

HRM Strategies of NGOs working among HIV/AIDS affected persons in Kanyakumari District.

Dr. R.SAKTHI PRASATH

Assistant Professor, Dr.N.G.P. Arts and Science College, Coimbatore

ABSTRACT

Partnership with local NGOs working among HIV affected families has become an important feature in the development sector. Therefore the management of human resources in local NGOs is crucial as it contributes to the performance and sustainability of the organizations. However many local NGOs working among HIV- affected families face diverse challenges in the area of human resource management. Local NGOs have inadequate HR management procedures in the organization and this affects the employee's work experiences and overall performance at individual and organizational level. Many local NGOs due to the size of the organization and scope do not have a human resource (HR) unit or a human resource manager and therefore they appoint staff to oversee staff issues who often do not have the required human resource skills and competencies to manage the employees. Another area that is challenging local NGOs is the fact that many depend on donor funds that are tied to funding cycles that are short term in nature. This affects the NGOs human resource capacity in terms of the number and type of staff to recruit and employment duration. The mentorship of management and board members in human resource management could be one way to improve human resource competence in these organizations. This study seeks to highlight human resource management challenges the local NGOs encounter and the importance of considering HRM as a strategic process that can contribute for sustaining an organization's performance.

Objective of the Study:-

- To review the Human Resource Management strategies adopted by Non-Government Organizations (NGOs) in Kanyakumari District.
- To analyze the relationship between Human resource management strategies of Non-Government organizations and their impact among HIV- affected families in Kanyakumari District.
- To offer suggestions for the betterment of human resource management strategies for NGOs to effective implementation of projects among HIV -affected families

Scope of the study

The Non-Government organizations are not working alone but they are backed by the government, banks, funding agencies and other institutions concerned with the growth of the Economy. These institutions make sure that these NGOs are functioning smoothly and successfully. This research mainly concentrates on the human resource management strategies and socio-economic impact made by the NGOs among HIV- affected families in Kanyakumari District. The topic enhanced by comparing the status of the beneficiaries before and after the activities of NGOs and correlation between the Human Resource Management. The present study evaluated the HRM strategies and role of NGO's in the empowerment of HIV affected families in kanyakumari district.

Data source:

Primary and secondary Data will be utilized in this study. The primary Data will be collected through interview schedule. The secondary data will be obtained from previous studies, journals, Government institutions websites etc.

Sampling design:

It is a precise plan to obtaining a sample from the sampling structure. It refers to the method by which the researcher adopts in selecting a few sampling units from which inferences about the population is drawn and the sampling design is determined before any data collection. India is having high prevalence rate in HIV/ AIDS issue .The southern states are

also among the top four in the country, with Tamil Nadu alone having 80685 HIV affected persons (45000 families) of the total 7.7 lakh on may2015. The population of HIV affected families in Kanyakumari district is very large (3255 families identified for the year 2015), it cannot be studied in total but only in samples. After considering certain facts the data were collected from 328 respondents. This is considered to be an adequate sample size for the data collection. Based on the concentration of participation the samples

Tools for the data collection:-

Two separate interview schedules will be designed for data collection. One schedule will be used to obtain general information from the NGO office bearers. The other schedule will be used to collect specific information from the beneficiaries of NGO'S.

Analysis of Data:-

The collected data will be analyzed by using suitable statistical techniques. Computerized data processing technique will also be used by the researcher.

Review of literature

Jagdish Gandhi, P (2000)³⁴ revealed that NGOs perform better than the government in reaching the poorest and responding to their needs in a more participative, innovative and cost-effective manner. They followed two-fold approaches that is share the work and share the facilities by workers of NGOs as well as government functionaries at village level and panchayat level. They performed better than the government in poverty alleviation.

Armstrong (2000)³⁵ He explains HR policies as continuing guidelines vis-à-vis the approach which an organisation intended to adopt in managing its valued assets, i.e. the people. The HR policies dictate philosophies and values as to how people should be treated. He further added that these policies form the basis of principles which managers use in handling people.

Supriya Roy Chowdhury (2002)³⁶ says it is important to note that these nongovernmental organizations occupy a space in civil society that is distinct from both the so called NGO sector and the traditional trade unions.

Mandan, T.K, and Indu Puri (2003)³⁷ observed that National Council for Science and Technology Communication (NCSTC) has introduced science and technology project through science- based NGOs throughout the country. These NGOs help the growth and development of every important sector, namely agriculture, housing, environment, defence, health, transport, industry and communication.

