Creating Organisational Culture For And Leadership In HIV M&E

Organisational culture is one of the 'non-visible', less planned and less structured parts of the organizational structure for HIV M&E. Yet, it is fundamentally important to having a functional HIV M&E system: if the organizational culture is negatively inclined towards data management and disseminating information, it will be hard to make the M&E system functional.

Organisational culture is defined as "a system of shared meaning within an organization that determines, to a large degree, how employees act". "In most organizations, systems or patterns of values, symbols, rituals, myths and practices have evolved over time"…. that determine "what employees see and how they respond to their world". (Robbins and Decenzo, 2001: 174).

The organizational culture within an organization can be positive or negative towards HIV M&E and thereby either support or undermine the HIV M&E system. This section, therefore, looks at organizational culture from the point of view of – how can we influence or use the organizational culture to achieve the performance objectives of the HIV M&E system?

First, it is important to understand an organization's culture. There are different tools that can be used to assess and organisation's culture. One such tools suggests that assessing an organisation's culture involves assessing the following ten characteristics:

1. **Member identity,** The degree to which employee identify with the organisation as a whole rather than with their type of job or field of expertise.
2. **Group emphasis,** The degree to which work activities are organised around groups rather than individuals.
3. **People focus**, The degree to which management decisions take into consideration the effect of outcomes on people within the organisation.
4. **Unit integration,** The degree to which units within the organisation are encouraged to operate in a coordinated or interdependent manner.
5. **Control,** The degree to which rules, regulations & direct supervision are used to oversee and control employee behaviour.
6. **Risk tolerance**, The degree to which employees are encouraged to be aggressive, innovative and risk seeking.
7. **Reward criteria,** The degree to which rewards such as salary increases and promotions are allocated on employee performance criteria in contrast to seniority, favouritism or other non performance factors.
8. **Conflict tolerance,** The degree to which employees are encouraged to air conflicts and criticisms openly.
9. **Means-end orientation,** The degree to which management focuses on results or outcomes rather than on techniques and processes used to achieve those outcomes.
10. **Open-systems focus**, The degree to which the organisation monitors and responds to changes in the external environment.

Source: Robbins and Decenzo, 2001

Then, it is important to influence the organizational culture so that it is positive towards HIV M&E. Organisational culture emanates from the leaders of the organization. If the leaders are conservative, longstanding employees will act accordingly, and new employees will tend to be more risk averse than the same employee working in an environment where the leaders promote and encourage risk taking. The same is true for M&E: if the leaders of an organization is positive about M&E and encourage it, employees are more likely to pay attention to their M&E functions. Therefore, one of the important features of an HIV M&E system's organizational design is to embed M&E within the organization's culture.

As mentioned earlier, leaders are responsible for, in most cases, creating or changing an organisation's culture. How could a leader play a positive role in terms of HIV M&E? the table

below answers this question from the point of view of both subordinates (who report to) and leaders themselves:

Suggested actions by subordinates to positively affect the leader's view of and support for the HIV M&E system	Suggested actions by leaders to positively affect organizational culture in the implementation of the HIV M&E system
• Organise study tours for the leadership structure to experience the positive benefits of the HIV M&E system themselves • Arrange for opportunities for leadership to interact with other organisations' leaderships structures that have already incorporated HIV M&E • Find an M&E champion at senior level • Deliver M&E products when planned, so that senior management can rely on these • Active search for advocacy opportunities • Remove 'M&E jargon' from M&E documents circulated to senior management • Be pro-active – find and actively pursue opportunities to mainstream HIV M&E into the organizations' operations and help other units see the benefits (not burdens) of the HIV M&E system for them • Fulfill all M&E functions, so that the senior management can use the M&E unit as an example to other employees	• Know your leaderships style – see downloads ??? • Create a reliable, robust and attractive vision for the future of the HIV M&E system that people will respect and believe in • Communicate your vision about HIV M&E • Learn about HIV M&E and the system so that you feel confident to advocate for the system, and so that the employees build up respect for you in the area of HIV M&E • Inspire your M&E staff to work hard, and reward their performance • Become a data user yourself – Ask for and demand information products (reports) when decisions are made about future plans (in a firm, but fair way) • Create a happy, energizing atmosphere for HIV M&E staff so that M&E will not operate 'as a policing function' • Help HIV M&E staff to build trusting relationships with colleagues and so mainstream HIV M&E within all the functions of the organization • Be an example – make decisions based on data, even if it is difficult decisions

Leadership styles
• Autocratic leadership
• Bureaucratic leadership
• Charismatic leadership
• Democratic leadership or Participative leadership
• Laissez-faire leadership
• People-oriented leadership or Relations-Oriented leadership
• Servant leadership
• Task-oriented leadership
• Transactional leadership
• Transformational leadership
Source: http://www.mindtools.com/pages/article/newLDR_84.htm

Leadership styles

https://www.mindtools.com/cgi-bin/sgx2/shop.cgi?page=HowtoLead.htm

Leadership is also fundamental in **motivating employees**. There are different theories of what motivates employees (see Figure ?? for Maslow's Hieracrhy of Needs theory as to what motivates employees); all of them are based on the premise that employees have some needs that they want met, and that if these needs are met, they will be more motivated to execute their work.

Figure 1.6: Maslow's Hierarchy of Needs
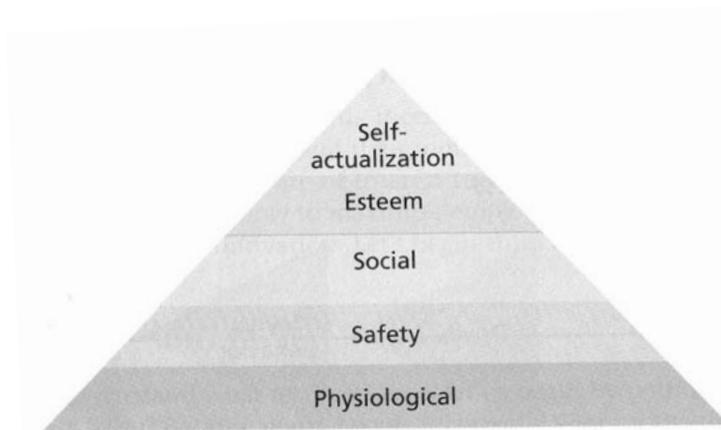
Source: Maslow, H. 1970. Motivation and Personality

Finally, it is also important to recognize and understand the impact of individual and group behaviour on the implementation of the national HIV M&E system. Individual and group behaviour can be either positive or negative, and should be managed so that it positively affects the HIV monitoring and evaluation system.

It is therefore important to understand the personalities of the people that work in the organization in the field of M&E (using one of the personality assessments, e.g. Myers Briggs),so that they can be assigned jobs that best fit their personality type.

If it is the norm in the group, for example, not to complete data registers, new employees will be less inclined to complete them. If, however, the norm is changed and other groups all start completing the data registers, then the group who does not complete them will feel much more inclined to do so.

It is clear that there are mange managerial competencies that are needed to manage the components of a functional HIV M&E system. Building human capacity to manage all these aspects is the focus of Component 2 [link to sub section 2A.1].