



**HUMANITARIAN AID RELIEF TRUST**  
**VISIT**  
**INDIA : BANGALORE, BELGAUM and**  
**HYDERABAD**  
**30<sup>th</sup> August – 5th September 2012**



The Face of Suffering: a picture which speaks louder than any words..

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## 1. INTRODUCTION

1.1 **The Delegation**: Caroline (Baroness) Cox, the CEO of Humanitarian Aid Relief Trust (HART); Lady Amelia Fitzalan Howard – Henry Smith Charity and reporting for Trusthouse Charitable Foundation; Mrs. Helen Gilbert – HART Trustee; Rev. David Thomas – Project Logistics Co-ordinator HART.

1.2 **Terminology**: The terms Devadasi and Jogini are synonymous, referring to the girls and women ‘dedicated’ to temples who are destined to endure forced prostitution; the terminology varies in different geographical areas..

1.3 **Quotations**: Quotations used in the report have generally been placed in *italics*. Some names have been changed to protect identity.

1:4 **Exchange Rate**: approximately 86 Indian Rupees to £1GBP

## 2. ITINERARY and PROGRAMME

**Bangalore** Visits: the Good Shepherd Clinic at Dharmapuri, Tamil Nadu which is a pioneering programme for the care of HIV Dalits with HIV; and the Tarika Women’s Centre providing rehabilitation and training for women rescued from exploitation.

**Belgaum** Visit Operation Mercy India (OMI)’s pioneering work for Devadasi. The projects at Dharmapuri and Belgaum are both pioneering programmes intended to develop models for other projects elsewhere in India. HART has been able to provide funds in support for these programmes, with grants from Trusthouse Charitable Foundation (TCF).

**Hyderabad** Meetings: Jogini to hear their testimonies; senior OMI staff, including Dr. Beryl D’Souza, to discuss their humanitarian and advocacy programmes; and the Inspector General of Police and Crime Investigation Department, to consider ways in which the police can support policies for the prevention of dedications of girls to a life of ‘service’ to temples as Devadasi, as well as programmes for their rescue and rehabilitation.

## 3. OBJECTIVES

HART’S work in India reflects our mandate to provide aid and advocacy for people suffering from oppression who do not have a voice. We are privileged to work with OMI, helping to provide aid and advocacy for some of the most marginalised people in Indian society: the Dalits (those who are genuinely ‘outcastes’: outside the caste system); and the Devadasi or Jogini.

3:1 To obtain up-to-date information and evidence regarding:

- The condition of the Dalits.
  - The plight of the Devadasi/Jogini.
  - The extent to which legislation in support of the above groups is enforced in practice.
- 3:2 To visit HART's partners who are devising and implementing realistic programmes for the above groups; and to assist their work through aid and advocacy.
- 3:3 To meet representatives of Governmental and Non-Governmental Organisations to promote existing and potential networks of support for HART partners.

#### **4. EXECUTIVE SUMMARY**

##### **4:1 The Clinic for HIV positive Dalits in Tamil Nadu.**

- HART'S first partnership programme with OMI was based in Dharmapuri, in Tamil Nadu, with some funding in 2007 with a grant from TCF for a Centre providing holistic care for Dalits with HIV: people who were 'doubly untouchable' on account of the stigma in Indian society attached to the 'outcaste' status of Dalits and also to people with HIV.
- A fully-fledged Clinic has now been built, opened in 2009, and is well established, providing a comprehensive range of services. We visited this Clinic and were very impressed by the quality of care provided. HART's financial involvement has been concluded, although there is still a need for advocacy for the marginalised Dalit community.