Ganesamurthy V.S., et al., (2004)³⁸ Said that non-government organization are established to assist the undertaking of social intermediation, namely organizing the SHGs of micro-entrepreneurs with a common goal of social and economic empowerment. The purpose behind the formation of SHG may be to pool in the resources. The habit of thrift and contributing to common funds mobilized to mitigate the urgent needs of the members and ensuring prompt recovery are required for better functioning of SHGs.

Jahu Masonda (2004)³⁹ Said that the role of NGO forum in Bangladesh has launched a grass-root level consultation for it contributes to policy changes on water, sanitation and hygienes. The NGO forum is providing assistance to women, men and village institutes to mobilize people's knowledge, energies and financial resources towards a common goal for a clean and healthy world by 2015.

Types of Non-Government Organization:

NGOs can be classified under four broad categories: operation or grassroots NGOs, support NGOs, network NGOs and funding NGOs.

Grassroots NGO's

Grassroots NGOs directly work with the oppressed sections of society. The grassroots NGOs could be either local- based, working in a single and small project location, or working in multiple project areas in different districts, states and regions covering a larger population.

It includes the charity and welfare NGO's. They involve in charity (giving food, clothing, medicine, alms in cash and kind), welfare (providing facilities for education, health and drinking water), and relief (responding to natural calamities like floods, drought, earthquakes and manmade calamities like refugee influx and ravages of war) and rehabilitation (undertaking the work in areas struck by calamities and starting activities desirable in nature)

Grassroots NGOs now undertake a host of activities including environmental projects, dry land development, savings, and credit programmes, schemes for income generation, health and education, projects, the formation of agricultural labor unions.

Support NGOs:

Support NGO's provide services that would strengthen the capacities of grassroots NGO's, Panchayat Raj institutions, co-operatives and others to function more effectively through training programmers and by bringing out periodicals. Some do not engage in grassroots action while others do not have field projects, but grassroots action is not their primary task.

Network NGOs:

Network NGOs such as TNVHI {Tamil Nadu Voluntary Health Initiative} are formal associations or informal groups of grassroots and/or support NGOs. They act as a forum to share experiences, carry out joint development endeavors as well as engage in lobbying and advocacy. The participation of network NGOs in lobbying and advocacy has a recent phenomenon.

Funding NGOs:

The primary activity of these NGOs is funding grassroots NGOs, support NGOs or people organizations. Most funding NGOs in India generate a major part of their resources from foreign sources, though there is an effort by some to raise fund from within India. The organizations such as CPY, Dorabji. TATA trust, Aga khan foundation, in India provides funds to NGO's. Foreign NGO's like Netherlands International development cooperation, action aid and Oxfam, with headquarters in the developed western countries, mobilize resources both from the public and from the government in their respective countries to help grassroots NGOs in their efforts to initiate and implement pro-poor rural development activities.

A number of people have sought to categorize NGOs into different types. Some typologies distinguish them according to the focus of their work for instance whether it is primarily service- or welfare-oriented or whether it is more concerned with providing education and development activities to enhance the ability of the poorest groups to secure resources. Such organizations are also classified according to the level at which they operate, whether they collaborate with self-help organizations (i.e. community-based organizations), whether they are federations of such organizations or whether they are themselves a self-help organization. They can also be classified according to the approach they undertake, whether they operate projects directly or focus on tasks such as advocacy and networking

Profile of selected NGOs in Kanyakumari District

Many numbers of NGOs are doing HIV/AIDS project in Kanyakumari District. Most of the NGOs are doing HIV prevention work in part of their other projects. They are classified in mainly two categories. That is HIV/AIDS Prevention and Care & Support. In prevention project they are trying to improve awareness among various stakeholders and promoting safe sex practices among high risk groups (sex workers, Men having sex with men and IDUs).Four NGOs exclusively implement care and support programme in Kanyakumari District. That NGOs are CSR, CBH,CHARDEEP and Positive Network + .These NGOs having lot of strategies to give care & support to HIV/AIDS affected persons . That is

- Increasing awareness level
- Providing Nutrition food support to HIV /AIDS patients
- Providing educational support to affected children's
- Support to Periodical Medical Support
- Treatment support
- Counseling support
- Capacity building programmes
- Income generation programmes
- Reduce stigma and discrimination
- Palliative care
- Social mobilization etc

