Overbeek attempts no grand synthesis to form a conclusion distilled from the array of presented theories. Instead he offers three brief observations, two of which are particularly useful to be kept in mind as one is exposed to the mounting debate over world population. First, population theories have a long history with at least some tracing roots back 2000 years and many other arising from the period of heated debate which characterized the 19th century. Second, old theories tend to reappear in new guises, and many arguments which have appeared in recent years, dressed out as revolutionary thought are really simple restatements of theories current more than a century ago.

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According to the authors the purpose of the manual under review is “to offer health planners and administrators a set of procedure for managing—that is planning and carrying out health projects.” They define a health project as “temporary intensive effort to set up and put into operation a new or revised service (or program) that will, it is believed, result in the reduction of specific health and health related problems.” This review will keep the purpose and the definition, as given by the authors, under constant reference while pointing out the strengths and weaknesses of the manual.

The manual uses some common procedures. The recommended approach however, is different from traditional management in the sense that the sequence in which various procedures are carried out are so planned that each step is intended to result in a “product” which is then used as an input for a later step.

The manual comprises two parts: Part I deals with project formulation procedures and Part II with project implementation procedures. The two parts are further subdivided into the following steps:

**Part I**

1. Preparing for project formulation
2. Analysing the organizational situation
3. Analysing the health, socio-economic and demographic situation
4. Analysing and projecting the problems
5. Setting the objectives and targets
6. Identifying potential obstacles
7. Designing the strategies
8. Planning the project
9. Writing the project proposal
Part II

1. Initiating the project
2. Specifying and scheduling the work
3. Clarifying authority, responsibility, and relationships
4. Obtaining resources
5. Establishing the control system
6. Directing and controlling
7. Terminating the project

Each of the sixteen steps mentioned above is the subject of a separate chapter. Each chapter starts with a flow chart, depicting a sequence of steps to be followed for a given activity.

In Part I the authors address themselves to the following four phases which cover the first nine steps: (i) preparation (ii) analysis (iii) design and (iv) documentation. During these phases they cover the various aspects of data collection, consultation with various allied governmental agencies, training needs of the existing staff and scheduling.

In Part II they cover various aspects of obtaining approval for the project, staffing for various activities, finalising resource and budgetary requirements, and establishing control mechanisms for the project.

The authors rely heavily on official agencies and key decision makers for carrying out various operations involved in fulfilling the tasks set out in these two parts. The manual is expected to meet the needs of both developed and developing countries. It is extremely readable, providing flow charts, diagrams, and checklists for the ease of its users.

The approach draws on some sound management principles, offering a practical, scientific approach in analysing health problems and tackling managerial shortcomings. It dwells heavily on a "practical systems approach", which requires health planners to look outside the health sector when analysing the current situation and to consider alternative strategies.

There are seven specific areas, however, where the manual could be improved.

1. Although the sequences for following various activities during planning and implementation stages are logical, the insistence on following the sequence as laid out can deprive users of the benefits of flexibility. For example the setting of objectives appears as the fifth step out of a total of nine in the project formulation stage. In general, objectives should be defined before step 1, viz. preparation for project formulation. Thus, there may be advantages in some instances of not following the recommended sequence.

2. The authors’ recommended approach to project formulation places too much reliance on information and guidance provided by public officials. The role of research and voluntary agencies, although referred to in passing, has not been properly recognized.

3. The approach gives undue weight to internal factors in analysing reasons for programme failure or success. External factors, for example co-
operation and support of other agencies, are equally important and deserve careful consideration for the management of any project.

4. The approach focuses almost exclusively on the involvement of top management and key decision makers in the formulation process and pays little attention to middle management. The views and experiences of middle management and lower level employees are, however, equally valuable in project formulation and implementation, as the organizational capacity is determined through the functional contribution of employees at all levels. The importance of the consultation and participation of all employees has been emphasized by a number of authors including Bennis, Gardner and Jennings & Jennings, to name a few.

5. The authors' over-emphasis on the role of key decision makers in project formulation causes them to overlook the potentially valuable input that consumers of health services can provide. Although this source of information is mentioned briefly, they leave it as an optional item. Some of the management problems related to health delivery systems and the quality of care can best be understood by ascertaining the views of consumers of the system. One way of achieving this could be through short interviews with consumers.

6. While discussing the subject of "potential obstacles" the authors seem to take it for granted that the nature and magnitude of obstacles can be determined through asking the people "most directly involved". This may not be an optimal approach. The objective approach requires consultation with consumers and various organized citizen groups. The manual focuses mostly on securing the cooperation of various ministries. This emphasis loses sight of the importance of the cooperation of the public which can provide useful information on general non-technical aspects that may be helpful in project formulation.

7. As noted above, the manual makes extensive use of various charts and scheduling techniques. A more detailed explanation of these aids would be desirable as health planners and clinicians, particularly in developing countries, do not have a working knowledge of management science and operations research. One scheduling technique that has been omitted by the authors is Program Evaluation Review Technique (PERT).

To conclude, the manual provides a comprehensive picture of the procedures for the formulation and implementation of health projects and should be of very great use to health planners. It is hoped that various potential users will utilize the manual. It is also hoped that the criticism and suggestions put forward by the reviewer will be incorporated in the revised draft of the manual.

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