level. NGOs working in Jasmine Lane are very suspicious of Jyoti's success. These allegations of corruption may reflect the competitive nature of NGOs' battles for funding, and they may have some basis for these alleged claims. Either way, the reality remains more complex than the formal recognition of the project as 'a success'.

Dreams and hopes

The staff motivation to work with Jyoti (service delivery ethos) can be categorised into two key areas. First, the staff had a high level of idealism to serve these marginalised communities. Secondly, their expectations of working on a large or well-funded project would allow them to improve the lives of the disadvantaged community members who receive support and help them advance their careers.

Most NGO workers are trained graduates in social sciences, whilst the peer educators are commonly illiterate. Staff had experiences working within small NGOs at the grassroots on diverse issues such as watershed programmes in tribal areas, environmental issues, and reproductive and child health. The outreach workers, counsellors and project co-ordinators expressed their motivation to work on humanitarian projects for the good of marginalised communities. Most had experience working in very harsh grassroots contexts and had seen 'people in need'. One of the

project co-ordinators had given up his high-profile job in the IT sector to work for Jyoti. He shared his feelings, 'Eklavya is an international player; I had seen its websites showing its work in Uganda; it had done such great work that I used to feel proud'. He shared his story of joining Jyoti as a volunteer first, then repeating volunteer work and finally deciding to quit the well-paid and respected job to join full-time and work with the female sex workers.

The NGO staff were 18–35 years old, excluding the project director and the peer educators, who were older women in the age range of 50–70 years. These young people working in the 'bad area' (the red-light area) often hoped to change people's lives meaningfully.

Two outreach workers (ORWs) reported that they were as young as 17 years old and that the project director was their role model. The ORWs themselves came from impoverished family backgrounds with resistance from their family to work with sex workers, but they started working with 'Madam' and later realised that this was what they wanted to do. One of the ORWs shared her story;

> When Madam told me that these women in sex work were sold and they must repay the debt, I felt very sorry. I was adamant about working for them, even when my family disagreed […] I explained to them that if mummy [project director is fondly called mummy] is doing it, why shouldn't I? […] They agreed. Madam supported me. I imitated my madam's style when I moved around in Jasmine Lane.

Peer educators had mixed feelings about their hopes and, on enquiring why they joined this project, said they did not want to join initially; they already made enough money. One of the peer educators reported that the project offered them a monthly honorarium of Rs.1500/- plus Rs 300/- as travel allowance, and she could make that amount of money as a sex worker in a couple of days if the business was good. The peer educators, like the non-sex worker staff, were also motivated by the ideal to help their own people.

Some peer educators, the longest-serving staff within the NGO, had been working since the NGO was established in 1994. Their narrative was different compared to some of their colleagues. They shared that they were initially sceptical of joining Jyoti. However, after repeated visits by the NGO director to their homes in Jasmine Lane, convincing them how the project would benefit their community, they joined in. Their only job was to distribute condoms then, with no record-keeping or other work. Being paid Rs. 100/- for that job seemed a very good deal. They gradually realised the importance of their roles and got more involved in the project.

Peer educators felt that they were saving lives and helping their community. They took pride in educating young girls about sexually transmitted diseases. They also loved the crèche and school where the children of sex workers were taken care of, provided with education, good food and learnt good habits. Some shared other reasons for joining Jyoti: they admired the work culture, were inspired by the project director, or liked that the NGO staff treated them respectfully.

Overall, the staff reported that working with a well-known NGO and a large project was a dream associated with excelling in their careers, working with communities and contributing to society in meaningful ways.

Disillusionment

The staff responses regarding disillusionment can be categorised into two types. The first is moralistic- the 'real work' of contributing to the community and impacting people's lives was substituted for the paperwork and 'showing off'. Second, more materialistic, the small personal financial returns.

The outreach workers perceived the real, meaningful work was in the field, interacting with the community and solving field-level problems. However, the current project involved office work, filling forms and attending training courses. They complained that they were not satisfied with their work compared with what they had hoped for.

