

manner throughout the country¹²⁵.

As part of the strategy, the NTI took up the responsibility of training *nodal personnel* involved in its implementation in ten cities and five districts under the GEA. It conducted two training programmes in 1993-94 and trained 57 MOs. The NTI officers were also sent to supervise and conduct training on RNTCP in Andhra Pradesh, Maharashtra, Kerala and West Bengal¹²⁶. The faculty was also involved in the finalisation of modules required for training on RNTCP.

4.10. Evaluation of NTI

An evaluation or a comprehensive review of the NTI has not been made after 1968. Primarily because it just cannot be done by any outside agency. It is true the founders in the mid-fifties who drew up a plan of operations did have tremendous vision. They succeeded in articulating the objectives with a staff pattern suitable for an emerging institution at that time. The new institution did not fail them because it

produced the biggest results i.e. formulation of the programme within three years of its creation and continued to carry out path breaking operations research in many areas for quite sometime. With the passage of time the need was felt for diversification and change in its role. Perhaps that was based on immediate vacuum created in the field of TB. The enthusiasm created in 1967-68 by the news of evaluation of NTI is best described in NTI Newsletter under item "News and Views". As the year 1967 drew to a close, we were informed of the GOI's intention to appoint a high powered Reviewing Committee to examine afresh the purpose for which NTI was established, the achievements so far, and in what directions the Institute must grow. Naturally, joy knew no bounds and we celebrated the occasion by holding several TCC meetings to discuss in detail the future vision of NTI, section-by-section, research protocol-by-protocol, and each staff individually. The new year saw us working on a report which has gone to the Reviewing Committee as background material. Now crystal

gazing is our hobby. We hope that the Reviewing Committee would be impressed by our performance, shall join with us in our future vision, and agree to all our proposals¹²⁷. As stated earlier this one time review committee's recommendations did permanent harm and damage to the staff structure of the NTI to the extent that the epidemiological survey could not be carried out in given time frame.

NTI is the only institute committed wholly to the NTP, after its formation. Its objectives are development and evolution of NTP. Hence, its objectives would revolve around the requirement of the programme. Special care is to be taken in appointing the Director of NTI. She/he should be technically competent as well as good in administration. The officers should also be hand picked suitable for research, training and supervision of the DTP. Thus, what NTI needs is self- evaluation in consultation with DGHS and Ministry of Health and Family Welfare and not any high powered committee. It is difficult to understand its complex

needs by any such independent study teams. This is in the best interest of both the NTI and NTP.

4.11. A reminiscence

The Silver Jubilee Celebrations organised in 1985 was an unforgettable event¹²⁸. Under the celebrations three main activities were held. A scientific session was held at the NTI on 1.11.1985 which was attended by a galaxy of senior TB workers from all over India and abroad. They deliberated and worked out innovative strategies based on their previous experiences in the field of TB control. The following sessions were held: i) current treatment problems in NTP, chaired by Dr SP Pamra, ii) current operational problems, chaired by Dr KN Rao and iii) status of NTP today chaired by Sri SV Subramanian.

The inaugural session was held on 2.11.1985 which was attended by a host of dignitaries. The gathering was welcomed by Dr HL Thimme Gowda, Health Minister of Karnataka. It was presided by Smt Mohsina Kidwai, Hon. Minister for Health and Family Planning, GOI.