##### **4:2 Support for Devadasis.**

- OMI subsequently asked HART to assist with programmes to help to rescue and rehabilitate women and girls dedicated to temples for 'Temple Service'. These Devadasi or Jogini are doomed to a life of enforced prostitution. [As the terms 'Devadasi' and 'Jogini' are synonymous, this report will generally use the term 'Devadasi' except where the term 'Jogini' was specifically used in a local context].
- For at least 2,000 years, young Hindu girls and women have been dedicated to the Hindu goddess Yellamma as part of the ancient Devadasi practice. Whatever the claims regarding its origin, it has become a form of sexual slavery.
- There are around 1 million Devadasis in the state of Andhra Pradesh, where they are known as Joginis, and an estimated 2 million throughout India, mainly in Andhra Pradesh, Karnataka, Tamil Nadu and Maharashtra States.

##### **4:3 Problems and Suffering Inherent in the Plight of Devadasis.**

- Physical abuse: they are often subjected to physical violence by their clients and family members.

- Sexual slavery: they are trapped in a system of prostitution, either in brothels or in their home villages.
- Stigmatisation: known to be prostitutes, men will use their services and only very rarely will they be able to marry. This leaves them emotionally, personally and financially intensely vulnerable.
- Health hazards: they are inevitably prone to illness, especially HIV/AIDS.
- Low self-esteem: they suffer from very negative self-images as a result of their humiliating experiences as enforced prostitutes and the contempt with which they are treated by the wider society.
- An intense sense of being rejected and abandoned by their mothers or parents.
- Poverty: Devadasi suffer gross financial exploitation: always very poorly paid - and often not paid at all by clients.
- A nexus of factors which render escape virtually impossible: Devadasis are locked within a system, culturally, religiously and economically validated, from which escape only seems imaginable with the assistance of sympathetic fellow countrymen and women.
- Trafficking: due to their economic vulnerability, Devadasis and their female children are very vulnerable to human trafficking.
- Adverse effects on Devadasi children regarding education and employment: often daughters are presented to the temples for a life of prostitution as they are deemed to have no other way of earning money to support their dependant relatives (mothers in their old age, or their children); schools and potential employers often dismiss them because they cannot identify their fathers.
- Problems for Devadasi children with regard to marriage: in Indian society, great emphasis is placed on a child's father's identity. If a girl cannot say who her father is, this will render her unacceptable in the eyes of a prospective bridegroom's family.
- Devadasis' shame and pain of being unable to provide adequately for their children, who desperately need education to try to build a future.

#### **4:4 Initiatives to Respond to the Problems Experienced by Devadasis.**

- The Devadasi Prevention and Abolition Dedication Act was passed in 1988 but to date no rules have been framed under the Act, resulting in no effective implementation.
- HART is working with OMI to support the Good Shepherd Clinic in Belgaum, Karnataka, to identify Devadasis, to encourage them to come to the Clinic for diagnosis of HIV/AIDS: to facilitate regular testing and treatment; to provide counselling and general support for them and their children.

- HART will also undertake advocacy to raise awareness of the systems of exploitation of Devadasis and Joginis; to assist Indian citizens in initiatives to promote the eradication of this system, through the prevention of presentation of girls to temples; the rescue and rehabilitation of Devadasis; encouragement of legal initiatives, and the effective application of laws to outlaw this exploitative and brutal practice which causes such suffering, so much of which is untold.
- HART supports OMI's proposals to promote alternative sustainable lifestyles and income generation for Devadasis, providing education and training for gainful employment with the genuine opportunity to change their lives, and no need to return to prostitution out of economic desperation.
- Much of the rest of this report will contain first-hand testimonies of Devadasi in order to highlight the urgent need for remedial measures.



*The clinic at Dharmapuri, opened in 2009; constructed with assistance from HART and Trusthouse Charitable Foundation*

## 5. VISITS AND MEETINGS

### 5:1 The Clinic for HIV positive Dalits at Dharmapuri, Tamil Nadu.

HART began working with OMI in 2007. As a principle, we always ask partners to identify their priorities for support. At that time, OMI asked for help for the Clinic in Dharmapuri, Tamil Nadu, for Dalits with HIV – doubly ‘Untouchable’ and stigmatised.