HIV and AIDS in India

Over the past decade, India has made significant progress in tackling its HIV epidemic, especially in comparison with other countries in the region. For example, while new HIV infections have fallen by more than half since 2001, the number of new HIV cases in neighboring Pakistan has increased. A major reason for the country's success has been the sustained commitment of the Indian government through its National AIDS Control Programme, which has been particularly effective at targeting high-risk groups such as MSM, sex workers and PWID. However, better HIV surveillance and targeted interventions are needed for groups such as transgender people, migrants and truckers, with the latter acting as gateways for HIV into the general population. While antiretroviral treatment is free, uptake remains low and requires a dramatic scaling up especially in the wake of the new 2013 WHO treatment guidelines. Moreover, stigma and discrimination remains a significant barrier preventing key affected groups and those at high risk of HIV transmission from accessing vital healthcare services. In early 2014, an HIV/AIDS Bill was finally passed after being submitted in 2006. The Bill prohibits discrimination in employment, education, healthcare, travel and insurance and calls for a legal commitment by the government to provide free HIV treatment. Moreover, it recognizes that a person living with HIV has the right to privacy and confidentiality about their HIV status.

The Impact of AIDS on Production and People

This chapter discusses the effect of the epidemics on economies, production and social reproduction. AIDS does not, at the Macroeconomic level, appear to have a significant and measurable impact. However, long-term economic growth and development depends on investment in people, and human capital is particularly threatened. As the level of focus narrows to the community, households, and families, HIV/AIDS has clear and measurable effects, which are worse of women. Of particular importance are the adverse consequences on subsistence agriculture, especially since there are other stressors at work.

Tracking the social and economic cost of AIDS is more complex than measuring the demographic consequences but the reasons are similar. The epidemic does not have a long history but what we measure is what has happened, not what will happen. Then there is the danger of research which may not ask the right question or look in the right places. Most surveys look at households, but AIDS means some disappear. There is tension between intensive ethnographic research done at an individual level, and national survey instruments that lose survey. People, communities, and economies have coping strategies, and the presence of AIDS means adaptation occur. Some predictions of what AIDS would do would were simply wrong. An example was the forecast of feral bands of AIDS orphans roaming the streets and engaging in criminal activity; this has not happened. However, most illness and deaths are still to come. Unlike demographers who are able to model and project, it seems social scientists policy-maker, and politicians do not have the tools, skills, or even the wish to look into future.

The Conundrum of Macroeconomic Effects

Trying to ascribe causality to HIV/AIDS for economic impact is problematic, as there are so many other factors to be considered, from the price of oil to national fiscal policy. Conventional economies miss the complexity and full significance of the epidemic. AIDS cannot be treated as an exogenous influence that can be tacked on. In many settings AIDS is a reality, there is no without AIDS scenario.

The models produced by economists in the early 1990's predicted a negative relationship between HIV/AIDS and growth. World Bank economists estimated a 1.2% point reduction in annual growth for a 20% prevalence rate. However, AIDS does not appear to have back economic growth in Uganda, Botswana, or South Africa. Uganda, with the worst epidemic in the world at the beginning of 1990s, managed consistent economic growth estimated at 6.5% per annum from 1991 to 2002. Botswana's growth rate over the same period was 5.6%. South Africa posted its 47th month of consecutive growth in March 2006, and growth was estimated at 4.4%. Why do the models of HIV/ AIDS impact and the data appear at odds? Might these countries have growth faster in the absence of AIDS? It is possible that the epidemic may be contributing to Malawi's miserable economic performance or Zimbabwe's collapse, but this is difficult to assess. Economic theory states growth is determined by capital accumulation and total factor productivity. HIV/AIDS is assumed to affect growth through reduced savings and investments, and by reducing the size of the labor force, which lowers productivity and efficiency. Capital accumulation, physical or human, is a central tenet of most growth theories. The Asian economic successes were due in part to high levels of capital accumulation driven by domestic savings.

Physical capital accumulation happens through savings and investment. HIV/AIDS affects this at the individual, firm, and international level. For instance, families affected by HIV/AIDS may deplete their savings and assets in order to cope with increased expenditure and income shocks. Similarly, firms profit may decrease due to low labor productivity and increased AIDS related expenditure. Falls in life expectancy and increased mortality shorten planning horizons and lower incentives to save the interest. AIDS affect the investment flows at international and national level? Assessing a lack of capital flow requires measuring something that has not happened, which is nigh on impossible. There are a few recorded instances of HIV/ AIDS deterring investors. The Swazi press reported that a Taiwanese textile firm has decided to start its factory employing 5,000 workers in Lesotho due to high HIV prevalence in Swaziland. The investors did not want to train workers who, they believed, soon will fall ill and die.

