

# HRM-HIV

## HUMAN RESOURCE MANAGEMENT RAPID ASSESSMENT TOOL FOR HIV/AIDS ENVIRONMENTS

A Guide for Strengthening HRM Systems





HUMAN RESOURCE MANAGEMENT  
RAPID ASSESSMENT TOOL  
FOR HIV/AIDS ENVIRONMENTS

A GUIDE FOR STRENGTHENING HRM SYSTEMS

MANAGEMENT SCIENCES FOR HEALTH  
2003

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## ACKNOWLEDGMENTS

The HRM-HIV tool is based on the Human Resource Management (HRM) Assessment Tool that was developed by Management Sciences for Health (MSH) by Mary O’Neil, Sarah Johnson, and Riitta-Liisa Kolehmainen-Aitken. This tool was adapted for HIV/AIDS environments under the USAID-funded Management and Leadership (M&L) Program implemented by MSH. It is part of a suite of tools that can help organizations to assess their management capacity. The suite includes the Management and Organizational Sustainability Tool (MOST) and the Financial Management Assessment Tool (FIMAT).

The HRM-HIV Tool provides organizations with a participatory, rapid assessment tool for identifying an organization’s human resource management status and making concrete plans for improvements within HIV/AIDS environments. It has been used with both public and private organizations in Ghana, Kenya, Nigeria, and Tanzania. The tool conforms to principles of participation and self-determination that guide all of MSH’s training and technical assistance activities.

The HRM-HIV Tool was developed by Mary O’Neil and Sarah Johnson and reviewed and refined by Ann Buxbaum, Amy-Simone Erard, Saul Helfenbein, Douglas Huber, Elke Konings, John Pollock, and Cecilia Serenata. It was edited by Claire Bahamon and Janice Miller. Ceallaigh Reddy copyedited the tool and provided the page layout. Linda Sutfenfield coordinated the development of the cover and page design.

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# AN INTRODUCTION TO THE HRM-HIV TOOL

The Human Resource Management Rapid Assessment Tool for HIV/AIDS Environments, or HRM-HIV tool, is a process that helps an organization to quickly assess the performance of its human resource management (HRM) system and develop an action plan for making necessary improvements. A strong HRM system is critical to support the delivery of health services and provide the key human resources needed to deliver HIV-related services.

## RESPONDING TO THE EFFECTS OF HIV/AIDS

When HIV/AIDS epidemics become generalized, all organizations suffer from rising employee attrition, increasing absenteeism, declining morale, and low productivity. Health organizations are no exception; the prevalence of HIV infection among staff and their families reflects their communities' rates. Health managers need to help minimize the effect of HIV/AIDS on their organization's or program's workforce, even as they must prepare to meet growing demand for HIV-related health services. If they are working in countries that are decentralizing their health systems, these managers are also learning new roles and responsibilities to better serve local populations. All of these factors require that health policy makers and managers plan well to maintain adequate numbers of staff and to develop staff skills to meet the challenge of HIV/AIDS while delivering other essential health services.

HRM managers can play a key role in developing an organizational response to HIV/AIDS. Because they are responsible for recruiting, retaining, and developing staff, it is essential that they secure executive commitment to assess, improve, and sustain these HRM functions over time. In a high-prevalence HIV/AIDS environment, HRM investments may require some hard choices. HRM managers need to recognize this and convey to others that any investment in strengthening the human resource capacity of an organization is an investment in the people who will make the difference between success or failure in the fight against HIV/AIDS. If they advocate strongly for HRM in their organization and thoroughly implement action plans resulting from HRM assessments, they can make an important difference in how well their organization responds to HIV/AIDS in their communities and contributes to their country's HIV/AIDS strategy.

## WHAT IS THE HRM-HIV TOOL?

The HRM-HIV tool is an adaptation of MSH's Human Resource Management Assessment Tool that health managers can use to assess both their organization's HRM system in general and their HRM policy and practice in response to the impact of HIV/AIDS on their workforce. In particular, they can strengthen their capacity to:

- develop adequate human resource plans;
- strengthen retention and recruitment of staff;
- minimize the rate of infection among health care workers;
- improve overall organizational morale and performance;
- adapt human resource strategies to changing service delivery needs.

## WHO SHOULD USE THIS TOOL?

The HRM-HIV tool is useful for organizations in countries with a high prevalence of HIV/AIDS as well as in countries that do not yet fall into that category. It was developed for health organizations; however, it can be effectively used by other social service organizations, whether in the public or private sector. Both large multisite organizations and small, single-site organizations can apply this tool. By taking steps now to strengthen their overall HRM system, these organizations can help to minimize the potential impact of HIV/AIDS on their workforce.

The HRM-HIV tool can serve as a basis for focusing discussions, brainstorming, and strategic planning about the areas in which organizations need to provide support for their workforce. For newly formed organizations, it can help to guide the development of an optimal HRM system. For established organizations facing changes such as contracting out services, decentralization, attrition, or expansion, the tool can serve as a reference for the types of HRM issues that must be addressed at every organizational level in order to better plan, staff, and implement HIV/AIDS programs. For optimal benefit to an organization, the use of this tool needs the full support of the organization's leadership.