With the assistance of a grant from Trusthouse Charitable Foundation, HART contributed towards the construction of The Good Shepherd Clinic, providing holistic care for HIV Dalits, including diagnosis, counselling, arrangements for treatment and regular testing. A balanced diet, calculated by a nutritionist, was prepared and provided without charge for patients, including in packet form at least once per month. A very significant aspect of the Clinic’s ethos involved the warm acceptance of the patients, enhancing their self-esteem and dignity. We visited the Clinic in 2008 and were deeply impressed by the quality of care provided. We were also humbled and inspired by the dignity of people who had been suffering with the double affliction of HIV and their Dalit status - seen as ‘the lowest of the low’. It was deeply moving to embrace the ‘doubly untouchable’ and to enjoy a meal with them, eating the food which they had prepared.

This time, we were delighted to see a very well-built new multi-purpose Clinic, opened in 2009. 7,158 patients have been seen and the Clinic is expanding its holistic care to include patients with TB and diabetes.

From HART’s perspective, this represents a very satisfactory ‘closure’ of our financial support, although advocacy for the continuing stigmatisation, marginalisation and economic exploitation of Dalits is still needed. For example, the leader of the Dalits in Tamil Nadu travelled 100 km to meet us. He represents 6 million Dalits in his State, including 3.5 million ‘manual scavengers’ who have to survive by handling human excreta. Although the Indian Government passed a law in 1993 prohibiting manual scavenging, this has not been implemented and human beings are still used to remove human excreta from railways and other public places as well as working in the drainage systems. There is an urgent need to stop the practice of manual scavenging and for remedial measures such as the provision of alternative employment, education for children, appropriate accommodation, health care and pension policies.

### **Aid and Advocacy For Devadasi**

OMI subsequently invited HART to help to support programmes to help Devadasis - rescuing them from enforced prostitution, providing education and training and enable them to earn an independent living.

## 5:2 Tarika Women's Centre, Bangalore

is a rescue and rehabilitation centre for girls and young women who have been trafficked or are vulnerable to being so for a variety of reasons. HART visited the Centre in 2010 (see 2010 HART visit report to Karnataka) and again on this visit. The Centre provides training in tailoring, computing, English Language and for women to work as beauticians. On our last visit, we attended a 'Graduation Ceremony' where we were very inspired to see how the women not only achieved qualifications which could enable them to make a living without having to resort to prostitution, but also rejoiced in being respected and affirmed.

The girls at the Centre spoke of 'being loved' back to a more normal existence and of the increased sense of dignity and self-esteem which came from learning new skills with the consequent potential of obtaining a job. Many of the recent graduates had obtained work in local clothing factories, as a result of skills learnt at the Centre. *"We were treated like rubbish....but today we can hold our heads up high"* was one comment made by a recent graduate of the tailoring course, whilst another spoke of her pride at being able to speak English as a result of the course. *"We ladies were treated like rubbish, but you have honoured us"* was another comment made by a young woman.

On this visit, we met some of the women currently at the Centre. Their stories illustrate their predicament as Devadasis and their hopes for a better life.

**[We have removed names in order to protect the anonymity of the women].**

**V. aged 21**, is married with 2 children aged 4 and 2. Her husband drinks too much. He gives her only 22 Rupees (INR) per week and tells her to run the house, while spending the rest of his money on alcohol. He abuses her physically and says he does not believe the children are his. He brings other women to the house and does not want her to go out of the house. Life was so bad she left him and went to live with her mother. But she came back to him for the sake of her children, because people would ask them about their father (it is very important in Indian society for a child to be able to identify a father). She went to the police for protection many times but they did nothing. She also contemplated suicide but she refrained for the sake of the children. He opposes her coming to the Centre, but she plucked up the courage to come. She has completed the tailoring course and has just started the beauticians' course as she wants to make some money for her children.

**K. aged 27**, began the interview saying *'Thank you so much for coming – because after many years of suffering, I now have the chance to tell my story'*.