There is also the vexing question of per capita income. This is calculated by dividing the total output of the country by number of people, usually expressed in US dollars and adjusted for what the dollars will buy in the country: the purchasing power parity. Thus the per capita income in Luxembourg, the world's richest country, is over US\$ 62,000, while the poorest, Sierra Leone, is US\$ 548. The per capita income in the UK and USA is US\$ 27,147 and US\$ 37,562 respectively. If the people who die are contributing little and their deaths do not affect overall production, then in economic terms the per capita income may go up. This economic reality is uncomfortable and rarely talked about as it values life differently.

Thus, if the epidemic is located among the poor or in very poor countries, the impact may be minimal. Where peasant farmers contribution to the formal economy is insignificant. In a society with high employment among the unskilled, losing these people will not have the same economic impact as when there is a skills shortage and the loss is among the skilled.

So what are we to conclude about the macroeconomic impact of this disease? Theory suggests that AIDS will cause economies to grow more slowly. There is, yet little clear evidence of this. The two key phrases are yet and little clear evidence. In many cases the effects are still to be felt and depend not only on numbers, but also the location and context. In Eastern Europe, although numbers are not large, infections are occurring in a context of declining populations and poor health, therefore AIDS may well affect the economies. The other part of the destruction of as yet is that economies highly dynamic and will adapt. For example, if certain skills become in short supply then the response might be buying in those skills or to mechanize.

Families and Households

The first consequence of the infection is stress. No matter who is HIV positive, the question is how did they come to be infected? Stories from across the world tell of the devastation an HIV diagnosis can bring. Because HIV is often identified through antenatal or when an infant is sickly, the infection is gendered. Women are first to be diagnosed, and so they are assumed to have brought it into the family. At worst, it can lead to bitter-family break-up. Those who argue for massive voluntary testing campaigns underestimate the stigma and shame associated with what is, after all, a deadly sexually transmitted infection.

Illness individually affects the individuals. Adults who are unwell cannot engage in productive work, including paid and unpaid employment as well as homework and childcare, this means people are less able to engage in community activities, the weft and warp of social reproduction. But this is not just a labor of sick adults that is lost; they in turn need care, which takes time and resources. Some help may be provided through state social and medical services, but where this is not available, care has to come from the family and community. This means the spouses care for each other, children care for their parents, and the elderly tend their beholden and grandchildren. Most care is provided by women, and it is generally not recognized as real work. The ideas that family will provide care for the sick are hardly revolutionary, it happens out of necessity all the time. AIDS, however, is costly, increasingly common, and had a bleak prognosis. This disease is causing a huge trauma across households and communities.

The inability of adult to work means less income or less production. The initial response is to change resource use so that if the family has been saving, it will stop, and expenditures are reduced. People eat fewer meals, with a lower range and quality puff food. Possessions may be sold, or family may borrow. If the household is forced to sell the assets used in production chances of recovery are reduced.

Shocks to households are not unusual, and much has been written on this topic. People face droughts, earthquakes, floods, tsunamis, illness, and other catastrophes, and there are coping mechanisms that come into play. Unsurprisingly, the better resourced a household is at the outset, the better it will be able to cope. What makes AIDS different is that long periods of illness put a strain on even the richest? In Zambia, households with a chronically ill member have reduction in annual income of 30-35%, and where the male head of households dies, the income falls by 80%. Treatment is expensive, and even when drugs are provided free there are additional costs from transport to clinic, to ensuring the patient has an adequate diet. Thus the stark choice may be between eating and obtaining medication.

As a pandemic progresses, the burdens are increasingly falling on the older women, particularly maternal grandparents. Many people in the final stage of illness return home to be cared for by parents, bringing their children. Work in Warwick Junction in Durban by May Chazan found that older women are unevenly and increasingly burdened by AIDS, bearing the brunt of the social, care-taking, economic, and emotional demands in their families. Two-third of those interviewed had cared for family members or neighbors sick with AIDS. The older women in this study suffered from chronic illness such as diabetes, arthritis, and hypertension and feared personal illness, not just for them, but because of what it would mean for their families. The burning question is what happens when today's grandmother's die; AIDS means the next generation of grandmothers will be absent.

In general, it is at the household's level that the worst impacts of AIDS are visible. One of the main factors which exacerbate the impoverishment of people is the burden of care, providing for orphans and sick adults, which is a major expenditure and diversion of labor. Most affected households do not, in an identifiable sense, 'cope', but rather they 'struggle', and they do this because they have no other choice. In addition, households, especially rural ones, are obliged to carry the burden that is 'shifted' from the formal sector and urban areas. The unstated assumption is that 'wider society' will carry the burden: wider society in this context is chiefly women in urban slums and rural areas, and they are

reaching breaking points.

