



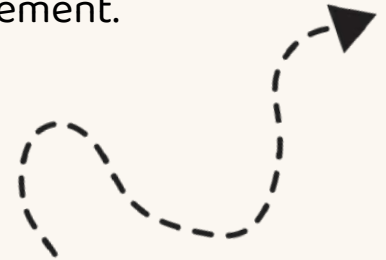
# **Social Impact study of Nirmaan Initiative**



# Introduction

Under the banner of "The Invisible Ones," Rohan Builders partnered with MeJol to better the lives of the labour community. Together, they launched Nirmaan—an initiative to transform lives by building not just homes, but hope and harmony for the invisible ones.

This study evaluates the initiatives impact and and gathers insights from stakeholders for identifying areas for improvement.





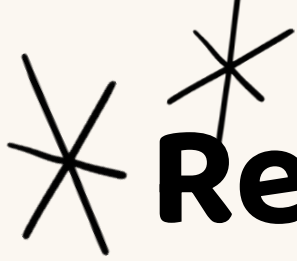
# Objectives of the Study

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To assess the efficacy of the Nirmaan Initiative in improving the quality of life for construction labourers and their families.

To explore and record stakeholder perceptions and experiences of the Initiative.

To identify and recommend strategies to enhance project efficiency and effectiveness by evaluating challenges, optimising resources and fostering sustainable practices.



# Research Methodology

The researcher used both **quantitative and qualitative methods** for the study.

## QUANTITATIVE METHOD

- Quasi-experimental research design
- Used a comparative method with intervention and control group
- Sampling - Purposive sampling of 200 participants (100 in each group)
- The sampling unit comprised families, key respondents - contractors, managers and staff members
- Participants were chosen based on availability within the community served
- Data collection methods – open and close-ended surveys, guided interviews, focused group discussions and observations to gather both quantitative and qualitative insights.
- Statistical and thematic analyses were used to interpret the data.
- Efforts were made to ensure comparability between the intervention and control groups in terms of demographics and socio-economic status.



# Research Methodology

## QUALITATIVE

- Used a qualitative approach, using methods like **focus group discussions (FGDs)** and **interviews**
- Data was gathered from two labour colonies namely rohan Anand and Rohan Abhilasha.
- The methodology ensured comprehensive insights by engaging with diverse stakeholders within the labor colonies in Pune, including laborers, HR staff, contractors, site doctors, supervisors, engineers and managers.
- Themes evaluated: Behavioral changes (substance use, conflicts), social and family dynamics (community engagement, women's empowerment), workplace productivity (absenteeism, stress levels), and hygiene and health (sanitation practices, nutritional habits).
- Method ensured validation through diverse stakeholders

# Literature review



Life skills training has a significant global impact on construction workers, enhancing productivity, economic stability, and social well-being (Puerto et al., 2012). These programs improve employability, foster entrepreneurship, and reduce illicit activities. Skill development boosts performance, efficiency, and output, while addressing social challenges like interpersonal skills, work-life balance, and mental health (Dixit et al., 2017; Chan et al., 2020). Recreational facilities further support well-being by reducing stress and improving health, with their absence harming productivity and mental health (Ukpong & Akintunde, 2009; Oswald & Turner, 2017). Beyond the workplace, life skills empower at-risk populations, aiding transitions to employment and fostering community development, especially in informal sectors (Holmarsdottir & Dupuy, 2017; Teli, 2013). In India, integrating life skills with creative problem-solving and recreational facilities helps workers build resilience and navigate challenges effectively (Arati & Kandhiraju, 2024).

# Sample Size

| Category                       | Intervention Group | Non-Intervention Group | Total      |
|--------------------------------|--------------------|------------------------|------------|
| <b>Quantitative Assessment</b> |                    |                        |            |
| <b>Total Respondents</b>       | <b>100</b>         | <b>100</b>             | <b>200</b> |
| Rohan Abhilasha Wagholi        | 35                 | -                      | 35         |
| Rohan Anand Somatane           | 25                 | -                      | 25         |
| Rohan Ananta Tathwade          | 15                 | -                      | 15         |
| Rohan Nidhita Hinjewadi        | 25                 | -                      | 25         |
| Rohan Panchashil Kharadi       | -                  | 50                     | 50         |
| Rohan Harita Tathwade          | -                  | 50                     | 50         |