K's father was an alcoholic and her mother could not support 4 daughters. *'My mother had 4 daughters and my father was so angry. He tried to kill me with poison but my grandmother*



*rescued me after he tried to kill me. Then the next baby was a boy. Daughters are seen as problems; boys are seen as good news and assets.'*

When K. was 7, she was sent as a domestic worker to live in another house. She had to work all day and until 1am every night. The father of the household worked in the modelling business so he and his wife would come home very late. She had to give them a meal when they returned and was not allowed to eat anything until they had finished. If she took any food for herself, she was beaten. They tried to force her to marry a Muslim, so she ran away. She married another man but found no happiness: her husband is an alcoholic who beats her and demands money. She has to give him 50INR a day for drink. She therefore went to live with her mother who is very poor and lives in the slums. Aged 60, her mother still does cleaning jobs, especially at halls used for weddings, bringing scraps of left-over food home. K. said, with great sadness:

*'All my life I have worked like a slave. Now I have to work so hard – washing, cleaning. My in-laws are torturing me because of my dowry; they beat me and try to force me to bring money from my parents. My father gives me nothing; my mother does everything she can. But my father throws food on the floor and stamps on it. I just have to work and my mother aged 60 still has to work. It is bonded labour. We have no education so we are powerless.'*

K. is now studying at Tarika to learn tailoring because she has no dowry. She concluded the interview with this message:

*'Thank you very much for hearing me and allowing me to cry out. I want to make it in my life and show people I can do it. I have to stay with my husband because there will be no respect if I leave him; so I must stay. My father persecuted my mother but she stood her ground and supported us. I want to do the same.'*

[At this stage, she was weeping...]

**H. aged 15 has been at Tarika for one month.** When H. was 13, she discovered that the family who had raised her were not her real parents. Once her adoptive mother knew that H. was aware of the situation, she kept beating her and saying *'You are not our own – but we still raised you.'* She was then treated like a servant, forced to do housework and she started having problems at school.

When she resisted her treatment, she was forced to kneel outside the house, with a stone on her head, so she could not look down and everyone could see her. She was frequently beaten. Then she was thrown out of the house and told *'never come back'*. She was about to be sent to a State House where she would have lived with prostitutes and would have been very vulnerable to exploitation and trafficking. She was found there by the NGO Oasis, who referred her to Tarika, where she is currently living.

**Two Transgender Ladies.** D. was the spokesperson; the other came as her friend. D. comes from Tamil Nadu but moved to Bangalore when she was 20. She described the problems experienced by transgender people: they cannot obtain employment, education or rented accommodation so they are forced to try to make a living by going from shop to shop, begging and/or resorting to the sex industry. Thus they have to beg by day and provide sexual services at night, for which they are often not paid. They are also ostracised: for example, women who sit next to them on a bus often move away when they realise who they are. They receive no help from the Government and have no legal rights; they are not given ID cards and cannot receive subsidised food. They are particularly worried about what will happen to them when they become older.

D. wants to learn a skill so that she can earn a living and has come to Tarika to learn tailoring. She has been accepted by the other women at the Centre and treated with respect. She said:

*'I'm getting old now – but I have a skill. I'm so excited. I want to be witness to others. But I know that after 20 years, it will not be easy.'*

**K. and V. - a mother aged 28 and her 9 year-old son.** K's marriage was arranged by her parents as they did not want her at home. She was constantly harassed by her husband who beat her and demanded a dowry in the form of land. Her father is a stone mason with a low income, so cannot provide the dowry. Her husband increased his demands after they were married. She finally left her husband and stayed with her parents, looking after them until they died. Now her brothers contest her right to be in the property; and refuse to offer her any support. Her husband disputed the paternity of their son and used this reason to divorce her, remarrying 4 months later. She has a hard time earning some money, doing domestic work in 2 houses sweeping, mopping, and doing the laundry. She is learning English and tailoring at Tarika in the hope of obtaining a better job in order to provide for her son.