HRM in Non-Government Organizations:

Non-Governmental Organizations can play a better role in the corporate social responsibility; the question here is who can play the better role in linking industry with community. The answer here is Human Resource Management Department of the industry. HR managers should take lead in its effort to make a linkage between community and the industry. To develop better rapport with the people, HR managers have to make use of their Strategic Relationship Management Skills. They should interact with the community by establishing better linkage with the Non - Governmental Organizations working there in the locality. The HR managers can initially conduct Focus Group Discussion (FGD) with the community and community leaders with the help of Non - Governmental Organizations and need evaluation and need prioritization is to be conducted. Non-government organizations (NGOs) have become significant players in development policy over the last two decades. The evolving relationship among NGOs, developing states and donors are a critical aspect of international development assistance and the wider development policy debate. NGOs vary in their missions, internal management, scope of engagement, source of funding, relations with developing states and targeted areas of operations. NGOs are the vanguard of civil society. They have increasingly been seen as the vehicles of the new policies agenda of economic liberalization and political channelling resource through northern and indigenous NGOs support grassroots organizations, social change, political empowerment and sustainable development. Developing states have ceded space to NGOs to deliver services, perform contract development work and promote institutional capacity building. The role of NGOs in the contemporary world is elaborately described in the present study along with the management challenges and other issues faced by NGOs, social activity, policy-makers and all concern Staffing decisions are among the most important decisions that nonprofit organizations make. Just as businesses and organizations of all sizes and areas of operation rely on their personnel to execute their strategies and advance their goals, so too do non-profit groups. It follows, then, that non-profit organizations need to attend the same tasks as profit-seeking companies do when they turn to the challenges of establishing and maintaining a solid work force. To accomplish this, non-profit organizations have to address the following six personnel issues, as delineated in the Small Business Administration publication *Human Resources Management*:

- Assessing personnel needs
- Recruiting personnel
- Screening personnel
- Selecting and hiring personnel
- Orienting new employees to the organization
- Deciding compensation issues

"An effective non-profit manager *must* try to get more out of the people he or she has," wrote Peter F. Drucker in *Managing the Non-Profit Organization*. "The yield from the human resource really determines the organization's performance. And that's decided by the basic people decisions: whom we hire and whom we fire; where we place people, and whom we promote. The quality of these human decisions largely determines whether the organization is being run seriously, whether its mission, its values, and its objectives are real and meaningful to people rather than just public relations and rhetoric."

HRM Strategies of NGOs and their impact among HIV/AIDS-affected families in Kanyakumari District

The NGOs are helping the AIDS patient. They provide many non-monitory benefits to the AIDS patients. The following are the major helps provided by the NGOs.

1. Treatment
2. Counselling
3. Nutrition
4. Education support
5. Linkage with welfare schemes
6. Involving community structure,
7. Reduction of stigma & Discrimination
8. Capacity building programme

The staff are the intermediary between the NGOs and the AIDS patients. Four major dimensions are designed by the researcher to know the impact of service provided by the NGOs. i.e. 1. Need and fulfilment, 2. Motivational factors, 3. Satisfaction and 4. Problems.

The mean and SD were calculated. The highest mean belongs to Satisfaction. So, the satisfaction is taken to measure the impact of NGOs service.

Statistics

		Need and fulfilment	Motivation	Satisfaction	Problems
N	Valid	24	24	24	24
	Missing	0	0	0	0
Mean		83.2083	64.6667	92.2917	44.2917
Std. Deviation		7.05247	6.06964	6.73394	4.41814

6.38.1.Catherine Booth Hospital

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.893 ^a	.797	.202	6.014

a. Predictors: (Constant), community status, Treatment, Food support, psychological support, Community Structure, Educational support, Referring linkage, Social Development

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	55.812	36.318		1.537	.145
	Treatment	5.145	3.523	.317	1.460	.016
	Psychological support	-11.073	4.699	-1.154	-2.357	.032
	Food support	2.190	3.350	.161	.654	.523
	Educational	-3.223	1.643	-.892	-1.962	.019
	Referring linkage	4.444	5.178	.476	.858	.404
	Community Structure	-3.021	4.846	-.226	-.623	.002
	Social Development	28.109	18.287	2.010	1.537	.145
	community status	-12.041	9.036	-1.574	-1.332	.203

a. Dependent Variable: Satisfaction

The regression is used to measure the impact of CBH. The treatment, psychological support, educational benefit and community structure have significant impact. At the same time food support, referring linkage, social development and community status have no significant impact.