Even the project director felt misled that securing the funds from a large donor would allow the NGO to work for the community. But the freedom to run their project and prioritise community needs was compromised. The donors prescribed the structured format of the targeted intervention

with almost no input from the NGO, who just had to implement them. The director argued that the programme design or activities did not consider the community needs or NGO priorities, and there was little flexibility to address the NGO's own (thought-through) agenda. She complained, 'Nobody bothers to ask what you want […] Projects are written down; you must follow'.

Peer educators felt their work was routine and not very helpful to community members. Most of the peer educators complained that over the past couple of years, they had frequently met the same women and talked about the same issues, condoms and HIV, which was monotonous and ignored other priorities of the sex workers. They reported examples of other pressing issues in the lives of sex workers which were not addressed since donors did not prioritise these issues. For example, a sex worker moving to a new brothel meant that the sex worker had to face the local rivalry of brothel owners, police raids or establishing their identity as immigrants in the country.

Many of the NGO staff were also disappointed with their remuneration. Staff complained that instead of organising training in 'exotic locations' and 'spending huge amounts on food', donors could instead revise the salary structure or give a raise, motivating them and demonstrating an appreciation for their work. A project manager complained,

> People get allowances, bonuses, or gifts for overtime work. What do we get here? Nothing, only blame. They sometimes appreciate your work, but appreciation must transform into money. In every training, all complain that instead of feeding us expensive food, donors should raise our salary by Rs.1000/. We would happily work more hours.

The NGO staff complained that they had meagre salaries, while the donor staff had substantial salaries and enjoyed many perks and benefits.

Pressurised office environment

NGO staff were aware of what their roles and responsibilities were. However, they often ended up taking up additional responsibilities, which, they perceived, were pressurising and thus affected their motivation level as well.

ORWs reported undertaking additional roles that were outside their job description. For example, some outreach workers conducted basic literacy training for peer educators and community mobilisers and maintained NGO-run crèche records. The outreach workers explained that these additional duties became a part of their work due to the funder's guideline mandating that all peer educators be community members. Jyoti followed these criteria while selecting peers but faced problems as funders required peer educators and community mobilisers to undertake some reporting. Most illiterate peer educators found filling in forms and maintaining records challenging. As a result, it became the NGO's responsibility to provide them with basic literacy training. Since outreach workers are the key contact person for peers, they had to shoulder this responsibility. Similarly, one of the community mobilisers explained that Telgu (a language spoken in the Tamil Nadu state of India) was her mother tongue, and most sex workers in her brothel area used the same language but were required to learn a new language for form-filling. 'I speak Hindi and understand some English too, but I am learning Marathi just because of Eklavya', and ORWs took turns teaching her Marathi.

Similarly, peer educators reported that they were working on other components of the NGO project, such as taking care of children in the crèche or cooking food in the community kitchen, taking orders, and delivering food to the doorsteps of sex workers in the brothels, in addition to their regular project work of outreach and condom distribution.

There were cases of extreme competitiveness between the NGO workers, leading to hostility towards each other, and this, in turn, affected the enthusiasm of the staff. One of the outreach workers, whom other NGO workers perceived as the closest to the project director, indicated was drawn into office politics. The same outreach worker revealed feeling 'terrible and humiliated, being falsely accused and being picked on by all others in the staff'. She alleged that other NGO workers misinformed the project director about her lagging in the targets. The project co-ordinator and the counsellor had pulled out monthly data for the last few months and presented it to the

project director, showing how this ORW was performing very poorly. The ORW in her explanation said that she had helped three other ORWs by giving her outreach medical visits slots to them many times because they had poor rapport and needed more visits and time, with an agreement that she would do her visits and achieve her targets later. However, none of the fellow ORWs clarified this agreed arrangement, making their side safe and portraying their performance as good. The director's attitude towards the most trusted ORW had changed, so the ORW felt annoyed and depressed and decided to quit the job. There were days when nobody spoke to her in the office, and she reported feeling awful and sad working in such a bitter environment, 'It did not matter how others behaved. But when Madam started behaving like this, I could not tolerate it. I cried. What crime did I commit?'