**K. aged 34** was born in Andhra Pradesh. Her family were opposed to her (love) marriage due to wealth differentials (not clear who was the wealthier). She is Hindu and her husband is Christian. They left their respective families and came to Bangalore arriving with practically nothing. They found somewhere to live costing 100 rupees per month, but they did not even have the money for this. Her husband now earns 8,000 rupees per month (not sure what he does), but even this is not enough to pay for their 2 children to go to school which costs 20,000 rupees per annum. One day she saw the Tarika sign as she walked past; she went in and is now learning tailoring and doing a beauty course. Life is improving and she is optimistic.

**S. aged 22** In contrast to the above case study, she is Christian and her husband is a Hindu. Again, they had a love marriage which was opposed by both families who fought on the day

of the marriage. Her husband suggested she could leave him if she wanted to, but they went ahead with the marriage. Immediately after the marriage, their families cast them out, literally leaving them on the street with nothing. Her husband now drinks, behaves 'badly' and wants a bigger dowry. He only works occasionally and when he does, he spends the money on drinking with friends. She heard about Tarika from friends and is doing a computer course to develop her confidence and knowledge.

Unusually, her mother in law is very supportive unlike her own family (her mother excluded). She has a small baby whom she has to bring to the classes as she has no one to leave her with. Her own mother earns 50 rupees per month as a hospital cleaner (this is such a low figure even in the context of what we were hearing that we asked twice if this was correct and it was) so she can't help her daughter with any money, but she tries to offer some emotional support.

**B. aged 27** is Muslim and had an arranged marriage aged 17. She comes to the Centre in a full burka and then takes it off to reveal a coloured sari (she was wearing a glorious red one that day). She started life in Tamil Nadu and came to Bangalore to find work. Her husband's family threw them both out of the house due to money issues. Her husband never sticks at a job; she is the sole earner and supports the family, and her 2 children aged 10 and 7.

She wants to 'stand on her own 2 feet and earn money with dignity'. She also means this literally as she has problems with her legs, so this is a challenge. Through Tarika, she qualified as a tailor and is also doing a beautician's course. She has found a sewing job, and in a good month will earn c. 5,000 rupees. She now has dignity, her husband respects her and with what she earns, she is getting back her gold jewellery she gave to the pawn broker. It is important to her that the Centre is all female so her husband allows her to attend. She came from a very strict Muslim home, was the only child, and unable to leave the house. She therefore adores coming to the centre where she feels 'liberated, at home and free'.

She pays c 3,000 rupees rent per month, but her children's schooling costs c 300 rupees per month which she often can't pay. She wants her children to go to a fee paying school, rather than the free 'substandard government schools'. She says that life as a Muslim in Bangalore is difficult. They are discriminated against, police arrest them under any pretext, they are accused of terrorism and, she alleges, harassed by the Hindu government.

**A. aged 19** came from a very poor family and was the only surviving child. She left school at 13 as no more schooling could be afforded by the family. She lives with her parents in Bangalore. Her mother is a cleaner earning 1,000 rupees per month and her father is a baker. She is doing a beautician's course and has part time work. Her employers don't pay her but say they will when she qualifies. We pressed to ask if they really would or if this was

just more exploitation. She said she did not know, but it still helps her gain experience. (*She wept during the early part of this interview*).

### **5:3 The Good Shepherd Clinic at Ghataprabha, Belgaum, Karnataka.**

HART is able to provide some support for a programme run by OMI near Belgaum to help with the rescue and rehabilitation of Devadasis. The Good Shepherd Clinic staff have an outreach programme, identifying Devadasis, inviting them to the Clinic. Here they can be tested for HIV/AIDS, and arrangements can be made for treatment and regular CD4 testing at the local hospital. In its outreach and educational work the clinic makes great use of peer educators. OMI is now negotiating the purchase of land in order to transfer there a school and an expanded Clinic, similar to the Clinic at Dharmapouri.