6.38.2Centre for Social Reconstruction

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.738 ^a	.545	.253	5.820

a. Predictors: (Constant), community status, Treatment, Food support, psychological support, Referring linkage, Social Development, Educational support, Community Structure, Capacity building

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	94.310	53.886		1.750	.102
	Treatment	-.476	2.067	-.088	-.230	.821

Psychological support	1.569	2.415	.172	.650	.026
Food support	7.178	3.526	.527	2.036	.001
Educational	.182	2.429	.034	.075	.941
Referring linkage	-4.567	3.630	-.599	-1.258	.029
Community Structure	2.412	7.316	.315	.330	.747
Capacity building	-9.640	16.981	-.689	-.568	.009
Social Development	-.607	4.644	-.084	-.131	.898
community status	2.501	4.576	.187	.547	.005

a. Dependent Variable: Satisfaction

The regression is used to measure the impact of CSR. The psychological support, food support, referring linkage, capacity building and community status have significant impact. At the same time, treatment, educational support, community structure and social development have no significant impact.

6.38.3. CHARDEEP

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.962	.925	.060	2.934

a. Predictors: (Constant), community status, Educational, Capacity building, Treatment, psychological support, Referring linkage, Food support, Community Structure, Social Development

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	73.413	13.124		5.594	.000
	Treatment	-.096	2.129	-.013	-.045	.965
	Psychological support	2.499	2.131	.371	1.173	.029
	Food support	7.598	7.638	.319	.995	.037
	Educational	-.568	1.633	-.114	-.348	.733
	Referring linkage	1.062	1.280	.226	.830	.004
	Community Structure	2.297	3.070	.235	.748	.467
	Capacity building	-.163	2.228	-.022	-.073	.043
	Social Development	1.120	3.257	.138	.344	.006
	community status	-3.087	4.121	-.300	-.749	.466

a. Dependent Variable: Satisfaction

The regression is used to measure the impact of Chardeep. The psychological support, food support, referring linkage, capacity building and social development have significant impact. At the same time treatment, educational support, community structure and community status have no significant impact.

6.38.4 .NETWORK+**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.749 ^a	.561	.279	5.719

a. Predictors: (Constant), community status, psychological support, Community Structure, Capacity building, Food support, Treatment, Social Development, Educational support, Referring linkage

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1	(Constant)	61.434	10.876		5.648	.000
	Treatment	4.437	2.696	.448	1.646	.012
	Psychological support	-.769	2.077	-.080	-.370	.717
	Food support	.801	1.622	.126	.494	.007
	Educational	2.628	1.534	.465	1.714	.109
	Referring linkage	5.042	4.347	.570	1.160	.002
	Community Structure	3.803	3.023	.262	1.258	.229
	Capacity building	-1.565	2.202	-.158	-.711	.041
	Social Development	-.774	2.372	-.097	-.326	.049
	community status	4.135	2.419	.582	1.710	.109

a. Dependent Variable: Satisfaction

The regression is used to measure the impact of Network+ NGO. The treatment, food support, referring linkage, capacity building and social development have significant impact. At the same time psychological support, educational support, community structure and community status have significant impact.

FINDINGS

Thirteen (54.17%) employees are male. Four (30.67%) employees are working in CSR and three employees are working in other three NGOs each. Eleven (45.83%) employees are female. Two (18.19%) employees are working in CSR and three (27.27%) employees are working in other three NGOs. Majority of the employees are male.

2. Nine (37.50%) employees are coming under the age group of 20 years to 30 years. Thirteen (54.17%) employees are coming under the age group of 31 years to 40 years and the remaining two (8.33%) employees are coming under the age group of 41 years to 50 years. The NGO-wise distribution of the employees is also mentioned in the table 7.2. Majority (54.17%) of the employees are coming under the age group of 31 to 40 years.

3. Seventeen (70.83%) employees are married. Five (20.84%) employees are unmarried and the remaining two (8.33%) employees are widowed. NGO-wise distribution is available in the table 7.3. Majority of the Employees are married,

4. Sixteen (66.67%) employees are living in rural areas and the remaining eight (33.33%) employees are living urban areas. Majority of the employees are living in rural areas.

5. Eighteen (75.00%) employees are from nuclear family and the remaining six (25.00%) employees are from joint family. Majority of the employees are from nuclear family.

6. Sixteen (66.67%) employees are living in rural areas and the remaining eight (33.33%) employees are living urban areas. Majority of the employees are living in rural areas.

7. Sixteen (66.67%) employees are coming under the annual income group of less than Rs. 1,00,000 and the remaining eight (33.33%) employees are coming under the annual income group of Rs. 1,00,001 to Rs. 2,00,000. Majority of the employees are coming under the annual income group of less than Rs. 1,00,000.

