Management writers love checklists. We have argued in this chapter that list making is a very useful part of effective decision making, and we also find some checklists useful as an aid to see if all the key points have been covered. You should take the ones you feel to be useful. We end this section with one more list, by Peter Senge (1992), of truisms, against which you should check your decisions and negotiations. We include this list because some points seem particularly relevant for wartime and postwar

environments, when the danger of doing something counterproductive is very high. Here is Senge's list:

1 Today's problems often stem from yesterday's solutions. A solution or an intervention may just be shifting a problem from one part of a system to another.

2 Sometimes the harder you push for things, the less you achieve. It is easy to become narrowly focused on pushing for something without considering the likely effect of such actions in the wider context. For example, at the end of a war, improvements to a refugee camp may discourage the people from leaving the camp to return home. Money might be better spent in home villages.

3 Frequently the cure can be worse than the disease. For example, well-intentioned interventions can lead to long-term aid dependency (see Box 10.4).

4 There is often a mismatch between the way we think things work and the way they actually work. 'Cause' and 'effect' are often not close in time or space. The audio recording 'Traditional leaders' you listened to in the previous section showed the false assumption that the reinstatement of traditional Acholi leaders would encourage child soldiers to emerge out of the bush, return to their villages and so help end the civil war.

5 Small changes over time can lead to significant differences.

6 You may be able to have your cake and eat it – but not all at once. Think in terms of process and incremental change, rather than radical and immediate change.

7 Chopping an elephant in half does not produce two little elephants, but something messy and complicated.

8 Forget blame.

Box 10.4 Cure worse than the disease?

Extracts from an article by Deborah Sontag in *The New York Times* on 14 July 2004 illustrate this.

> The administration of George W. Bush did not consult with Mozambique before designating the country as a beneficiary of its emergency AIDS plan. Mozambique was simply informed last year that it would be one of 12 African countries, and 15 countries overall, awarded substantial financial assistance. The pledge of big money was certainly welcome, said Francisco Songane, the Mozambican health minister. AIDS has lowered life expectancy in Mozambique to 38. But the approach, perceived as arrogant and neocolonial, was not.
>
> Mozambique, in southeastern Africa, had spent considerable time developing a national strategy to combat its high rate of HIV infection. Other

international donors had agreed to pool their contributions and let the Mozambicans control their own health programs. Thus, Mozambican officials recoiled when the Americans said earlier this year, 'We want to move quickly, and we know that your government doesn't have the capacity,' Songane said. The Bush administration wanted the bulk of its funding to go toward more-costly, brand-name antiretroviral drugs for treatment programs run by nongovernmental organizations. But Mozambique had already decided to treat its people with 3-in-1 generic pills, which were cheaper and simpler to take.

Also, Mozambique did not want an American program, dependent on costly foreign consultants, organizations and the largess of foreign political leaders, that would run parallel to its own. There were confrontational meetings in Washington and in Maputo, the capital of Mozambique. And in the end, to the surprise of many, the Bush administration agreed to give Mozambique the kind of help it really wanted, by strengthening its laboratories, blood-transfusion centers and the Health Ministry itself – albeit indirectly, through a grant to Columbia University.

'What I witnessed in Mozambique was a disaster averted,' said Stephen Gloyd, an international health specialist at the University of Washington who works with Mozambique.

In Maputo, health officials said that they were struck by the Americans' obsession with numeric goals. 'To see an increase in numbers of people on antiretrovirals, that was their only concern,' said Songane, the health minister. 'But this is a complex disease. We cannot judge the success of our fight just by the numbers of people on treatment.' The Mozambicans wanted to move gradually and to strengthen their health sector at the same time. They did not want to neglect other health issues, like malaria, childhood diseases and maternal health. They did not want to use nongovernmental organizations, for which the Americans would pay the salaries, buy the drugs and purchase the vehicles that would travel to the villages to distribute the drugs. 'In one year, two years' time, who is going to follow those people?' he asked. 'When the NGO is gone, who is going to take over?'

Senge sets four rules about constantly checking our own position, which are particularly important in the rapidly changing war and postwar context:

- Continually clarifying what is important to us. Sometimes we become so wrapped up in everyday problems that we lose sight of what it is that we are really trying to achieve.
- Trying to see the current reality with more clarity and definition. We find it easier to fit reality to our preconceived notions rather than accept the challenge before our eyes.
- See both the big picture and the detail. It is all too easy to become so involved in the detail and lose sight of the larger picture.
- Check our own mindsets and multiple realities.