# Sample Size

| Category                      | FGD                  | Key Person Interviews   | Total     |
|-------------------------------|----------------------|---|-----------|
| <b>Qualitative assessment</b> |                      |   |           |
| <b>Total Respondents</b>      | <b>60</b>            | <b>30</b>   | <b>90</b> |
| Rohan Abhilasha Wagholi       | Men - 20<br>Women 10 | HR Staff, Doctors, Site Supervisor, Contractors, Security Staff, Engineers, Project Managers (20) | 50        |
| Rohan Anand Somatane          | Mixed Group - 30     | HR Staff, Doctors, Site Supervisor, Contractors, Security Staff (10)                              | 40        |



# Respondents Profile

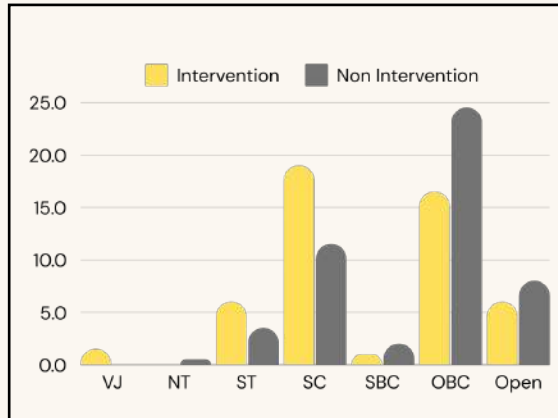
## Gender

- Males: 90% of the total, with 55.6% in Non-Intervention and 44.4% in Intervention.
- Females: 10%, exclusively in the Intervention group.

## Age Distribution

- 57.5% were 18-30 years, 42.5% were 31-60 years.
- Majority in the Non-Intervention group were 18-30 years (53.9%).

## Caste Distribution



## Family Type

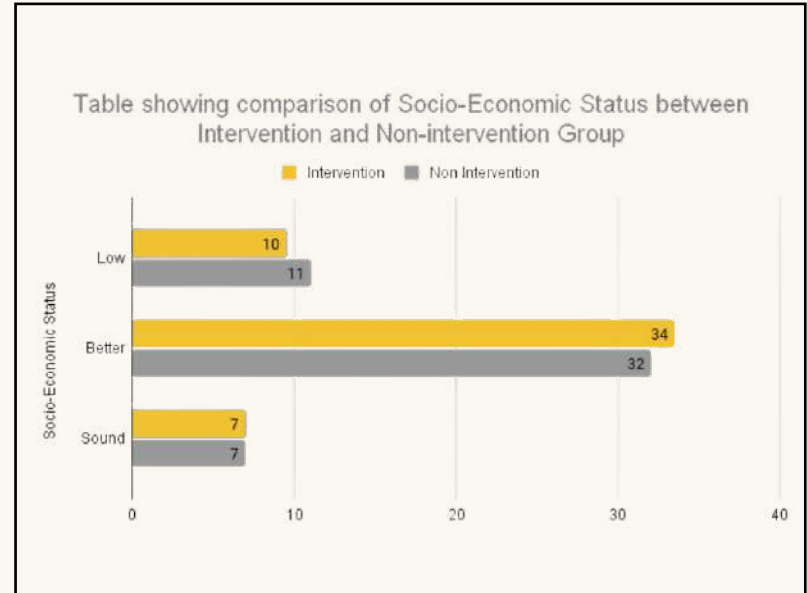
| Family Type  | Intervention | Non-Intervention | Total             |
|--------------|--------------|------------------|-------------------|
| Extended     | 36           | 20               | 56 (28%)          |
| Joint        | 38           | 37               | 75 (37.5%)        |
| Nuclear      | 26           | 43               | 69 (34.5%)        |
| <b>Total</b> | <b>100</b>   | <b>100</b>       | <b>200 (100%)</b> |

## Religion

- **Hindu:** 75%
- **Muslim:** 15.5%
- **Buddhist:** 9%
- **Sikh:** 0.5%

# Socio-Economic Status

- **Socio-Economic Status (SES)** is a vital measure to evaluate the social and economic standing
- It helps understand disparities in access to resources, opportunities, and quality of life.
- This study used a scoring system based on five key indicators: Family type, Caste status, Educational level, Economic background, and Household facilities like water, electricity, gas, toilets, and housing condition (In the Village home).
- The Scores classified SES into
  - Low (1-9 points)
  - Better (10-12 points), and
  - Sound (13-15 points).
- The study showed similar SES distributions between the two groups, confirming the sample's representativeness and comparability.