Six (25.00%) employees have studied up to 10th standard. Eight (33.33%) employees have completed 12th standard and another eight (33.33%) employees are postgraduates and the remaining two (8.34%) employees have studied up to undergraduate level.

Sixteen (66.66%) employees are field staff. Four (16.67%) employees are accountants and another four (16.67%) employees are co-ordinators. Majority of the Employees are field staff.

8. Twenty (83.33%) employees' monthly salary is below Rs. 10,000 and the remaining four (16.67%) employees' monthly salary is between Rs. 10,001 and Rs. 20,000. Majority of the employees' monthly salary is below Rs. 10,000.

9. Twelve (50.00%) employees are having less than 5 years of experience. Ten (41.67%) employees are having 6 to 10 years of experience and the remaining two (8.33%) employees are having 11 to 15 years of experience. Majority of the employees are having less than 5 years of experience.

NEED AND FULFILMENT

Only two (8.33%) staff felt the need and fulfillment as low level, eighteen staff (75%) felt the need and fulfillment as medium level and the remaining four (16.67%) staff felt that need and fulfillment as high level

It is found out that 83.33% of the employees are having medium level satisfaction and 16.67% of the employees are having high level satisfaction in CSR. The same ratio is found in CBH and 33.33 % of the employees are having low level satisfaction and 83.33% of the employees having medium level satisfaction in CHARDEEP. It is found out that 16.67 % of the employees are having low level satisfaction and 83.33% of the employees are having medium level satisfaction in NETWORK+. It is clearly understood from the above table that CHARDEEP and NETWORK+ must take some initiatives to satisfy the need and fulfilment of their employees.

MOTIVATION

Only three (12.50%) staff felt that the motivation is low level, sixteen (66.67%) staff felt that the motivation is medium level and the remaining five (20.83%) staff felt that the motivation is high level.

83.33% of the employee expressed medium level of satisfaction in staff motivation and 16.67% of the employees expressed high level motivation in CSR ; 66.68% of the employees expressed medium level motivation and 33.34% of the employees expressed high level motivation in CBH ; and 33.34% of the employees expressed low level motivation and 50% of the employees expressed medium level motivation and 16.67% employees expressed high level of motivation in CHARDEEP; and 16.67% of the employees are having low level motivation and 66.67% of the employees expressed medium level motivation and 16.67% of the employees expressed high level motivation in NETWORK+ . It clearly shows that the employees of CHARDEEP need additional motivation.

SATISFACTION

Only three (12.50%) staff felt the low level of satisfaction, seventeen (70.83%) staff felt the medium level of satisfaction and the remaining four (16.67%) staff felt the high level of satisfaction.

83.33% of the employees are having medium level job satisfaction and 16.67% of the employees expressed high level satisfaction in CSR ; and 66.68% of the employees expressed medium level job satisfaction and 33.34% of the employees expressed high level job satisfaction in CBH ; and 33.33% of the employees expressed low level job satisfaction and 50.01% of the employees expressed medium level job satisfaction and 16.67% employees expressed high level of job satisfaction in CHARDEEP ; and 16.67% of the employees are having low level satisfaction and 66.68% of the employees expressed medium level satisfaction and 16.67% of the employees expressed high level of job satisfaction in NETWORK+. This analysis also shows that the employees of CHARDEEP needed more job satisfaction.

PROBLEMS FACED BY THE EMPLOYEES IN WORKPLACE

Only four (16.60%) staff felt the low level of problems faced in work place , seventeen (70.83%) staff felt the medium level of problems facing and the remaining three (12.50%) staff felt the high level of problems faced in work place

83.33% of the employees faced medium level problems and 16.67% of the employees faced low level problems in CSR. In CBH 16.67 % of the employees faced low level problems and 83.33% faced medium level problems. The employees of CHARDEEP (16.67 %) faced problems low level problems, 50.01% of them faced medium level problems and 33.34% of them faced high level problems. The employees of NETWORK 66.68% faced medium level problems and 16.67% of the employees faced high level problems. Comparing the four organizations CHARDEEP and NETWORK organization must take some initiatives for rectifying the problems of employees.

❖ HRM Strategies of NGOs and their impact among HIV/AIDS affected families in Kanyakumari District

The NGOs are helping the AIDS patient. They provide many non-monitory benefits to the AIDS patients. The following are the major helps providing by the NGOs. Treatment, Counseling ,Nutrition ,Education support ,Linkage with welfare schmes ,Involving community structure, Reduction of stigma & Discrimination ,Capacity building programme.