## WHAT IS INCLUDED IN THIS GUIDE?

The HRM-HIV tool includes instructions for conducting an assessment and interpreting its results, an assessment instrument, and guidelines for determining priorities and developing an action plan based on the assessment. The guide suggests some strategies that action plans may include for addressing performance issues in HRM systems. The best approaches to these issues, however, involve creative thinking about ways to reduce the factors underlying the issues. Users of this tool will be able to identify both low-cost improvement strategies (e.g., training for HRM managers, a workplace policy for HIV/AIDS, work climate improvements, or flexible hours for some staff); and high-cost strategies (e.g., increased salaries, inclusion of antiretroviral therapy (ART) in the staff benefits program, investment in employee data systems, or transport for supervisors). The guidelines for determining priorities can help users choose among their strategies those that will be most feasible and helpful for their organization.

## DEVELOPING AN EFFECTIVE HRM SYSTEM IN THE CONTEXT OF HIV/AIDS

Good human resource management is essential to maintaining the necessary supply of qualified staff and a high overall level of performance within an organization. HRM is one of the key building blocks of a comprehensive human capacity development (HCD) strategy. HCD is a broad strategy that has been designed to develop the will, skills, abilities and HRM systems to enable people to respond effectively to HIV/AIDS. Its goal is to strengthen the ability of the workforce to lead, plan, implement, monitor, and evaluate expanded HIV/AIDS prevention, care, and treatment programs. The other components of an HCD strategy include:

- national civil service and labor policy;
- visionary leadership among the most senior managers;
- leadership development at all organizational levels;
- partnerships.

## **Benefits of an Effective HRM System**

An organization with an effective HRM system can:

- plan systematically for the staff needed to carry out the organizational mission;
- provide a clear definition of each employee's responsibilities and link them to the organization's mission and strategies;
- encourage greater equity between staff compensation and level of responsibility;
- define levels of supervision and management support;
- increase staff morale and improve staff performance;
- increase cost savings through improved efficiency and productivity;
- increase the organization's ability to manage change.

In the context of HIV/AIDS, a strong HRM system can help an organization to:

- plan for changing numbers of staff, based on projections of employee attrition;
- redefine job descriptions to reflect responsibilities for HIV-related services and to redistribute work loads after losing or gaining staff;
- minimize the rate of infection among staff through a workplace prevention program;
- minimize the impact of HIV/AIDS on the health workforce through policies designed to attract and retain staff, nondiscriminatory policies, responsive supervision, improved work climate, and training.

# THE HRM-HIV RAPID ASSESSMENT INSTRUMENT

The HRM-HIV tool provides users with a process for rapidly assessing the characteristics and capacity of their organization's HRM system. Before you begin an assessment, it is important for you to understand how HRM is defined and how the assessment instrument reflects this definition.

## Human Resource Management

Human resource management is defined as the integrated use of procedures, policies, and management practices to plan for necessary staff, and to recruit, motivate, develop, and retain staff so that the organization can meet its desired goals. This organizational management system includes five broad areas:

- HRM capacity (staffing, budget, and planning)
- personnel policy and practice
- performance management
- training
- HRM data

The instrument itself is a matrix that includes:

- 26 HRM components grouped within the five broad areas of HRM;
- four stages of development for each HRM component;
- characteristics that describe each HRM component at each stage of development;
- blank spaces for users to write a brief statement, or describe evidence that shows how the organization fits a particular stage of development.

## HRM COMPONENTS

The 26 HRM components represent the core functions of an effective HRM system. The tool provides a systematic process through which an organization can assess how well each of its 26 components is functioning. An organization identifies the stage of development of each component based on the characteristics described in the tool. The organization can then determine what steps it can take to function more effectively.

## Human Resource Management Components Assessed by the HRM-HIV Tool

### HRM Capacity

HRM staff  
HRM budget  
Human resource planning

### Personnel Policy and Practice

Compensation system  
Benefits program  
Staff retention  
Recruitment, hiring, transfer, and promotion  
Policy of nondiscrimination based on HIV/AIDS status  
Orientation program  
HIV/AIDS workplace prevention program  
Employee manual  
Policy regarding treatment of people living with HIV/AIDS  
Discipline, grievance, and termination procedures  
Relationship with unions  
Labor law compliance

### Performance Management

Job descriptions  
Organizational strategies for HIV infection prevention, care and/or treatment of clients  
Staff supervision  
Training of supervisors with regard to HIV/AIDS  
Work planning and performance review

### Training

Staff training  
Staff training on HIV/AIDS protocols  
Management and leadership development programs  
Links to external pre-service training

### HRM Data

Employee tracking system  
Personnel files

## STAGES OF ORGANIZATIONAL DEVELOPMENT

As organizations grow, strengthen, and mature, they evolve through several stages of development. Most organizations are at different stages of development for different HRM components at any given time, because the components have received different levels of attention during the organization's development. The numbers at the top of the HRM Instrument refer to these four stages of development, with "1" being the least developed stage and "4" being the highest stage of development.

## HRM CHARACTERISTICS AND HIV/AIDS

For each HRM component, the instrument provides a statement that describes the common characteristics of organizations at each stage of development. These characteristics build on the characteristics of the previous stage(s). At the first stage, the characteristics describe an organization that is just beginning to develop this component. At the fourth stage, the characteristics describe an organization that appears to have an effective component and may need to direct its energies to components that are at lower stages of development.