# Major Findings

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- **Quality of Life Improvement\*\***

The Nirmaan Initiative significantly enhanced the quality of life for construction labourers and their families that included personal and emotional well-being, social connectedness, and life skills

- **Emotional Well-Being** : The intervention group reported higher average scores in emotional well-being parameters, including
  - i. Positive Outlook: 4.00 (intervention) vs. 3.13 (non-intervention)
  - ii. Anxiety Management: 4.02 vs. 2.84
  - iii. Sense of Joy: 4.31 vs. 2.70
  - iv. Sense of Belonging: 4.24 vs. 2.71
  - v. Coping with Challenges: 4.14 vs. 2.95

All emotional well-being parameters showed statistically significant differences ( $p < 0.05$ ) between the intervention and non-intervention groups

\*\*Sources: Alsamiri (2024), Burgess (2014), Rojo-Pérez and Fernández-Mayoralas (2016), Ferriss (2010)

# Major Findings

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- **Enhanced Self-Esteem** : All self-esteem parameters showed highly significant differences ( $p < 0.001$ ) between the intervention and control group with average scores indicating
  - Confidence in Learning New Skills: 4.14 vs. 2.99
  - Comfort Taking Risks: 4.02 vs. 2.62
  - Belief in Self-Capabilities: 4.13 vs. 2.50
- **Physical Well-Being** : Key physical health parameters showed significant differences ( $p < 0.05$ ).
  - The initiative positively influenced physical health, with reported higher energy levels (4.00 vs. 3.13) and fewer physical complaints (4.02 vs. 2.84)
- **Social Well-Being** All social well-being parameters showed statistically significant differences ( $p < 0.05$ )
  - a. The intervention group exhibited significantly higher scores in :
    - i. Social connectedness (4.30 vs. 2.44)
    - ii. Family relationships (4.41 vs. 3.12), and
    - iii. Conflict resolution (4.19 vs. 2.89)

# Major Findings

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- **Improved Family Relationships**

- The intervention group reported a 41.6% stronger family relationship compared to the non-intervention group.

- **Conflict Resolution Skills**

- The intervention group scored 45.1% higher in conflict resolution abilities, indicating improved skills in managing disagreements.

- **Life Skills Development**

- Participants demonstrated marked improvements in life skills, including:
  - **Communication Skills:** 39.32% increase in confidence.
  - **Time Management Skills:** 53.21% improvement in managing schedules.
  - **Financial Literacy:** The intervention group showed a 60.3% increase in comfort with creating and managing a monthly budget (4.08 vs. 2.54).

# Major Findings

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- **Sanitation and Hygiene Practices\*\***

- **Improved Hygiene Standards**

The intervention improved hygiene standards, with 87% of participants achieving a "Sound" hygiene status compared to 41% in the non-intervention group.

- **Hand Hygiene Practices**

- 100% of the intervention group reported washing hands after toilet use, compared to 55% in the non-intervention group

- **Community Participation**

- The intervention group had a participation rate of 84% in health initiatives, compared to 47% in the non-intervention group.

- **Program and Trainer Effectiveness**

- 99% of participants perceived the program as effective or highly effective.
- 98% of participants were satisfied with the trainer's subject knowledge
- 99% were satisfied with the learning environment.

\*\*Sources: Mills et al. (2024), Khan et al. (2024)

# Qualitative Assessment on the Impacts

## Positive Behavioral and Social Impacts

- **Reduction in Conflict and Substance Abuse**
  - Fights during weekends have noticeably decreased, contributing to a more peaceful and harmonious community.
  - The incidence of staff venturing into nearby jungle areas during late hours has diminished. (Site Supervisors)
  - Cases of tobacco chewing have declined (Doctor Observations).
- **Improved Family and Social Relationships**
  - Family disputes have reduced, fostering better domestic environments.
  - Increased community sharing and collaboration, driven by regular engagement activities, have strengthened social bonds.
- **Women's Empowerment and Financial Independence**
  - Women have shown interest in skill-based hobbies such as embroidery, mehendi, jewelry making, and beauty and cosmetics, highlighting a desire for personal growth.
  - The Har Din Ek Sikka Campaign has been particularly impactful in fostering saving habits, especially among women. Savings were often used for productive purposes such as asset creation and investments, empowering women financially.
- **Improved Use of Leisure Time**
  - Participants reported better utilization of leisure time, contributing to increased productivity and reduced idle activities

