APPENDICES
APPENDIX - I

QUESTIONNAIRE SCHEDULE FOR THE DIRECTORATE OF ADULT EDUCATION

1. Name of the Director/Additional Director:
2. Age:
3. Sex:
4. Location of the Directorate:
5. How many officers are under the Directorate? Please state along with its respective ranks.
6. How many project officers are under the Directorate of Adult Education and at district level?
7. How many Supervisors are under the Directorate?
8. How many Instructor/ Volunteers are under the Directorate at Districts level?
9. State the administrative system of the Directorate.
10. Whether the system of funding/ financial assistant is a) Central Government b) State Government c) or both.
11. How much you have spent annually in salary for all the administration staff including the Director/ Additional Director.
12. What are the projects/ schemes sanctioned/implemented and yet to be implemented by Directorate? Please indicate the name of the project/ scheme along with its amount of fund.
13. Have you developed teaching learning materials in the local context by engaging research persons from the state or just by translating from Hindi or English Script? Please specify.
14. How many programmes have your Directorate taken up or implemented so far?
15. How many centres had been opened for the whole state? Please indicate the district wise position also?

16. Have you organized training programmes either at the district headquarters or at other district? If so, please state for which group of functionaries the programme was organized.

17. How many adult education literatures have been published till now by this Directorate?

18. Have you taken up any T.L.C programme? Yes/No. If ‘yes’ in which year and in which area.

19. Have you prepared any materials for the neo-literate concerning with awareness?

20. How many learners are enrolling in each districts of Manipur?

21. Do you have any target for declaring any particular village/villagers totally literate? Please specify.

22. Have you prescribed the same type of teaching learning materials that you have been prescribing to the hill districts?

23. Do the tribes in the hill districts face any problem in the reading and writing the local language?

24. What step you have taken up for reading and writing for the 29 recognized tribes whose dialects and different from one another?

25. Have you taken up any Continuing Education programme for the neo-literate? Yes/No. If ‘yes’ please state whether, do have taken up any health education programme?

26. What are the nature programmes taken up by the Directorate for the awareness.

27. Any suggestion.

Dated __________________________ Signature of the respondent
APPENDIX - II

QUESTIONNAIRE SCHEDULE FOR THE DEPARTMENT OF ADULT CONTINUING EDUCATION AND EXTENSION, MANIPUR UNIVERSITY, CANCHIPUR

1. Name of Department/Centre:
2. Year of establishment:
3. Number of faculties:
4. If it is University Department please state whether the state government has given financial liability: Yes/No. If ‘yes’ when?
5. Whether the Department was a UGC sponsored scheme.
6. What is the pattern of funding? a) For the programmes only b) For salary only c) for both the programmes and salary.
7. Have you taken up any programme of literacy? Yes/No. If ‘yes’ since when?
8. Have you taken up the programmes under a) Centre Based only b) Area Based only c) Both Centre and Area Based approaches.
9. Have you taken up Population Education/JSN/Continuing Education programmes in the colleges/university/field areas/in all?
10. Whether the Department has taken up any T.L.C programme? Yes/No. If ‘yes’ to how many villages?
11. If ‘yes’ how many learners were enrolled/ how many dropped out and how many were made literate.
12. Could you declared any village formally literate? Yes/No. If ‘yes’ to which village.
13. Was it collaboration/single handed? If it was collaborative please state whether it was in relation to monitory assistance or programme assistance.
14. If it was monitory assistance please states the extent of monitory assistance, say, Rs.5000.00, Rs. 10,000 /above. How it was utilized?
15. How many volunteers were enrolled? Whether the volunteers were paid.
16. Have you taken up any Continuing Education programme? Yes/No. If ‘yes’ please state number of programmes in brief. Whether the programme was imparted to the neo-literate?
17. Have you taken up any programme on Health Education? Yes/No. If ‘yes’ please state the nature and extent of the programmes. (If the space is not sufficient please write in a separate sheet).
18. Have you opened any regular course? Degree/Diploma/Certificate. If ‘Yes’ please specify. (If the space is not sufficient please write in a separate sheet).
19. Did you have any publication? Yes/No. If ‘yes’ please specify.
20. Have you taken up any research project? Yes/No. If ‘yes’ please specify.
21. Have you done any research related works? At individual capacity/the Department as a whole.
22. Any seminar/workshop/conference organized by the Department?
23. Any seminar/workshop/conference attended. Yes/No. If ‘yes’ please state the level at State/National/International.
24. Any other

Dated                                                Signature of the respondent
APPENDIX - III
INFORMATION SHEET FOR HOSPITAL/HEALTH
DEPARTMENT/FAMILY WELFARE

1. Name:
2. Age:
3. Sex:
4. Designation:
5. Address:
6. District:
7. State the number of programme for health protection and awareness campaign.
8. How many patient are enrolled in your hospital/Department and state the types of diseases?
9. How many number of patient are admitted due to our use of alcohol and addicted of drugs?
10. Any comment.