The HRM components in this tool also focus on HIV/AIDS issues that can be addressed through responsive, effective human resource management. Strategies for addressing these issues will vary from organization to organization. Characteristics of HRM policy and practice that are helpful for an organization to consider when responding to the impact of HIV/AIDS are included in each of the five broad areas. These policies and practices include:

- a budget to support HIV/AIDS workplace strategies;
- HRM staff training in HIV/AIDS issues;
- benefits programs adjusted to maximize staff retention in the face of attrition;
- nondiscriminatory policies in recruitment, hiring, and promotion;
- workplace prevention programs;
- supervision responsive to HIV/AIDS issues;
- a training plan to adjust for staff turnover and skills needed to address HIV/AIDS.

## THE HRM-HIV RAPID ASSESSMENT INSTRUMENT

**Instructions.** For each of the HRM components in the matrix below, you will fill in the columns labeled “Current Stage” and “Evidence.” In the blank box under “Current Stage,” enter the number of the stage (1–4) with the statement that best applies to the *current* stage of your organization. If only part of the statement applies, enter the number for the previous stage. In the blank box under “Evidence,” please record the reasons that led you to select this box and any additional key information related to this component. Please refer to the glossary at the back of this publication for definitions of key terms used in the matrix.

HRM Component	Stages of Human Resource Management and Their Characteristics				Current stage	Evidence
	1	2	3	4		
<b>HRM Capacity</b>						
<b>HRM Staff</b>	There are no staff specifically charged with responsibility for HRM functions.	There are adequate HRM staff in the organization trained in maintaining basic procedures and record-keeping functions, but they do not have a leadership role in developing human resource plans or policies and are not trained to deal with HRM issues related to HIV/AIDS.	There are adequate HRM staff in the organization who maintain basic functions and also develop HRM policy, but they do not address HIV/AIDS issues.	There is an adequate number of experienced HRM staff in the organization who maintain HRM functions, develop policy, and participate in long-range strategic planning on the organization’s response to the impact of HIV/AIDS on human resources.		
<b>HRM Budget</b>	Outside of the personnel budget, there is no money allocated for addressing ongoing HRM activities (e.g., recruitment and training), including those needed to support HIV/AIDS strategies.	There is a budget to support ongoing HRM activities (e.g., recruitment and training), but no additional funds for activities to support HIV/AIDS strategies (e.g., a workplace prevention program, drugs, benefits).	Funds are allocated for ongoing HRM activities and also for HRM activities needed to support HIV/AIDS strategies, but the allocation is irregular and cannot be relied on for useful long-range planning.	Funds are allocated for ongoing HRM activities and also to sustain HRM activities needed to support HIV/AIDS strategies. These funds represent a permanent budget item, reviewed annually and adjusted as needed.		

HRM Component	Stages of Human Resource Management and Their Characteristics				Current stage	Evidence
	1	2	3	4		
<b>HRM Capacity (cont.)</b>						
<b>Human Resource Planning</b>	There is no capacity to develop human resource staffing plans for the organization.	A formal system exists for determining the salary scale for each job category, but it is not routinely used.	A formal system exists, is understood by all employees and is consistently used to establish salary upon entry to the organization, so that qualified staff who are willing to work full days can be attracted.	A formal system exists and is used to establish starting salary, and also is fairly used to establish merit awards and salary upgrades.		
<b>Personnel Policy and Practice</b>						
<b>Compensation System</b>	No formal system exists for determining the salary scale for each job category.	A formal system exists for determining the salary scale for each job category, but it is not routinely used.	A formal system exists, is understood by all employees and is consistently used to establish salary upon entry to the organization, so that qualified staff who are willing to work full days can be attracted.	A formal system exists and is used to establish starting salary, and also is fairly used to establish merit awards and salary upgrades.		
<b>Benefits Program</b>	No benefits program is in place.	A standard benefits program is in place, but it is not assessed for its effectiveness in supporting the retention of HIV/AIDS infected staff (e.g., expanded sick leave, funeral benefits, and free drugs).	A standard benefits program is in place. It is assessed for its effectiveness in supporting the retention of HIV-infected staff. No action is taken based on the assessment data.	A standard benefits program is in place and adjusted as appropriate to support the retention of HIV-infected staff. Its effectiveness in helping to retain staff is monitored regularly.		