Similarly, the community mobiliser reported that they could not handle the pressure of achieving targets of HIV testing. They argued that the NGO was putting pressure on them because the funding agency was, in turn, pressuring the NGO to achieve the targets. They explained the gravity of the situation from their perspective of being a community member. They believed that ensuring women came to meetings all the time and conducting elections for various committees was a very tedious job as the sex workers had no time for this and tried very hard to get them to these meetings. However, they also needed to take their customers and get some rest. One late evening, they called the first author and confided their frustrations about the job. They shared, 'I am so fed up with this job. I am going to resign. Tomorrow, I will tell Madam that I can't handle this unnecessary pressure'. When asked about the kind of pressure, they further revealed:

> The meetings, the election! The sex workers need to earn money and a living, and these people [donors] always want meetings and internal check-ups. Despite all the hard work, we are told that do not the meet targets […] Eklavya pressurises our staff; our poor people work hard. I do not need this pressure. I am fine without this job. (May field notes)

The following day, when in the NGO office, it was observed that the community mobiliser raised this issue with the project director, and the office environment was quite tense. Nobody spoke. They sat at their desk with the paperwork without a lunch break. The staff had mixed reactions towards this episode; some supporting their decision said it mirrored their feelings. In contrast, two staff members were unhappy about the 'drama' that developed.

Contributing to the office's unsettling environment were the complex interpersonal relationships that were in play. For example, an outreach worker narrated her helplessness at being in the project director's debt. She reported having worked without complaining in two posts – the job of outreach worker and as the accountant for the targeted intervention project, plus managing the accounts for the NGO crèche and community kitchen. She was paid a regular ORW salary from the TI project and Rs.1500 for all the additional work. On further enquiry, one of the key reasons the staff took on an extra burden of work was the relationship they shared with the project director. One of the ORWs explained, 'It is our helplessness. I cannot give back answers to Mummy. She helped with the bill payment when my father was ill'.

Power dynamics and hierarchy

NGO staff shared examples of staff divisiveness and the hierarchical nature of work they experienced. Other power dynamics in the NGO office culture prevailed- staff were not allowed to raise any critical issues, there were signs of bullying and apparent favouritism amongst the NGO staff. Most of the staff appeared to be victims of a hierarchy in the office; the project manager and the doctor were at the top, and the peer educators were at the bottom.

Workers often blamed the new doctor of the project clinic for bullying both outreach workers and peer educators, and they complained to the project director about this. Also, the M&E officer was accused of being lazy by the ORWs, for instance, not updating the peer weekly sheet and not providing the up-to-date data that the ORW needed to plan their follow-up work and

regular monthly check-ups. This impacted the ORW's performance, indicating it was poor and thus drawing criticism from donors. Likewise, most staff complained that the project manager with a management background was aloof from the grassroots reality, disregarded the nature of the lives of sex workers, and was bossy.

During the data collection period, the former doctor of the clinic, who appeared to have considerable respect within the community, had quit the job. The new doctor was young and was perceived as not understanding community structure and realities, so the peers complained. The doctor was perceived as not ready to learn anything from their peers and often showed her superiority. This attitude was seen by staff as causing lots of problems and bitterness amongst many NGO staff and more peculiar among peer educators.

One of the elderly peer educators on anti-retroviral therapy complained of weakness. She continued her work despite exhaustion. While the outreach workers and previous doctors were considerate, she reported being harassed by the new authoritative doctor. The new doctor asked her to carry a heavy box of condoms (for distribution) on her head to the topmost floor of a building. The peer educator argued that typically, two male staff carried a heavy box from the car to the office storeroom on 1st floor, and expecting her to lift the box was inappropriate. The staircases at the top of the building were very narrow and dark, with clients rushing, dogs roaming, and water dripping all over, making them slippery and unsafe. She asked the doctor if she could carry the box to the ground floor and make multiple visits to the topmost floor carrying small bags and distributing the condoms, but the doctor would not listen. 'Archie madam [outreach worker] listens to what we say. The doctor insisted I carry that box to the topmost floor. Should we die doing this?'