Date

Signature of the respondent
APPENDIX - IV

QUESTIONNAIRE SCHEDULE FOR THE VOLUNTARY ORGANISATION

1. Name of the Voluntary Organisation:
2. Name of the Respondent with positions in the organization.
3. Address
4. Date of Registration
5. What are the schemes you have taken up in connection with eradication of illiteracy?
6. Number of adult education centers under your organization.
   a) Total  b) Males  c) Females
7. No. of volunteers engaged in executing the work of eradication of illiteracy
   a) Total  b) Males  c) Females
8. No. of learners enrolled in each center
   a) Total  b) Males  c) Females
9. Number of learners made literate
   a) Total  b) Males  c) Females
10. Number of learners dropout
    a) Total  b) Males  c) Females
11. What is the age group of the learners enrolled in each centers?
12. Who supervise the work of the volunteers and the learning programmes?
13. Have you received any feedback?
14. What facilities you have provided to each learner-in terms of learning materials etc.
    a) Reading materials
    b) Writing materials
    c) Lighting facilities
    d) Sitting arrangement
    e) Any other.
15. How many supervisors or master trainers you engage in one/two/three centers?
16. Have you taken up any Continuing Education Programmes? Yes/No.
   If ‘yes’ please state the number of programme taken up under
   Continuing Education Programmes and any programmes on health
   education or health awareness or health promotion like health and
   hygiene food nutrition; if implemented the nature of implementa-
   tion whether independent or collaborative.
17. Have you provided any monitory assistance to the learners and the
   Instructor or Volunteers? Yes/No,  If ‘yes’ to what extent?
18. Please state the approximate time of conducting the classes.
19. Is there any drop out in all your centers.
20. What steps you have taken up for these dropout?
21. How you adopt any measuring technique for evaluating the learners
   functionally literate?
22. When the learners become functionally literate or neo-literate what
   facilities you have provided for continuance? If ‘not’ have you allowed
   them to stop just after becoming neo-literates?
23. Can you declare your centers/village totally literate?
24. Have you received any financial assistance from any funding agency
   either from the Government or any funding agency?
25. What is the system of financial assistance.
   a) Lumpsum      b) Installment   c) Annually or biannually
   d) Actual receipt payment system e) Any other.
26. Have you provided any short of grant/finance/payment to the centers?
   Yes/No.
   If ‘Yes’ to what extent and for what purpose.
27. Who controls the financial management in your organization?
28. Are you satisfied with the system of administration and management?
29. Any suggestion.

Dated ................. Signature of the respondent
APPENDIX - V

QUESTIONNAIRE SCHEDULE FOR THE PROJECT OFFICERS

1. Name  
2. Designation  
3. Age  
4. Sex  
5. Location of the Section/Department  
6. Home address of the respondent.  
7. When did you join as Project Officer of the Directorate/Department Voluntary Organisation of Adult Education?  
8. Since when you have been posted out at this district?  
9. Under your administrative control how many  
   a) Adult Education  
   b) Continuing Education Programmes are taken up.  
10. Have you provided any teaching learning materials?  
    Yes/No. If ‘Yes’ what are the materials?  
11. Under your administrative area how many teaching learning materials  
    have been sanctioned by the Directorate Department. Any Voluntary  
    Organisation.  
12. Please specify the amount and mode of payment of honorarium to the  
    Instructors, Pre-raks and Supervisors.  
13. Under your administrative control how many Instructors, Volunteers,  
    Pre-raks and Supervisors are there?  
14. Please state the evaluatory techniques adopted for assessing the  
    programme or any feedback.  
15. Did you sometimes visit to the centers for the purpose of inspection.
16. Have you taken up any programme for Neoliterate either through J.S.N. or any other awareness programme?
17. Any programme for the dropout student/learner?
18. Did you find any difficulties in the implementing Continuing Education programme for neoliterates.
19. Have you implemented any awareness programme relating to health?
20. Did you find any special need for implementing awareness about specific diseases and about communicable diseases in your area of posting?
21. Have you find any bad sanitary system which may spread diseases in your posting area?
22. Any suggestion for improving the programme.

Dated ............          Signature of the respondent
APPENDIX - VI

INTERVIEW SCHEDULE FOR THE MASTER
TRAINEES OR PRE-RAK

1. Name
2. Age  3. Sex
4. Address
5. Name and the number of the block/centers under your supervision and control.
6. How many Instructor/Volunteers are under your Supervision?
7. How many time you visited the center for purpose of inspection and supervision in a year?
8. When you visit the centers did you sometimes give suggestion for improvement or words of encouragement.
9. Have you taken up any awareness programme relating to health during T.L.C. ?
10. How many items of reading, writing, Newspapers, game material etc. have been given to a J.S.N. Centre? Please name the number of items?
11. Whether the newspaper or reading materials are useful or effective to the neoliterates.
12. In the Continuing Centre how many programmes have been taken up? What are those programmes? Name some of those programmes.
13. In the Continuing Education Programme is there any health related programme? If so please name the content and courses.
14. Did the volunteers/instructors submit the Assessment Reports monthly/bimonthly/annually?