HRM Component	Stages of Human Resource Management and Their Characteristics				Current stage	Evidence
	1	2	3	4		
<b>Personnel Policy and Practice (cont.)</b>						
<b>Staff Retention</b>	There are no data available on staff retention rates and the factors contributing to declining rates (e.g., how much are declining rates due to HIV/AIDS, and how much are due to out-migration, retirement, or other factors).	Data on staff retention rates are available, but no analysis has been done to determine the contributing factors.	Data on staff retention rates are available. An analysis has been done to determine the contributing factors, but no strategy has been developed to address these factors.	A strategy is in place to improve the staff retention rate. It is based on data and a realistic analysis of the available pool of qualified employees.		
<b>Recruitment, Hiring, Transfer, and Promotion</b>	No formal process exists for recruiting, hiring, transferring, and promoting staff.	There are formal procedures for recruiting, hiring, transferring, and promoting staff, but they are not followed consistently.	Formal procedures for recruiting, hiring, transferring, and promoting staff are used consistently.	Formal procedures are consistently used for recruiting, hiring, transferring, and promoting staff. Adherence to these procedures is regularly monitored and evaluated.		
<b>Policy of Non-discrimination Based on HIV/AIDS Status</b>	There is no policy of nondiscrimination on the basis of HIV/AIDS.	A policy exists for nondiscrimination on the basis of HIV/AIDS, but it is ignored.	The policy of nondiscrimination on the basis of HIV/AIDS is not consistently applied.	The policy of nondiscrimination on the basis of HIV/AIDS is followed.		
<b>Orientation Program</b>	No formal orientation program exists for new employees.	An orientation program exists, but it is not implemented on a regular basis and lacks a component about the organization's HIV/AIDS policies.	Orientation is routinely offered but does not emphasize the mission, the goals, and the performance expected by the organization, especially as they relate to HIV/AIDS.	Orientation is offered to all new employees. It emphasizes the mission, goals, and performance expected, and makes people feel welcomed and valued, as well protected from stigma if they are affected or infected by HIV/AIDS.		

HRM Component	Stages of Human Resource Management and Their Characteristics				Current stage	Evidence
	1	2	3	4		
<b>Personnel Policy and Practice (cont.)</b>						
<b>HIV/AIDS Workplace Prevention Program</b>	No HIV/AIDS workplace prevention program is in place to develop awareness and protocols to prevent HIV/AIDS infection (e.g., proper handling of needles, peer education program, distribution of condoms).	An HIV/AIDS workplace program has been developed, but no resources are available to implement it.	An HIV/AIDS program is in place. It focuses on using appropriate protocols to limit the risk of infection as well as education about HIV/AIDS, but only some staff have participated in the program.	An HIV/AIDS program is in place. It focuses on using appropriate protocols to limit the risk of infection, and provides HIV/AIDS education. All staff participate, and it is monitored for effectiveness in increasing staff knowledge and use of protocols.		
<b>Employee Manual</b> (e.g., organizational chart, work hours, health insurance, sick leave, grievances)	No overall employee manual exists.	An employee manual exists but is out of date.	A current employee manual exists and is up to date, but is not used for personnel decisions.	An updated employee manual exists and includes policies that refer to HIV/AIDS. It is available to all employees and is used as a guide for all questions about employment in the organization. It is updated regularly.		
<b>Policy Regarding Treatment of People (Employees and Clients) Living with HIV/AIDS</b>	No policy is communicated about how people (staff and clients) living with HIV/AIDS are to be treated.	There is a policy regarding how to treat people (employees and clients) living with HIV/AIDS, but it does not include all the relevant information on HIV/AIDS.	There are policies on how staff and clients living with HIV/AIDS are to be treated, but they are not available to all employees and is not always used as a basis for personnel decisions.	The policies on how staff and clients living with HIV/AIDS are to be treated are up to date and available to all employees and are utilized systematically.		

HRM Component	Stages of Human Resource Management and Their Characteristics				Current stage	Evidence
	1	2	3	4		
<b>Personnel Policy and Practice (cont.)</b>						
<b>Discipline, Grievance, and Termination Procedures</b>	No formal procedures for discipline, grievances, or termination exist.	Formal procedures for discipline, grievances, and termination exist, but they are not practiced and do not include protection against discrimination on the basis of HIV status.	Formal procedures for discipline, grievances, and termination exist and are practiced. The procedures include protection against discrimination on the basis of HIV status, but these are not adhered to.	Formal procedures for discipline, grievances, and termination exist, including nondiscrimination on the basis of HIV status. These procedures are followed.		
<b>Relationship with Unions</b> (if appropriate)	There is no link between HRM, management, and the union(s).	Links exist between HRM, management, and the union(s), but roles are not clear.	Management involves HRM in union issues, but not on a regular basis.	Management, HRM, and the union(s) work together to resolve issues and prevent problems, including those related to HIV/AIDS.		
<b>Labor Law Compliance</b> (if appropriate)	No review of HRM policies occurs to ensure compliance with the letter and spirit of local and/or national labor law, including HIV/AIDS regulations, if they exist.	There is some effort to review labor law, but it is not done regularly.	A review of labor law is done regularly as a formal part of the HRM function, but policy is not always adjusted to ensure compliance, including compliance with HIV/AIDS regulations.	HRM policy and practice is adjusted to comply with local and/or national labor law, including any HIV/AIDS regulations.		
<b>Performance Management</b>						
<b>Job Descriptions</b> (e.g., job title, qualifications, job responsibilities, supervisor)	No job descriptions are developed. Jobs are not reviewed in light of organizational strategies, or when tasks need to be redistributed.	Some staff have job descriptions, but they are not always up-dated to include new responsibilities or to redistribute tasks, when needed.	All staff have job descriptions, but they are not adjusted or reviewed to take into account changes in responsibilities or redistribute tasks, when needed.	All staff have job descriptions which are reviewed and adjusted regularly to take into account changes in responsibilities or redistribute tasks, when necessary.		