The staff is the intermediary between the NGOs and AIDS patients. Four major dimensions are designed by the researchers to know the impact of service which providing by the NGOs. i.e. i. Need and fulfillment, 2. Motivational factors, 3. Satisfaction and 4. Problems.

Based on study explore that CBH NGO making the significant impact in treatment, psychology support, educational benefit and develop community structure among HIV/AIDS affected persons. The same time food support, referring linkage, social development and community status are no significant impact.

Based on study explore that CSR NGO making the significant impact in psychological support, food support, referring linkage, capacity building and community status among HIV/AIDS affected persons. The same treatment, educational, community structure and social development are no significant impact.

Based on study explore that CHARDEEP making the significant impact in The psychological support, food support, referring linkage, capacity building and social development among HIV/AIDS affected persons . The same time treatment, educational support, community structure and community status are no significant impact.

Based on study explore that NETWORK making the significant impact in treatment, food support, referring linkage, capacity building and social development among HIV/AIDS affected persons. The same time psychological support, educational support, community structure and community status is no significant impact. It is very clearly shows that the NGOs are following the HRM strategies in significant level. But need to consider the above mentioned gaps for makes very good socio economic impact create among HIV/AIDS affected families in Kanyakumari District

SUGGESTIONS

Based on the listed findings in managing human resources the researcher explore the following the suggestions. The NGOs providing support to HIV/AIDS patients in Kanyakumari District need to adopt a strategic focus in human resource management and replace the traditional forms. HRM in NGOs working among HIV/AIDS-affected families is often ad hoc, and often a reflection of the backgrounds of founders. There is a need for NGOs working among HIV/AIDS-affected persons to borrow and contextualize best and promising HRM practices used by NGOs to improve organizational HR management. This will address the issues that arise as a result of having ad hoc HRM practices that are influenced by the founders of the NGO working among HIV/AIDS-affected persons or are not contextualized to fit the context in which an organization operates. The following are the possible solutions that would be relevant if adopted and implemented to address the current challenges that NGOs working among HIV/AIDS- affected persons have in managing human resources. There is evidence that the earlier small organizations adopt HRM approaches and the extent to which they invest in the practices and people to make the impact among HIV/AIDS-affected persons.

- **Develop Relevant (Context-Based) Human Resource Guidelines or Policies:**
- **Development of HRM Plan Linked to Organization Strategic Focus:**
- **Develop Mechanisms That Support Identification, Development and Utilization of Staff Capacity:**
- **Conduct Mentorship on HR Management for Board Members and Project Managers:**
- **Develop and Implement Staff Performance Management System:**
- **Develop Management/Leadership Succession Plans:**
- **Developing an HR Risk Management Plan:**
- **Outsourcing HR Functions:**
- **Undertake Annual Organizational Knowledge Matrix Exercise.**
- **Conducting Periodic Organizational HR Assessments:**
- **Develop Strong Internal Organization Culture**

Conclusion:

NGOs have a lot of plans and strategies to develop the socio-economic situation of HIV/AIDS-affected persons in Kanyakumari District. The staff members are playing the vital role to implement the projects among HIV/AIDS patients. They are handling with personal and confidential problems of the persons. So the affected persons are not ready to disclose their problems in a normal touch. Its take more time, skill, approach and strategies to identification, and making the positive behaviour for utilising the services offered by NGOs. Without proper human resource management they are unable to make the impact among HIV/AIDS patients. The NGOs who are having innovative HR practices are making the positive impact among HIV/AIDS-infected persons in Kanyakumari District.

The market environment for competent and skilled personnel is becoming increasingly competitive and costly. The constant pressure for change has forced some NGOs working among HIV/AIDS-affected persons to realize that events within and externally affect their performance and survival. NGOs need to be aware that competent employees together with effective HR systems and practices are factors essential for securing sustainable competitive advantage in their market space or niche. This requires NGOs working among HIV/AIDS-affected persons to be proactive in continuously seeking to improve their human resource management practices. Adoption of organizational development process can support NGOs working among HIV/AIDS- affected persons to develop strategies that introduce planned and systematic HR management practices. Organizational systems, processes and activities are integrated and synergized through a

strong organizational culture. A crucial task for NGOs leadership is to evaluate the extent to which organizational culture ensures the strategic integration and adoption of human resource practices to make sure that employee potential is harnessed and developed for the benefit of both the individual and the organisation. Donor agencies and governments are an important part in the NGOs lifecycle as many organizations receive support from the two institutions to undertake development at community level. There is a need for donor and government agencies to become more sensitive and proactive in understanding the human resource challenges of partner implementing organisations and offer more support to build capacity in HR management in addition to providing funds and registration of the organizations

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