15. Basing on the reports submitted by the Volunteers/Instructors did you again report it to the Project Officers of the concerned district.

16. How much salary you get per month.

17. Did you find the needs of health awareness under your supervision area?

18. Any suggestion for improving health promotion among learners.


20. Any comment.

Dated

Signature of the respondent
APPENDIX - VII

QUESTIONNAIRE SCHEDULE FOR THE VOLUNTEERS
OR THE INSTRUCTOR

1. Name
2. Age
3. Sex
4. Address
5. Name of the Centre/Centres:
6. How many learners are enrolled under your Centre/Centres? And how
   many volunteers?
7. How many males and females are enrolled in your center?
8. What is the age group of the enrolled learners?
9. Did you find any problem in making the learners to come out and learn
   in this center?
10. What sort of motivational techniques used for making them come out
    and join the class?
11. Did you have given awareness about reproductive health, AIDS, Drug and
    Drug Abuse, population growth, Adolescence Education etc as a part of
    motivation to the learners?
12. While teaching them is there any complain from amongst the learners
    and if so what sort of complaint it is?
13. While teaching them did you find any learner dropping out or irregular
    in attendance?
14. What are the major factors which led them to drop out?
15. Do you think that the learners drop out from learning due to health problem like AIDS, skin disease, pregnancy, water borne disease etc. Do you think that if you have given another chance for continuation of their course. The dropout will come back for learning.

16. Is there any difficulty in distributing the materials like shortage in the teaching/learning materials or in receiving it from concern block/office etc. ?

17. Can you sometimes give suggestions to the resource persons while preparing the materials?

18. As a Volunteer did you think women problem like safe abortion, safe motherhood improvement of morbidity and mortality, S.T.D., HIV/AIDS etc. should taken up as a awareness programme for continuing education.

19. Whether the alphabet or numeracies are too difficult to learn or digest by the learners.

20. Any free medical camp had been organised in your centre.

21. Have you got any remuneration? If it is, have you got it regularly and how much you have received it.

22. Any suggestion for improvement of eradication of illiteracy and health promotion.

23. Any comment.

Dated ___________________________ Signature of the respondent
APPENDIX - VIII

INTERVIEW SCHEDULE FOR THE NEOLITERATE LEARNERS

1. Name
5. Address
6. Are you engaged in some sort of Business / Profession / Household duties?
7. Are you adult education learner?
8. Who encourages you to come out of your home and join the adult education centers?
9. At what times you come out for attending to the Centre? Is it at your convenient time?
10. Did your husband/wife/colleagues/in law disturb you to come out to the adult education Centre?
11. Did your husband/wife co-operate with you while learning?
12. Did you find difficulties in learning the letters?
13. How many times you tried to learn a letter/numeracy?
14. Are you now satisfied yourself that you can read and write?
15. Do you like to stop at the stage just after you are able to read and write or you like to continue?
16. If you like to continue to learn what sort of steps you like to propose?
17. Do you have some health problem like Eyesight, skin disease or any problem related with your health? Yes / No. If yes have consulted to the Doctor or informed to the concerned Instructor / Volunteer / Pre-rak etc.


19. What kind of step do you take up in the area of health awareness programme.

20. Do you like to continue in preserving the traditional system of earning of through local brewing?

21. Are you aware of health hazards resulted from the frequent alcoholic addiction?

22. Any comment.

Dated __________________________ Signature of the respondent
APPENDIX-IX

INTERVIEW SCHEDULE FOR THE DROPOUT LEARNERS

1. Name
5. Address
6. Are you engaged in some sort of business/profession/household duties.
7. Were you a learner under adult education programmes.
8. Please give reasons under what circumstance you are compelled to drop-out of the adult education programme.
9. a) Was it because of your husband/wife did not co-operate with your learning?
   b) Was it because of your inlaws did not co-operate with you?
   c) Was it because your children disturb you?
   d) Was it because your friend makes you or looks down on you?
   e) Were you too much engaged in house hold duties and no time for it?
   f) The nature of your work engaged your fulltime?
   g) You are not interested at all?
10. Were not you satisfied with the system of management/administration/supervision of the adult education center?
11. Were not you satisfied with the facilities provided to you under this programme?
12. Have you dropped out because of your health problem? Yes/No If ‘Yes’ please state the nature of the problem.
13. Any comment.

Dated  Signature of the respondent