HRM Component	Stages of Human Resource Management and Their Characteristics				Current stage	Evidence
	1	2	3	4		
<b>Performance Management</b>						
<b>Organizational Strategies for HIV Infection Prevention, Care and/or Treatment of Clients</b>	There is no organizational strategy for HIV infection prevention or for care and support of clients.	There is an organizational strategy for HIV infection prevention or for care and support of clients but the responsibilities of individual employees are not specified	There is an organizational strategy for HIV infection prevention or for care and support of clients and the responsibilities of employees are well-defined. The standards, however, are not always followed.	There is an organizational strategy for HIV infection prevention or for care and support of clients and the responsibilities of employees are well-defined. The standards are always followed.		
<b>Staff Supervision</b>	There is no clear system of supervision. Lines of authority are unclear. Supervisors do not meet regularly with their staff, nor do they receive training on supervision skills.	There are established lines of supervision, but supervisors' roles and functions are not understood, and little supervision takes place. Supervisors do not receive training of any kind.	There are established lines of supervision, and supervisors understand their roles and functions. Supervisors are trained in general supervisory skills.	Supervision is well institutionalized within the organization. Supervisors are trained in general supervisory skills as well as in HIV/AIDS policies and sensitivity to HIV-related staff issues.		
<b>Training of Supervisors with Regard to HIV/AIDS</b>	Supervisors do not receive any training on questions related to HIV/AIDS issues related to staff	Some supervisors receive training on how to deal with employees in regard to HIV/AIDS	Supervisors receive a general training on the issues and policies related to HIV/AIDS, but there is no sensitivity training on how to respond to questions related to HIV/AIDS from employees.	Supervisors receive a general training on the issues and policies related to HIV/AIDS, along with sensitivity training on how to respond to questions related to HIV/AIDS from employees.		

HRM Component	Stages of Human Resource Management and Their Characteristics				Current stage	Evidence
	1	2	3	4		
<b>Performance Management</b>						
<b>Work Planning and Performance Review</b>	No individual work planning and performance review system is in place.	A work planning and performance review system is in place for individuals, but it is informal and does not include individual work plans or performance criteria developed jointly by supervisors and supervisees.	A formal system for work planning and performance review is in place for individuals. Supervisors are required to develop individual work plans and performance criteria with each supervisee and to review past performance, but this is not done consistently.	Supervisors and supervisees jointly develop individual work plans and performance criteria. These are used to conduct reviews of past performance at least once a year.		
<b>Training</b>						
<b>Staff Training</b>	There is no organizational staff training plan or ongoing assessment of individual staff's development needs.	Training is offered on an ad hoc basis but is neither based on staff needs, nor linked to the organization's key priorities.	Training is a formal component of the organization and is linked to staff and organizational needs, however, it is not implemented to reduce staff absence from their posts during training.	Training is a valued part of the organization, and opportunities are developed for staff, based on their needs and on the needs of the organization, including HIV/AIDS issues. It is implemented to reduce staff absence from their posts during training.		
<b>Staff Training on HIV/AIDS Protocols</b>	There is no staff training plan on HIV/AIDS protocols, reallocation of responsibilities, or HIV-related sensitivity.	Training on strategies in HIV/AIDS is offered on an ad hoc basis. Training plans do not take into account problems related to absence of staff from their posts during training.	Training related to questions and strategies in dealing with HIV/AIDS is provided as an official priority of the organization and addresses questions of absence of personnel from their post during training. However, not all employees receive the training.	Training related to questions and strategies in dealing with HIV/AIDS is provided as an official priority of the organization and addresses questions of absence of personnel from their post during training. All employees receive the training.		

HRM Component	Stages of Human Resource Management and Their Characteristics				Current stage	Evidence
	1	2	3	4		
<b>Training (cont.)</b>						
<b>Management and Leadership Development Programs</b>	No programs have been developed to increase management and leadership capacity at all levels of the organization.	An emphasis on developing management and leadership capacity exists, but development is done on an ad hoc basis and not linked to addressing the challenges facing the organization, such as focusing on HIV/AIDS and helping to implement the national HIV/AIDS strategy.	Management and leadership development opportunities are available on a regular basis, but they target senior-level staff and are not directly linked to addressing the challenges facing the organization, such as focusing on HIV/AIDS and helping to implement the national HIV/AIDS strategy.	A management and leadership development program is in place for staff at all levels, and everyone has an opportunity to participate based on performance and other established criteria. The program focuses on addressing challenges facing the organization, such as focusing on HIV/AIDS and helping to implement the national HIV/AIDS strategy.		
<b>Links to External Pre-Service Training</b>	No formal link exists with the pre-service training institutions that prepare employees for the health sector, or with the accreditation organizations that approve their curricula.	A loose relationship exists between the organization and pre-service training institutions, but they do not use the relationship to formally update their curricula to meet the growing need for management capacity within the health sector nor to prepare people to work in HIV/AIDS prevention and/or treatment programs.	The organization and pre-service training institutions work together to ensure that their curricula focus on developing skills, knowledge, and attitudes required by the health sector, including management and other skills for working in HIV/AIDS prevention, care, and/or treatment programs.	The organization and pre-service training institutions offer regular in-service training for staff in the workplace to upgrade staff skills and knowledge (e.g., management training, HIV/AIDS issues, change management, and partnerships).		