While the NGO should be managed professionally, not everyone is subject to the same rules. The NGO director appears to have an aura of supreme authority, and the staff treats her as someone of special authority. In her day-to-day work, Madam was observed to use hierarchy and authority to control (rather than professional processes and standards). One of the project managers' shared, 'If my Madam says this is east and west, then for me, it is east, and that is west. I take a salary from her. I want to work in Jyoti. If she throws me out, how can I work with any sex worker?'

Whenever the office staff addressed an issue that might show the NGO in a bad light, they were silenced by the project director. For example, on two different occasions, the project co-ordinator and an outreach worker reported how they felt uncomfortable using the police to get the sex workers tested for HIV. The outreach worker shared how she had raised her concerns with the director, but 'madam' told her to follow what was said. Similarly, the manager shared his experience, 'I told Madam that certain things were happening. She said, "should we be concerned about your morality, or do you want to complete the project"?'

There was a perceived tension on the one hand: the perception of madam exerting extensive micro-management, and on the other, taking responsibility and not going to madam for everything, as the manager shared,

> People talk very poorly of her. I want to report important things to her, but it is wrong to tell her small things. I hold a senior position. The hierarchy I came from, my background and experience taught me not to bother the boss with minor things. If I cannot tackle these things, what good is my credibility?

All the above-discussed factors combined were responsible for what was perceived by some as an unhealthy work culture prevalent in the project office.

Discussion and conclusion

This article examined the professionalisation experience in practice in a development context of a highly professionalised (and refined rationalising regime) service delivery in public health. We used a successful NGO, funded by BMGF, that implemented an HIV-targeted intervention with brothel-based sex workers in western India as a case study.

Our ethnography showed that an organisation that meets 'business-minded' success criteria at the formal level, 'economies of performance', works very differently on ground, the 'ecology of practice', where informal, personal, hierarchical arrangements, which could be deemed inappropriate and corrupt by formal procedures, thrive and maintain the organisation. Furthermore, frontline workers experience professionalisation as eliminating the meaning and purpose of their work, which comes to be defined by targets rather than human service. Again, workers maintain their job satisfaction by focusing on relationships and community benefits.

Our analysis indicates that perfection is achieved and demonstrated on paper through the professional work style, yet the staff bear negative experiences in their work. Staff felt that their organisation sensationalised its performance through media hype and awards ceremonies in such a way that the contrast with their experience of disillusionment left them feeling morally bankrupt. The glossy, picture-perfect image is for the outsiders and is the public face of the NGO. However, the hardships and bitterness constitute their reality. The economy of performance is dependent on the ecologies of practice.

Furthermore, who is the professionalisation practice serving, and is professionalisation at odds with community involvement? In the NGO's functioning, a certain degree of compliance, for instance, completing monthly technical and financial reports, was practised with donor-imposed legitimation. However, a limited bearing on its internal management practices was reported, where informal practices at odds with official procedure remained evident. There was a suspicion that professionalisation was another hurdle being navigated successfully in the interests of those most powerful in the organisation. Indeed, the professionalising practices demanding high levels of organisational literacy served to exclude peer educators and community members, similar to our findings reported elsewhere and from a case study of the professionalisation of NGOs in Rajasthan, India (O'Reilly, 2011; Shukla et al., 2016).

Conceptually, the 'ecologies of practice'(Fisher & Owen, 2008) that constituted our respondents' reality is shaped by donor-driven programme targets, sustained pressure to achieve those targets and resulting competition and potential corruption. The programme had a 100 per cent outreach target, undermining its claim to be a voluntary approach. 'Professional dissonance' within Jyoti's staff is highlighted on accounts of mediating between the rigid rationalising regime and the ability to remedy to contribute to the real work (Taylor, 2007). The organisational burn-out extends beyond feeling underappreciated and lacking job satisfaction to the internal conflicts between their values and the duties they must perform.