# Qualitative Assessment on the Impacts

## Impact on Workplace Productivity

- **Improved Attendance and Work-Life Balance**

- Monday absenteeism has reduced significantly, reflecting better weekend behavior and readiness for work (HR Observations).
- Supervisors now leave work earlier, around 8-9 PM, enhancing their work-life balance (HR Observations).

- **Stress Reduction and Recreation**

- Stress levels among laborers have decreased due to recreational activities such as games and sports (Contractors).
- Increased demand for larger play areas and entertainment options, such as movie screenings and TV, highlights the positive reception of recreational opportunities (Contractors and staff).

- **Better Sleep Quality**

- Improved living conditions and reduced stress have led to better sleep quality, enhancing overall well-being and workplace efficiency (Doctors).

## Hygiene and Health Improvements

- **Sanitation Practices**

- Toilets are maintained in better condition, though children's usage sometimes affects cleanliness. (FGD)
- Health screening by Rohan Builders ensures laborers with fewer health risks are employed, mitigating emergencies.

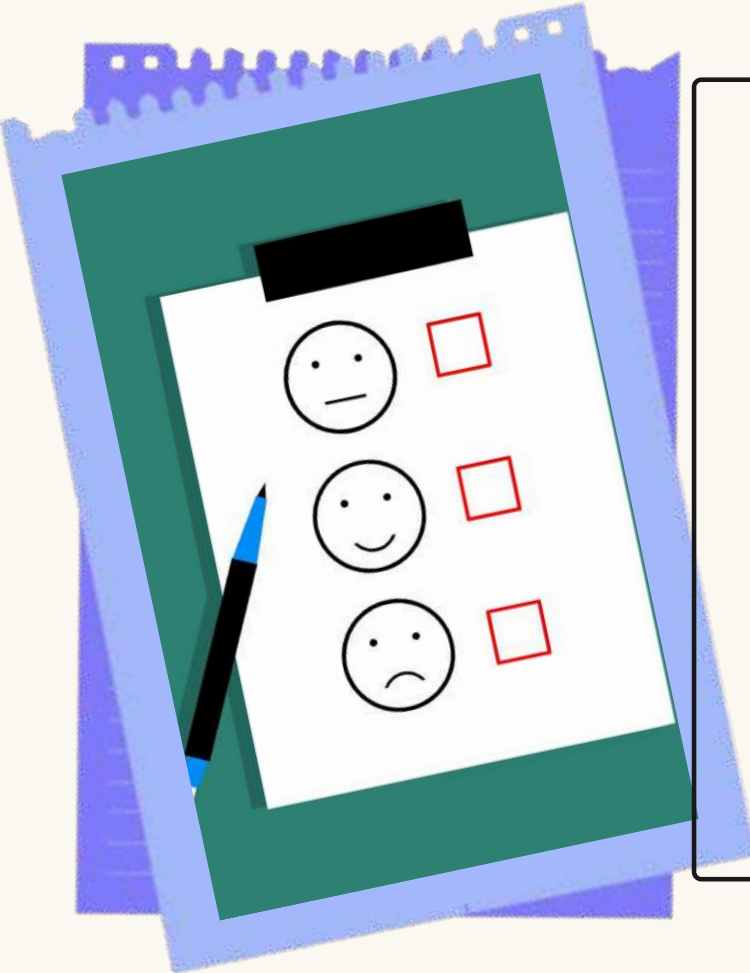
- **Nutritional Awareness**

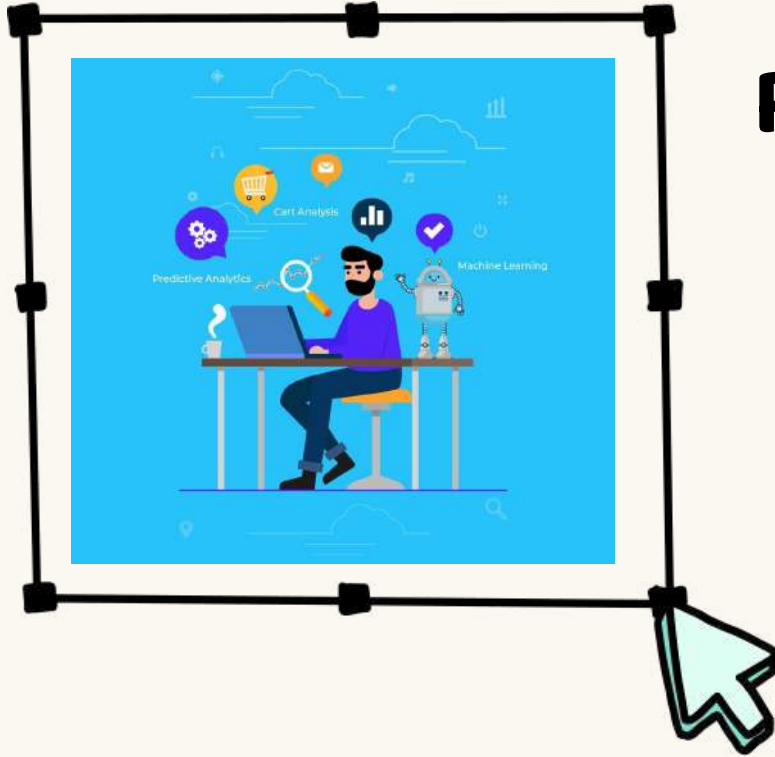
- Laborers have identified faulty dietary habits, such as improper cooking methods and reliance on junk food, as contributors to weakened immune systems. There is a need for awareness programs to promote healthier eating.



# Feedback and Suggestions

1. Increased Demand for Engagement Activities
  - a. Suggestions include organizing family planning sessions, traditional day celebrations, and cooking competitions.
  - b. Enhanced visibility of plans and events through common notice boards was recommended to boost motivation and community participation.
