

Case Study 2022

# HOW HAIYYA BUILDS ENGAGED TEAMS FOR HIGH-IMPACT CAMPAIGNS



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HEALTH JUSTICE  
COMMUNITY

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This case study is part of a series developed by [People Power Health](#) in collaboration with the [Leading Change Network's](#) Health Justice Community.

You can learn more about community organizing for health in our Health Justice Guide.

Our special thanks to the LCN Health Justice Community team members for their generosity in sharing their experiences creating meaningful impact to stop health inequities and bring health justice.

If you are a health activist interested in embracing community organizing in your work, get connected to [People Power Health](#).

Visit the [LCN Resource Center](#) to learn more about Community Organizing and find more organizing resources and case studies.

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## Sreejani Malakar

Senior Manager—  
Leadership Development &  
Curriculum Design

*“Our team structure gave people ownership and created momentum. It allowed us to build relationships and show the urgency of the issue to the decision-making bodies in healthcare.”*

## OVERVIEW

As a core member of the Leading Change Network, Haiyya builds a variety of high-impact grassroots programs across India. From their work with the youth climate movement, to a gender sensitization campaign, Haiyya’s approach is closely aligned with Marshall Ganz’s framework for relational organizing. Sreejani Malakar, Senior Manager at Haiyya, recently led the Health Over Stigma Campaign.

H A I Y Y A

From One Changemaker  
to Many.

## In the Face of Public Stigma, Haiyya Takes a Collective Approach to Building Engaged Teams

As healthcare organizers in India, Sreejani and the Haiyya team face some decided challenges. For one thing, popular attitudes toward unmarried women are tepid, at best. This makes it quite difficult for these women to access reproductive health services. Still, this remains a hot-button issue in Indian society, with many people motivated to change the status.

The first challenge facing the Haiyya team was building a team capable of spearheading a formal campaign around this issue. Who ought to be involved? “It became clear that it should be the community’s campaign,” says Sreejani, “a movement of unmarried women demanding safe, stigma-free access to reproductive health.” So the Haiyya team brought together a group of unmarried women, partners, and doctors to form their “first-tier” leaders.

Having enlisted the people power of the community, the next challenge for the Haiyya team was deciding on team structure. That structure needed to not only create a safe space for people to share their stories, but for them to own the work and stay highly engaged.



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*“For the Health Over Stigma campaign, we took an intentional approach to building our teams based on the functions needed to run and grow their campaign for change. We had a social media team, strategy team, mobilizing team, design and actions team, with designated team leads for each,”*

Under this model, Sreejani and her team relied on each other. “For example, the social media team designed posters and resources for more outreach and to onboard more women. The lead was responsible for coordinating that. The mobilizing team made sure that the stories came in and to bring in more women to join the campaign.” It was a true exercise in interdependence.

*“For me, a change agent is a person, platform, or medium which intentionally creates avenues for others to take up leadership through capacity building and the strategic gathering of resources.”*

## Building Momentum By Empowering People

Sreejani believes there are three essential ingredients to healthcare organizing: collective narrative; relational power; and a strong network. We see these ingredients reflected in how Haiyya has built their team, underscored by some key moments in which the Health Over Stigma campaign began gaining serious momentum.

“Things began moving fast when we started creating spaces for story sharing. This allowed us to build a strong sense of collective through our shared experiences and emotions,” says Sreejani. She notes that, after these spaces were created, the campaign was able to tap into many more stories from diverse women and locations. “These helped in building evidence on how the issue is urgent and we need action now.”

Today, Haiyya makes ample space for unmarried Indian women to share their stories and get involved. “Storytelling is key and rooted to all of our programs. We use stories to onboard people, in our training programs, and to strengthen our relationships,” she says.

An illustration of two women standing side-by-side, holding a large red banner. The woman on the left has long dark hair and is wearing a dark top and skirt. The woman on the right has curly hair and is wearing a dark top and skirt. Both have their right arms raised in a fist. The banner they are holding is red with white text that reads "GIRLS JUST WANNA HAVE FUNDAMENTAL HUMAN RIGHTS".

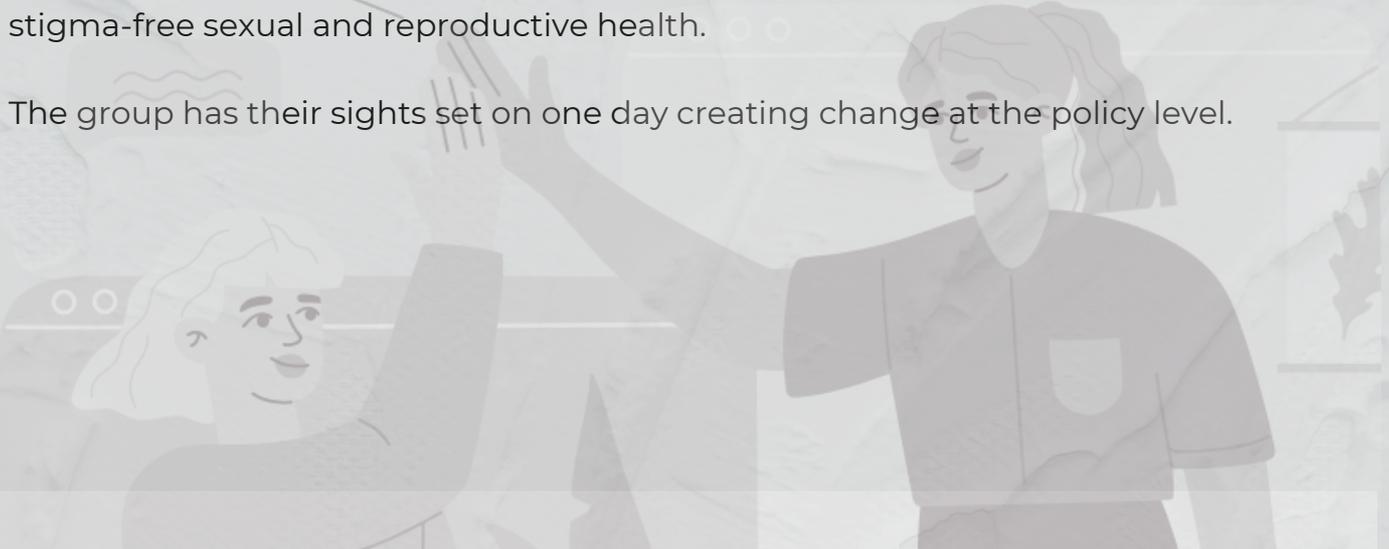
GIRLS JUST  
WANNA HAVE  
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“We conduct one-on-ones with our participants. If any new member joins, we have mandatory one-on-ones. Throughout the year, we are open to holding one-on-ones with each other for addressing challenges, better understanding our relationships, and for evolving in a more powerful way.”

Moving forward, Sreejani and her colleagues at Haiyya plan to design and build a strong, powerful, organized network of sexual and reproductive health workers, activists, organizations, campaigners to continue the conversation around access to stigma-free sexual and reproductive health.

The group has their sights set on one day creating change at the policy level.

An illustration of two women high-fiving. The woman on the left has short blonde hair and is wearing a dark long-sleeved top. The woman on the right has long brown hair tied back and is wearing a dark short-sleeved shirt with a pocket. They are both smiling and have their arms raised in a celebratory gesture. The background is a light, textured surface.

**“Equitable and safe healthcare is our fundamental right. We have to fight and challenge the clutches of class, caste, and racial divide that determines the privilege and power to get healthcare. If we do not fight for it, nobody else will, and we have the resources to demand change now!”**