At a practical level, complex patron-client relationships and organisational politics need to be acknowledged. Collegiate relationships are valued, and informal relationships are sustained. Very distinct from a professionalised management model, the NGO director fondly being referred to as 'mummy' by the NGO workers and the sex workers alike indicates the personal bond shared and valued by the staff. The love-hate relationship continued. However, the director did command loyalty and love. This leadership style could be located with the broader 'practice-based approach'(Deery & Fisher, 2017). This type of leadership could be re-positioned to nurture an environment that promotes motivation, commitment, and continued competence among staff.

Methodologically, we argue to release the 'NGO activities' from a doctrine of bureaucracy. The entrepreneurial values of what entails corruption are retained (in practice) for the functioning of the NGO in service delivery. In doing so, people find new and 'smart' ways of going around the rules, even using the rules to advance personal interests. There is also a prioritisation of relationships or interdependence. For instance, NGO workers vow their allegiance and loyalty to the NGO and sex worker community before the donors. Our findings concur with Smith's (2003) work on corruption in Nigeria, where he argues that what is defined as 'corruption' from a normative standpoint can be understood as responsibly fulfilling one's social obligations from other standpoints. The NGO director re-distributed resources, ignoring the rigid protocol from the donors. For instance, at the directors' discretion, an outreach worker managed two portfolios: an outreach worker and a project accountant. While the director justified the decision because of the lack of accountants to

work at a low salary in a red-light area, the director paid half of the accountant's remuneration to the outreach worker. At the same time, the remaining money went to the NGO's children's crèche. This arrangement was known and accepted by all the NGO staff members. The dual responsibility for ORW at an adjusted payment can easily be classified as corruption to donor assumptions. However, it could be argued that the sharing and redistributing of wealth amongst the less privileged is a locally imposed socio-cultural obligation on the NGO director. These findings resonate with an accountability and NGO practices study conducted in Kenya. The study demonstrates that local solutions and organisational practice of accountability or inaction led to 'resource lodging' by international NGOs, creating re-agency for a diverse resource allocation, which was not driven by an efficiency agenda (Harsh et al., 2010). At any rate, the ecology of practice is not that intended by the 'business-minded' donors.

This paper has documented some of the harmful effects of 'professionalising' and 'business-minded' approaches, which are often invisible when evaluating projects only according to formally set targets and metrics. Our findings are line with the rich body of literature on understanding effects of managerial and entrepreneurial logics in Avahan (Biradavolu et al., 2015; Lorway, 2017; Lorway & Khan, 2014; Shukla et al., 2016; Vijayakumar, 2018). The goodwill upon which the sector depends risks being eroded by what is experienced as a meaningless, target-driven culture. The evaluations of such approaches would benefit from more ethnographic work on the longer-term impact on frontline workers and organisational culture.

This paper argues for greater appreciation of the 'person-centred', informal, value-led practice-based approach to leadership that accounts for the context rather than solely relying on the dominant 'evidence-based leadership'. We further emphasise the value in investigating 'ecologies of practice' that are necessary for the 'economies of performance', attending to the informality built into the formal HIV prevention interventions. In this instance, the HIV prevention programmes in India had to engage with the very actors that the state itself refused to recognise legally or socially. Contemporary business-minded approaches do not necessarily rule out the informal, potentially 'corrupt' ways of working, and we argue against the professional-non-professional binary in a global health development practice agenda.

Notes

1. The exact period and dates for the award are not mentioned to maintain the anonymity of the participants.
2. NGO workers refer to the director as Madam or, mostly, affectionately, 'mummy'.