HRM Component	Stages of Human Resource Management and Their Characteristics				Current stage	Evidence
	1	2	3	4		
<b>HRM Data</b>						
<b>Employee Tracking System</b> (e.g., data on the number of staff, position, location, gender, age, year of hire, salary level, projected HIV/AIDS prevalence, rate of attrition, and absenteeism by cadre)	None of these data are collected in any kind of systematic way.	Although most of these data are collected, there is no system to maintain them or keep them up to date. They are not used to generate reports on attrition, absenteeism, or staff turnover.	All of these data are available and up to date. They are used to generate reports on attrition, absenteeism, and staff turnover, but are not formally used in human resource planning.	All of these data are available and up to date. Data collection and reporting systems are in place. Data are formally used in human resource planning.		
<b>Personnel Files</b> (e.g., individual employee records that track performance, promotion, and salary history)	No individual employee records exist.	Limited employee personnel files are maintained, but not regularly updated.	Personnel files for all employees are maintained and kept up to date, but there is no policy for employee access to or use of these data.	Both updated personnel files for all employees and policies for appropriate use (e.g., confidentiality, employee access) exist.		



## USING THE HRM-HIV ASSESSMENT INSTRUMENT

The HRM Assessment is a one-day process that has two phases:

- assessment of the current HRM system;
- discussion of findings and action planning.

This instrument is best applied by a diverse group of no more than 15 staff within the organization, such as the Executive Director and representatives, both inside and outside of the HRM department, from senior and mid-level management and from clinics. It is often useful for an external consultant to facilitate the process of conducting the assessment and developing the action plan.

### COMPLETING INDIVIDUAL ASSESSMENTS

First, each person in the group should individually assess the HRM components in the matrix by reviewing the characteristics of every component at each stage of development. There is no scoring involved. For each component, you should write in the number for the stage that you believe best represents the current status of your organization's HRM system. If only part of the statement applies to your HRM system, you should write in the number of the previous stage. In the blank box in the right hand column, in the row marked "Evidence," write one or two specific observations that provide support for the stage you have marked.

#### **Evidence**

Evidence is a fact or concrete observation that supports the condition or stage of development. It answers the question: "What can we see or hear that tells us our assessment is accurate?"

*For example, a participant who places her organization in Stage 2 for a workplace prevention program for HIV/AIDS can point to a program that was developed but not yet implemented.*

### REACHING GROUP AGREEMENT ON THE ASSESSMENT RESULTS

After this individual exercise, group members work together to reach agreement on the appropriate stage of each component for their organization at the current time. To do this, they share their assessment of each component and discuss their evidence or reasons. It is important for individual opinions to be respected because people in organizations frequently experience HRM in different ways depending on their role and responsibilities in the organization. A review of documents will help to inform this discussion and subsequent interpretation of the results.

## **Complementing the Assessment with a Review of Documents**

In each case, the assessment work should be complemented by a review of all relevant HRM and personnel documents. The facilitator should review them prior to the assessment and use them as references to inform the discussion. The following documents are recommended for review:

- Personnel files and reviews
- Job descriptions and work plans
- Financial/payroll records
- Labor law
- Employee manual
- Organizational mission statement
- Strategic plans
- HIV/AIDS policies

## INTERPRETING THE RESULTS AND TAKING ACTION

When the group has completed its assessment, it will need to interpret the results and take action to address the issues revealed in its findings. First, the group needs to discuss their results and reach an understanding about *why* their organization is at a particular stage of development for each component that they have found has especially disappointing results. To identify the reasons underlying the results, ask the question: “Why does this situation exist?” It may well be that the main factor influencing the situation lies outside the organization and will require advocacy to change. In other cases, the HRM system may be fine, but the problem may be in the way the issue is perceived within the organization.

In HIV/AIDS contexts, it is also critical that you have some understanding about the stage of the epidemic in your area and how it is affecting the organization.

### HRM PRIORITY AREAS

Once the group understands the factors underlying their assessment results, they can begin to propose solutions. They should first focus on specific HRM components and the performance weaknesses identified within them. Typically, the order of importance for improving HRM functions is as follows:

**HRM capacity.** It is critical that you address the components of this area first. If your assessment for HRM Capacity (budget, staff, human resource planning) is at Stage 1 or 2—there are no qualified staff charged with HRM responsibility and no HRM budget or human resource planning—then your organization cannot address the other HRM components described here.

**Personnel policy and practice.** All of the components included in personnel policy and practice provide an essential framework for defining the terms and conditions of work and need to be in place before effective performance management and supervision systems can be implemented.

**Performance management.** Performance management and supervision systems define how people will interact with each other and how the work that they do will support the goals of the institution or organization.

**Training.** Training is essential to an effective HRM system, but it is most effective when it is managed and integrated into human resource planning, HRM policy, and performance management.

**Data.** HRM data supports all the other components. Improvements in this area need to be integrated with other changes. All organizations require some means of gathering data about the people who work for them. They need employee data to accurately project employment needs.