*Staff at the Clinic in Ghataprabha, Belgaum, supported by HART and Trusthouse, including 4 Peer Educators, the Nurse, Administrative staff and Trainees  
The male Laboratory Technician and another Administrator are absent from the photo.*

On this visit, we met some of the clients, whose stories illustrate their plight as Devadasis and the significance of the Clinic's provision of health care.

**G, aged 25.** Her grandmother sent her to Yellama temple when she was very small and she didn't realise what was happening. When she came home, she was called a Devadasi and treated with no respect – and she then realised what had happened. She was very upset and angry, so she went to the police station but the police said there was nothing they could do. 2 years ago, she had a quarrel with her neighbours and went back to the police. But the neighbours bribed the police, who said that as she was a Devadasi, a prostitute, she was the cause of the problem and they would do nothing to help her.

When she was 16 she was sent to Mumbai to begin 'work'. After 4 years in a brothel, she wanted to return home and came back to her village. But everyone knew she was a prostitute so she was 'used' by rich people who showed no respect for her and used and abused her. She moved to another area to work as a farm labourer but lives in fear that she will be still be abused by men.

She has one son aged 7 but she is deeply worried that, as she is not respected by the community, he will be ashamed of her. She is desperate to give him a good education but she has received no support and has no education herself, so does not know how she can provide for her son. She was found by an OMI 'Peer Educator' in her village and now comes to the Centre.

**B, aged 32** was sent to the temple aged 10 because there were no sons born to her parents and they needed her to make some money. At the temple, 5 Devadasis walked around the temple 5 times with her. They brought fruit to cook, they worshipped together and she was given red and white beads. Then she lay down in front of a statue for 5-10 minutes, praying. The family cooked and ate the food, returned to the village and announced the dedication. When she reached puberty, an agent from a brothel came and took her to a brothel in Mumbai, where she had to 'service' 5-10 men a day. Some were drunk and violent. At the brothel, the Devadasi would cook their own food because they were afraid of being poisoned or drugged. She became very ill, so her father came to rescue her, paying 4,000 rupees, and took her home. She now works as a farm labourer, earning 100 rupees a day if she works from 0800-1800.

*'I almost died. Because I have no children, I have no hope. I have struggled and suffered so much in my life - and there is no way out.'*

**S, aged 40**, with HIV, came from a family of 5 children (4 girls and 1 boy). She was dedicated to the temple when she was 8 years old, so that she could support her brother. She had to stay in the village and when she reached puberty she had to live with the village leader, who didn't marry her. He gave her some money, but he has died some years ago.



She now works as a farm labourer to try to help to provide education for her children. *'Please pray for me, for my health - and for education for my children.'*

**S. aged 35.** Her mother died when she was aged 3; her grandmother dedicated her to the temple. She only understood the significance of this when she reached puberty and was furious with her grandmother, asking why she had done this to her. She lived with a man, providing him with sexual services but he would not marry her. She then moved to her own home where he would visit her when he wanted her. He has now married and comes no more. She works as a farm labourer. She cannot marry because once it is known that she is a Devadasi, no-one will marry her. *[There are very rare exceptions to this, including the marriage of Christian Pastors to former Devadasis There has been slight improvement over the last decade; but support is needed from the community and Indian NGOs.]*



*The present rented Clinic building at Ghataprabha, near Belgaum.*

*This will be moved to a purpose-built building on a newly purchased plot, once District permission is granted for the transfer of land from agricultural to building use.*

*The main in-Clinic business is carried out one day a week, the staff concentrating on outreach for the remaining days (though some in-Clinic assistance is always on offer).*

**Y, aged 20** is the daughter of a Devadasi, whose mother did not want her to follow in her footsteps. Therefore, she arranged a marriage for Y. when she was 15. She has 2 sons. But her husband brutally humiliated her, saying *'You are a prostitute, because your mother was a prostitute.'* He beat her every day and then sent her away. She still suffers from the stigma of her mother's status as a Devadasi. She returned to live with her mother and works with sugar cane, which is razor sharp.