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References

Alvarez, S. E. (2009). Beyond NGO-ization?: Reflections from Latin America. *Development*, *52*(2), 175–184. https://doi.org/10.1057/dev.2009.23

Avahan. (2008). The India AIDS initiative: The business of HIV prevention at scale, 1–40. http://www.gatesfoundation.org/avahan/Documents/Avahan_HIVPrevention.pdf

Berman, P., & Bossert, T. (2000). *A decade of health sector reform in developing countries: What have we learned?* UNAID. March. http://pdf.usaid.gov/pdf_docs/PNACJ344.pdf

Besharov, M. L., & Smith, W. K. (2014). Multiple institutional logics in organizations. *Explaining Their Varied Nature and Implications*, *39*, 364–381.

Biradavolu, M. R., Blankenship, K. M., George, A., & Dhungana, N. (2015). Unintended consequences of community-based monitoring systems: Lessons from an HIV prevention intervention for Sex workers in south India. *World Development*, *67*, 1–10. https://doi.org/10.1016/j.worlddev.2014.09.026

Bishop, M., & Green, M. (2008). *Philanthrocapitalism: How the rich can save the world*. Bloomsbury Press.

Boily, M., Pickles, M., Lowndes, C., Ramesh, B., Washington, R., & Moses, S. (2016). Positive impact of a large-scale HIV prevention programme among female sex workers and clients in South India. *Aids (London, England)*, *27*(9), 1449–1460. https://doi.org/10.1097/QAD.0b013e32835fba81

Chacko, S. (2011). Chasing numbers betraying people: relooking at HIV related services in Karnataka.

Cloutier, C., Denis, J. L., Langley, A., & Lamothe, L. (2016). Agency at the managerial interface: Public sector reform as institutional work. *Journal of Public Administration Research and Theory*, *26*(2), 259–276. https://doi.org/10.1093/jopart/muv009

Cornish, F., Campbell, C., Shukla, A., & Banerji, R. (2012). From brothel to boardroom: Prospects for community leadership of HIV interventions in the context of global funding practices. *Health & Place*, *18*(3), 468–474. https://doi.org/10.1016/j.healthplace.2011.08.018

Dart, R. (2004). The legitimacy of social enterprise. *Nonprofit Management and Leadership*, *14*(4), 411–424. https://doi.org/10.1002/nml.43

Deery, R., & Fisher, P. (2017). Professionalism and person-centredness: Developing a practice-based approach to leadership within NHS maternity services in the UK. *Health Sociology Review*, *26*(2), 143–159. https://doi.org/10.1080/14461242.2016.1159525

Doig, A., & Marquette, H. (2005). Corruption and democratisation: The litmus test of international donor agency intentions? *Futures*, *37*(2), 199–213. https://doi.org/10.1016/j.futures.2004.03.026

Eagleton-Pierce, M. (2020). The rise of managerialism in international NGOs. *Review of International Political Economy*, *27*(4), 970–994. https://doi.org/10.1080/09692290.2019.1657478

Everett, J., Neu, D., & Rahaman, A. S. (2007). Accounting and the global fight against corruption. *Accounting, Organizations and Society*, *32*(6), 513–542. https://doi.org/10.1016/j.aos.2006.07.002

Evetts, J. (2003). The sociological analysis of professionalism: Occupational change in the modern world. *International Sociology*, *18*(2), 395–415. https://doi.org/10.1177/0268580903018002005

Evetts, J. (2009). New professionalism and new public management: Changes, continuities and consequences. *Comparative Sociology*, *8*(2), 247–266. https://doi.org/10.1163/156913309X421655

Evetts, J. (2011a). A new professionalism? Challenges and opportunities. *Current Sociology*, *59*(4), 406–422. https://doi.org/10.1177/0011392111402585

Evetts, J. (2011b). Sociological analysis of professionalism: Past, present and future. *Comparative Sociology*, *10*(1), 1–37. https://doi.org/10.1163/156913310X522633

Evetts, J. (2013). Professionalism: Value and ideology. *Current Sociology*, *61*(5–6), 778–796. doi:10.1177/0011392113479316

Fisher, P., & Owen, J. (2008). Empowering interventions in health and social care: Recognition through 'ecologies of practice'. *Social Science & Medicine*, *67*(12), 2063–2071. doi:10.1016/j.socscimed.2008.09.035