### REACHING CONSENSUS ON PRIORITY STRATEGIES

Within the priority areas, the group probably will have identified several performance weaknesses that undermine the HRM system. It will also have pinpointed some challenges that HIV/AIDS has introduced into maintaining an adequate supply of human resources. The group needs to decide which weaknesses they will address and how. Some weaknesses are more serious than others and may need to be addressed first. Solutions for a weakness in one component may require an integrated response from various components. *In the case of HIV/AIDS, for example, if an organization*

*does not have adequate numbers of staff, then identifying strategies that focus on retention, recruitment, and links with pre-service institutions becomes more of a priority. If these measures do not yield the desired results, then strategies for redefining the job descriptions of current staff and providing them with HIV/AIDS training may be needed. If low morale from HIV/AIDS is the major issue, then strategies focusing on supervision and management are appropriate.*

Within each HRM component, the characteristics described in each stage of development provide information that is useful in developing possible actions for addressing the high priority areas. Strategies required for making improvements are not necessarily costly, but if resources are limited, you will need to think strategically. You will want to identify strategies that:

- can be accomplished quickly and require few resources;
- will have the biggest impact on organizational goals, even if they take longer to accomplish;
- will provide a basis for many other activities.

*For example, implementing a workplace prevention program can have the immediate effect of limiting the spread of infection among staff and also increase knowledge and awareness that can improve the delivery of HIV-related services. Leadership development can improve the work climate and motivation in work groups and help your organization more effectively utilize limited resources.*

While it is necessary to focus at first on a manageable number of components, it is also important to remember that the long-term effectiveness of HRM is achieved only when all of the components described in this tool are addressed in an integrated manner. *For example, a focus on in-service training is unsustainable if not linked to an overall organizational strategy and to the curricula in pre-service training institutions.* Whatever the amount of time and resources required, your organization will reap many benefits from investing in HRM.

## DEVELOPING AND IMPLEMENTING AN ACTION PLAN

Once the priority areas and strategies are agreed on, the group should develop an action plan (see the Sample HRM-HIV Action Plan on page 21). The group needs to ground the action plan in good social policy and gain commitment from all stakeholders for implementing it.

By looking at the characteristics of the next higher stage for each HRM component, you can formulate targets for desired performance and define tasks for your action plan. While it may not be possible to immediately reach a performance goal, defining optimal performance will help to establish an interim step an action plan can address. Successful, lasting change is a gradual process, so it is better to set realistic goals and try to move from one stage to the next in logical steps. Your action plan should specify activities and time lines and identify the persons responsible. Other elements you need to consider for your action plan include:

- **Securing the commitment of leadership.** The leadership of your organization should participate in action planning and guide the implementation of the resulting plan. It needs to actively support your activities, especially those that involve difficult decisions regarding the use of human and financial resources.
- **Allowing sufficient time.** Realistic expectations are often the key to success. Improvements that are incremental and cumulative build to sustainable change.
- **Managing change.** Organizational change is often met with resistance. By involving people in the process, you can reduce resistance and/or focus on areas where there is the most agreement.

SAMPLE HRM-HIV ACTION PLAN

HRM Component for Improvement	Proposed Activities	Time Line	Person(s) Responsible	Resources Needed	Result
<b>Performance Management</b>					
<b>Staff Retention</b>	Analyze data about the retention of staff over the years to determine whether rates are declining and what the contributing factors are.	Within 30 days (from date of this plan)	Human Resources Manager, Consultant	Staff time and assistance, 10 days for consultant	A report is written describing patterns of staff retention rates and the main factors contributing to retention rates. It recommends actions to retain staff.
<b>HIV/AIDS Workplace Prevention Program</b>	Conduct a needs assessment to determine what issues the program should address, based on the key issues in the epidemic afflicting the communities served and the issues that employees want a workplace prevention program to address. Develop the program.	Within 45 days  Within 3 months	HRM Director	Staff time, Budget	The workplace prevention program is in place.
<b>Work Planning and Performance Review</b>	Revise existing system to include a process of joint work planning between the employee and the supervisor, based on the employee's job description and linked to organizational goals.	Two months to review and develop a process and six months to train staff and implement it	Staff responsible for HRM and Director of Training, with a working committee representative of all levels of the organization	External consultant to assist in training all staff	A revised performance evaluation system is in place. Staff are trained and a system has been developed to monitor implementation.

## REDUCING THE IMPACT OF HIV/AIDS ON THE WORKFORCE

Over time the improvements you make will strengthen your HRM system so that can help to reduce the impact of HIV/AIDS on your organization's workforce. A strong HRM system can address HIV/AIDS by taking steps to:

- budget funds to support human resource strategies that address HIV/AIDS in the workforce and the community;
- plan for minimizing the impact of HIV/AIDS through such strategies as flexible staffing, training, collecting employee data, and developing sick leave policies;
- extend its benefits program to maximize staff retention;
- develop and enforce policies that do not discriminate against people with HIV/AIDS in hiring, transfer, promotion, and discipline;
- develop an orientation program that helps new employees feel supported with respect to HIV/AIDS issues;
- implement an HIV/AIDS workplace prevention program that limits the risk of infection and educates employees;
- include an HIV/AIDS policy in the employee manual;
- provide training for all staff in HIV/AIDS-related issues;
- generate reports on attrition, absenteeism, and staff turnover, and contributing factors to assist in planning and forecasting staffing needs.