2. Skill Development and Hobbies
  - a. Participants highlighted the need for learning new age computer literacy skills and outdoor sports equipment.
  - b. Women's interest in pursuing hobbies indicates the need for workshops or training sessions in these areas to foster empowerment.





# Recommendations

- **Expand Program offerings** to include vocational training, computer courses, financial literacy workshops, and specialised programs, like yoga, meditation, and art therapy.
- **Increase Frequency of Outings** to include regular trips to local historical sites, museums, and parks and cultural exchange programs with other communities.
- **Upgrade Resource centres** with computer labs with newer technology and faster internet.



# Photos



# Recommendations



- **Strengthen Community Partnerships**

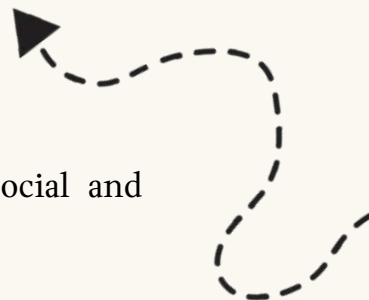
- Collaborate with local businesses to provide supplementing vocational activities.
- Partner with schools and colleges to organise educational workshops and cultural events.
- Work with government agencies to access funding and resources for community development projects.

- **Address Social Issues**

- Organise workshops on addiction prevention and rehabilitation.
- Provide counselling and support services to individuals and families facing challenges.
- Promote financial literacy programs.

- **Involve Participants in Planning**

- Seek input from participants in planning new activities and programs.
- Incorporate sustainable practices into program activities to promote long-term social and environmental conservation.





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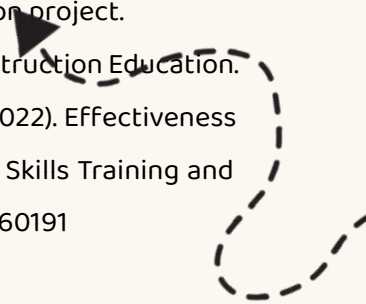
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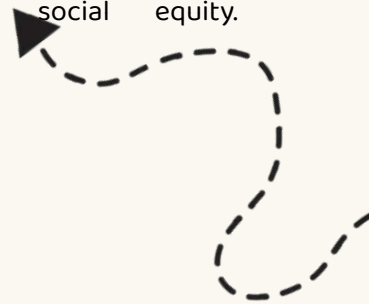






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