Harsh, M., Mbatia, P., & Shrum, W. (2010). Accountability and inaction: NGOs and resource lodging in development. *Development and Change*, *41*(2), 253–278. https://doi.org/10.1111/j.1467-7660.2010.01641.x

Hwang, H., & Powell, W. W. (2009). The rationalization of charity: The influences of professionalism in the nonprofit sector. *Administrative Science Quarterly*, *54*(2), 268–298. https://doi.org/10.2189/asqu.2009.54.2.268

Kreutzer, K., & Jäger, U. (2011). Volunteering versus managerialism: Conflict over organizational identity in voluntary associations. *Nonprofit and Voluntary Sector Quarterly*, *40*(4), 634–661. https://doi.org/10.1177/0899764010369386

Leicht, K., Walter, T., Sainsaulieu, I., & Davies, S. (2009). New public management and new professionalism across nations and contexts. *Current Sociology*, *57*(4), 581–605. doi:10.1177/0011392109104355

Lorway, R. (2017). Making global health knowledge: Documents, standards, and evidentiary sovereignty in HIV interventions in South India. *Critical Public Health*, *27*(2), 177–192. https://doi.org/10.1080/09581596.2016.1262941

Lorway, R., & Khan, S. (2014). Reassembling epidemiology: Mapping, monitoring and making-up people in the context of HIV prevention in India. *Social Science & Medicine*, *112*, 51–62. doi:10.1016/j.socscimed.2014.04.034

Maier, F., Meyer, M., & Steinbereithner, M. (2016). Nonprofit organizations becoming business-like: A systematic review. *Nonprofit and Voluntary Sector Quarterly*, *45*(1), 64–86. https://doi.org/10.1177/0899764014561796

Markowitz, L., & Tice, K. W. (2002). Paradoxes of professionalization parallel dilemmas in women's organizations in the Americas. *Gender and Society*, *16*(6), 941–958. https://doi.org/10.1177/089124302237896

Martin, G., Armstrong, N., Aveling, E., Herbert, G., & Dixon-Woods, M. (2015). Professionalism redundant, reshaped, or reinvigorated? Realizing the "third logic" in contemporary health care. *Journal of Health and Social Behaviour*, *56*(3), 378–397. https://doi.org/10.1177/0022146515596353

Martin, G., Kocman, D., Stephens, T., Peden, C., & Pearse, R. (2017). Pathways to professionalism? Quality improvement, care pathways, and the interplay of standardisation and clinical autonomy. *Sociology of Health & Illness*, *39* (8), 1314–1329. https://doi.org/10.1111/1467-9566.12585

Mawdsley, E., Townsend, J. G., & Porter, G. (2005). Trust, accountability, and face-to-face interaction in north–south NGO relations. *Development in Practice*, *15*(1), 77–82. https://doi.org/10.1080/0961452052000321613

McGoey, L. (2012). Philanthrocapitalism and its critics. *Poetics*, *40*(2), 185–199. https://doi.org/10.1016/j.poetic.2012.02.006

Merry, S. E. (2016). *The seductions of quantifications: Measuring human rights, gender violence, and Sex trafficking*. University of Chicago Press.

Moir, M. (1993). Kaghazi Raj:' notes on the documentary basis of company rule: 1773–1858. *Indo-British Review*, *21*, 185–193.

Nambiar, D. (2012). HIV-related stigma and NGO-isation in India: A historico-empirical analysis. *Sociology of Health and Illness*, *34*(5), 714–729. https://doi.org/10.1111/j.1467-9566.2011.01428.x

Narayanan, P., Moulasha, K., Wheeler, T., Baer, J., Bharadwaj, S., Ramanathan, T. V., & Thomas, T. (2012). Monitoring community mobilisation and organisational capacity among high-risk groups in a large-scale HIV prevention programme in India: Selected findings using a community ownership and preparedness index. *Journal of Epidemiology and Community Health*, *66*(Suppl 2), 34–41. https://doi.org/10.1136/jech-2012-201065