The organization should provide the training on a routine basis and include instruction for:

- HRM staff in HRM issues related to HIV/AIDS and the human rights of infected persons;
- supervisors in HIV/AIDS policies and in maximizing employee performance;
- staff in the implementation of HIV/AIDS strategies;
- managers and emerging leaders at all levels in addressing the challenge of HIV/AIDS faced by the organization and the country;
- staff working in HIV/AIDS programs on prevention, care, and treatment, through links with pre-service training institutions.

## THE IMPORTANCE OF HRM COMPONENTS TO THE ORGANIZATION

The following chart provides a summary of how each HRM component fits into the overall management of the organization and its particular relevance to the HRM system.

HRM Area	
HRM Component	Importance
<b>HRM Capacity</b>	
<b>HRM Staff</b>	Experienced HRM staff contribute higher levels of individual and organizational performance and assume leadership in HRM issues, particularly those related to HIV/AIDS' impact on the workforce
<b>HRM Budget</b>	Allows for consistent human resource planning and for linking costs to results
<b>Human Resource Planning</b>	Allows HRM resources to be used efficiently in support of organizational goals
<b>Personnel Policy and Practice</b>	
<b>Compensation System</b>	Allows for equity in employee salary and benefits, and it tied to local economy, so organizations can compete for scarce skills
<b>Benefits Program and Staff Retention</b>	Provides competitive, and equitable benefits and added incentives for ensuring staff retention, based on staff retention data
<b>Recruitment, Hiring, Transfer, and Promotion</b>	Assures fair and open process based on candidates' job qualifications
<b>Policy of Nondiscrimination Based on HIV/AIDS Status</b>	Assures focus on candidate and employee job capacity, preserves rights to confidentiality, and avoids stigmatization
<b>Orientation Program</b>	Helps new employees to identify with the organization and its goals/values
<b>HIV/AIDS Workplace Prevention Programs</b>	Assures that all staff have the systems and knowledge required to prevent the spread of HIV/AIDS
<b>Employee Manual</b>	Provides rules and regulations that govern how employees work and what to expect
<b>Policy Regarding Treatment of People Living with HIV/AIDS</b>	Avoids or mitigates stigmatization, assures informed service provision, and improves quality of services
<b>Discipline, Grievance, and Termination Procedures</b>	Provides fair and consistent guidelines for addressing performance problems
<b>Relationship with Unions and Labor Law Compliance</b>	Promotes understanding of common goals and decreases adversarial behaviors and litigation

HRM Area	
HRM Component	Importance
<b>Performance Management</b>	
<b>Job Descriptions</b>	Defines what people do and how they work together
<b>Organizational Strategies for HIV Infection Prevention, Care and/or Treatment of Clients</b>	Improves service quality and effectiveness of overall infection prevention program
<b>Staff Supervision</b>	Provides a system to develop work plans and monitor performance
<b>Training of Supervisors with Regard to HIV/AIDS</b>	Improves service quality and mitigates stigmatization
<b>Work Planning and Performance Review</b>	Provides information to staff about job duties and level of performance
<b>Training</b>	
<b>Staff Training</b>	Offers a cost-effective way to develop staff and organizational capacity
<b>Staff Training on HIV/AIDS Protocols</b>	Contributes to service quality, prevents transmission of infection, and preserves confidentiality rights of clients
<b>Management and Leadership Development</b>	Are keys to efficiency, effectiveness, and sustainability
<b>Links to External Pre-Service Training</b>	Ensures cost-effective development of staff by incorporating the skills needed in the workplace into pre-service training
<b>HRM Data</b>	
<b>Employee Tracking System</b>	Allows for appropriate allocation and training of staff as well as tracking of personnel costs
<b>Personnel Files</b>	Provides essential data on each employee's work history in the organization

## GLOSSARY OF HRM TERMS

**compensation and benefits:** The annual base salary paid to the employee for a particular job, including the added benefits that are customarily allowed (e.g., health, vacation, housing, loans).

**discrimination:** The act of treating a person differently than others in a similar situation, because of gender, physical condition, ethnicity, etc.

**human resource management (HRM):** The integrated use of systems, policies, and practices to plan for necessary staff and to recruit, motivate, develop, and maintain employees in order for the organization to meet its desired goals.

**human resource plan:** The document that results from annual (or longer-term) planning, describing the goals and priorities for staffing, training, and other HRM activities, and how they are related to the organization's mission. It includes a budget for achieving these goals.

**incentives:** Rewards, generally monetary, that are used to compensate staff for good performance and the achievement of objectives, and/or to motivate employees to improve program quality. Incentives, in addition to salary and benefits, can be a planned part of total compensation.

**job description:** A document that states the job title, describes the responsibilities of the position, the direct supervisory relationships with other staff, and the skills and qualifications required for the position.

**performance management:** The system, policies, and procedures used by an organization to define and monitor the work that people do, and to ensure that the tasks and priorities of employees support the mission and goals of the organization.

**performance review:** A review of the employee's performance by the supervisor and employee, and based on jointly established work plans and performance objectives.

**recruitment:** Activities undertaken by the organization to attract well qualified job candidates.

**stigma:** A sign of shame towards, disapproval of, or rejection by others.

**work plan:** The process used by supervisors with individual employees to jointly plan the performance objectives and specific activities an individual employee is expected to perform within a specific time period, as part of the work planning process for a larger organizational unit.



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