

practical field experience to the NTI faculty. Thus, the form and content of the programme and the training procedures were pruned. In addition, it was discovered that there was an urgent need to add TB services to the GHS. Doctors and auxiliary personnel in these services were willing to take on their new functions<sup>42</sup>.

The Anantapur DTC became operational quickly and functioned well, because in addition to the state government's component, the NTI staff also worked. By October 1961, the NTI trainers and trainees withdrew. From then on, there was a decline in the services of this DTP. The Anantapur programme suffered from not being recognised by the Andhra state government as essentially their responsibility<sup>43</sup>.

## **2.8. Lessons from the Anantapur experiment**

In the development of the Anantapur programme NTI had contributed a major portion of its resources – material as well as intellectual/physical – because the ideas to be implemented were new

and a clear cut concept of how that objective could be achieved was not available. However, after NTI trainees had successfully implemented the programme and covered the entire district, the situation changed completely. It became necessary, thereafter, that state government to take over the programme responsibility by the year end.

NTI needed another area where its future trainees could learn actual implementation of DTP as its past trainees had done in Anantapur district. Another important aspect in selecting new district was that the districts should belong to different field conditions through the test runs to identify local variables which have profound influence on the development of systems. For this purpose, three different districts of erstwhile Mysore state were chosen I) Mangalore district: a west coast district with hilly terrain and excessive monsoon rainfall. It has well-developed infrastructure with NTI trained staff. ii) Chitradurga district: northern district with a less developed health services,



*TB Control Seminar*

normal terrain and rainfall. iii) Shimoga district: a model health district developed by the state authorities with adequate infrastructure and awaiting sanction of DTP and posting of NTI trained team.

As a matter of principle, it was decided that NTI and its staff shall not take any initiative in the development of DTPs in these test run districts but would provide any technical assistance and guidance if asked for. The results obtained from these districts should be of great interest in future<sup>44</sup>.

## **2.9. TB control seminars**

From the Anantapur experiment came the realisation that training of DTC personnel or implementing district centres alone were inadequate. To be effective, senior officers responsible for TB work in various states should also be trained. They should be made conversant with the new strategies being implemented and their active support should be obtained. No programme however scientific would succeed without their support because health is a responsibility of the state