Narayanaswamy, L. (2016). Whose feminism counts? Gender(ed) knowledge and professionalisation in development. *Third World Quarterly*, *37*(12), 2156–2175. https://doi.org/10.1080/01436597.2016.1173511

Ng, M., Gakidou, E., Levin-Rector, A., Khera, A., Murray, C. J. L., & Dandona, L. (2011). Assessment of population-level effect of Avahan, an HIV-prevention initiative in India. *The Lancet*, *378*(9803), 1643–1652. https://doi.org/10.1016/S0140-6736(11)61390-1

Noordegraaf, M. (2015). Hybrid professionalism and beyond:(New) forms of public professionalism in changing organizational and societal contexts. *Journal of Professions and Organization*, *2*(2), 187–206. http://jpo.oxfordjournals.org/content/early/2015/06/25/jpo.jov002.abstract

O'Reilly, K. (2011). We Are Not contractors': Professionalizing the interactive service work of NGOs in rajasthan, India. *Economic Geography*, *87*(2), 207–226. https://doi.org/10.1111/j.1944-8287.2011.01106.x

Power, M. (1999). *The audit society: Rituals of verification*. Oxford.

Ramakrishnan, A., & Alexander, A. (2006). Practicing theory: Management in HIV intervention. *Harvard International Review*, *28*, 58–61. https://search.proquest.com/docview/230968154/fulltextPDF/CEFD1220989547A2PQ/1?accountid=9630

Ritzer, G. (1996). *The McDonaldization of society* (Revised ed.). Pine Forge Press.

Roy, S. (2011). Politics, passion and professionalization in contemporary Indian feminism. *Sociology*, *45*(4), 587–602. https://doi.org/10.1177/0038038511406584

Roy, S. (2015). The Indian women's movement: Within and beyond NGOization. *Journal of South Asian Development*, *10*(1), 96–117. https://doi.org/10.1177/0973174114567368

Sgaier, S. K., Ramakrishnan, A., Dhingra, N., Wadhwani, A., Alexander, A., Bennett, S., Bhalla, A., Kumta, S., Jayaram, M., Gupta, P., Piot, P. K., Bertozzi, S. M., & Anthony, J. (2013). How the Avahan HIV prevention program transitioned from the gates foundation to the government of India. *Health Affairs*, *32*(7), 1265–1273. https://doi.org/10.1377/hlthaff.2012.0646

Shukla, A., Teedon, P., & Cornish, F. (2016). Empty rituals? A qualitative study of users' experience of monitoring & evaluation systems in HIV interventions in western India. *Social Science & Medicine*, *168*, 7–15. https://doi.org/10.1016/j.socscimed.2016.08.041

Smith, D. (2003). Patronage, per diems and the "workshop mentality": the practice of family planning programs in southeastern Nigeria. *World Development*, *31*(4), 703–715. doi:10.1016/S0305-750X(03)00006-8

Taylor, M. F. (2007). Professional dissonance: A promising concept for clinical social work. *Smith College Studies in Social Work*, *77*(1), 89–99. https://doi.org/10.1300/J497v77n01_05

United Nations Convention Against Corruption. General Assembly Resolution 58/4 of 2003, October 31, United Nations. (2003). www.unodc.org

Vassall, A., Pickles, M., Chandrashekar, S., Boily, M.-C., Shetty, G., Guinness, L., Lowndes, C. M., Bradley, J., Moses, S., Alary, M., & Vickerman, P. (2014). Cost-effectiveness of HIV prevention for high-risk groups at scale: An economic evaluation of the Avahan programme in south India. *The Lancet Global Health*, *2*(9), e531–e540. https://doi.org/10.1016/S2214-109X(14)70277-3

Vijayakumar, G. (2018). Collective demands and secret codes: The multiple uses of "community" in "community mobilization". *World Development*, *104*, 173–182. https://doi.org/10.1016/j.worlddev.2017.11.009