*'I cannot bear to be the daughter of a Devadasi. I feel dead because of the stigma. Please pray for my children and for my mother.'*

**S, aged 31.** S's mother had 9 daughters but no sons. When S. was 6, she was dedicated to the temple. It was Festival time, and she thought it was fun, with games and celebrations. When she reached the age of 15, she wanted to marry and young men came, asking her to marry them. She was told she couldn't marry because she was a Devadasi. When she saw her sisters marrying, she was very sad and cried. She lived with a Muslim man who wouldn't marry her; she had 2 daughters and then he left her to marry another woman. Her daughters are very keen to receive an education. But when they try to go to school, they are required to give their father's name and are unable to do so. They suffer from stigma so much that one girl tried to commit suicide and was hospitalised. Their mother knows that the only hope for her daughters' future is to receive an education and she grieves deeply over her inability to provide for them. She has taken a loan to try to help but she now has health problems, suffering severe headaches:

*'My 2 daughters want to study, but I can't fulfil their dreams. Please pray for my daughter's education and for my health.'*

**G. aged 49** (but looked like an old lady with grey and thin hair)

She was 'presented' as a Devadasi aged 2 or 3 and lived at home before she started a life of prostitution aged 13. She is partially sighted so her family assumed she was also brain damaged. She came from a very poor family and has 3 brothers and 1 sister. If she became a Devadasi she could help support her family. She has no children *'has had no peace in her life'* and everyone looks down on her. The small child she was holding was her niece. All her life, the villagers 'used' her. We were shown her red and white beads (the sign of being a Devadasi) which she still wore.

**H. aged 35** was dedicated aged 12, coming from a poor family, to help support them. She has had no schooling at all. Again she was wearing her red and white beads. She did not work as a Devadasi prostitute at the temple, but from other places. When her parents died (then she was aged 22), she returned to their house, but still worked as a Devadasi. She also laboured in the fields to supplement her income. Her two sons (aged 16 and 17) also work in the fields. She is worried that if they get married, they will not look after her.

**R. aged 40** was married aged 18 and had 2 daughters but her husband 'was a bad man'. He claimed the children were not his, although of course they were. She left this man and remarried 'a good man'. This was told to us with a huge smile wreathing her face. She was not a Devadasi but acquired HIV through her first husband. She can do without food, but not without her medicine. She wanted photos taken of her and one of her daughters (possibly aged 12) who was very pretty and clearly devoted to her mother.

**Y. aged 25** has never been to school. She was 'dedicated' as a child aged 12 and had the first of her 2 children aged 19. Her own mother was a Devadasi. Although she no longer leads a Devadasi life, both her children are stigmatised because they have no father.

**S. aged 32.** was the youngest of 9 daughters and the only one 'dedicated' (aged 7) as a Devadasi. Her mother was also a Devadasi. She started working as a Devadasi aged 12. She now has 2 daughters, both at college (or secondary school?). She still wears her beads and can never marry. Men just 'used' her, paid her but she never had anyone to care for her. Life is very difficult and she earns 30 – 40 rupees per day as a field labourer. Despite this difficult life, she is happier in the fields and glad she is no longer a Devadasi. She also helps the staff as a counsellor.

**K. aged 25** is HIV positive but she is not a Devadasi. Both she and her husband used to do field work to support their 2 children aged 9 and 10. She gets paid c 60 – 70 rupees per day; the rent costs 300 rupees per month. She often earns less per day as she cannot manage a full day's work due to her health. (At this point she broke into tears). She has been outcast by her family due to HIV, her husband left her, blamed her for the HIV and she continues to work in the fields alone.

#### **5:4 Hyderabad.**

We visited Hyderabad to attend a meeting of Joginis who had travelled to OMI HQ to meet us. More than 100 women had come, many with their children, some travelling for many hours.

3 women spoke of their intensely poignant experiences which mirrored those already recorded in Bangalore and Belgaum.

OMI is working in Hyderabad to provide similar programmes of rescue and rehabilitation. The staff are also engaged in advocacy, promoting policies and legal measures to penalise the perpetrators of trafficking and exploitation; to prevent families and communities from presenting girls to the temple; and to provide opportunities for employment to women rescued from prostitution with sufficient remuneration to earn money to support their elderly



relatives and children. It is hoped to establish economically profitable employment centres which can be self-sustaining, where women can earn enough salary to ensure financial security. This economic enterprise would also help to provide sufficient resources so the women would not have to contemplate returning to prostitution to earn the money they need. We accompanied Dr Joseph D'Souza and Dr Beryl D'Souza to a meeting with senior representatives of the Police, Mr. S. V. Ramana Murthy IGP, Additional Director General of Police for Andhra Pradesh (AP) State; Mr. Ajay – IPS, AP Anti Human Trafficking Unit (AHTU); and Mr. Sujata Rao, IGP (Retired), to discuss cooperation with OMI's policies of prevention, protection and rehabilitation .OMI received favourable responses and a promise to second a senior officer to assist OMI with their work.



*What future for these children of Devadasi?*

## **6. ACKNOWLEDGEMENTS**

The delegation wish to thank very warmly all who gave so generously of their time and hospitality to make all the complex arrangements for our visit, enabling us to travel extensively, to meet so many people and to have the opportunity to learn so much from all whom we met.

We are deeply grateful to all the OMI staff who cared for us from the moment of our arrival to our departure and to all who shared with us their accounts of their work and their visions for the future. We were deeply impressed by their professionalism, compassion and commitment.

And we wish to record our profound thanks to all those whom we met who shared their personal stories of the challenges they face, whether as Dalits, Devadasis and/or people with HIV. It was a privilege to hear their testimonies and we were humbled by their courage, their graciousness and their smiles, even in their adversity.

Our visit has helped us in HART to feel even more committed to try to fulfil our mandate of aid and advocacy for some of the world's most marginalised, vulnerable and exploited people.

Caroline Cox and David Thomas.

September 8<sup>th</sup> 2012.

## **APPENDIX: INTRODUCTION TO HART**

HART operates on the basis of 4 interrelated principles:

**aid**

**advocacy**

**authenticity**

**accountability.**

(i) **Aid:** assessing and providing the most appropriate type of relief. HART seeks to focus primarily on people in need who are not receiving adequate assistance from major organizations – often for security and/or political reasons. Large organizations are often constrained by due need to consider safety of expatriate personnel working on location. HART, being a small organization, committed to working with local partners, keeps no expatriate staff ‘on the ground’; rather establishing, supporting and evaluating projects on the basis of regular visits, involving a different assessment of “Risk” for its personnel.

This policy enables HART to provide humanitarian aid in areas when and where many major aid organizations are not operating – thus making a difference, even with relatively small budgets. HART is non-denominational and will offer aid and advocacy to all in need, unconditionally.

(ii) **Advocacy:** making known the needs and concerns of those who are suffering. Most major aid organizations can only visit locations with the permission of the sovereign government, no matter how great the humanitarian needs. As many of our partners live in conditions of oppression and persecution, at the hands of their own governments, HART seeks to visit them in order to obtain evidence of their situation and then to represent their concerns, as appropriate, to the wider communities, national and international.

(iii) **Authenticity:** gathering first hand evidence of oppression, persecution and humanitarian needs. HART personnel regularly visit people ‘on location’ in order to seek their advice on their priorities for aid, to support and to evaluate the development of programmes and to be able to speak as advocates on the basis of first-hand experience.

(iv) **Accountability:** to those for whom HART speaks: ensuring our advocacy is accurate and sensitive to their situation; and accountable to those who support our work, informing our supporters of what we have done and what they made possible.