Section I - Heat Stress and Health Survey: Preliminary Findings

The Heat Stress and Health survey was conducted among the small-scale fishing communities in Ganjam district, Odisha, India, in June 2025.

The survey was refined in collaboration with Community Catalysts (Members of SSF communities at the forefront of community collaborations and deliverables). The survey was conducted by trained Community Catalysts, using a convenience sampling method. A total of 27 respondents (11 male, and 16 female) across 4 villages in Ganjam District (Nuagaon, Arjyapallu, Purnabanda and Ponampetta) were surveyed. We attempted the survey to capture responses of these fishing communities across age groups.

Table 1: Sample size

	Nuagaon	Arjyapalli	Purnabanda	Ponampetta	Total
Youth - male (15-24)	1	1	1		3
Youth - female (15-24)	3	2	1	1	7
Married/25-60 - male	2	3	1		6
Married/25-60 yr - female	2	3	1		6
Elderly (60+) - male	1	1			2
Elderly (60+) - female	1	2			3
	10	12	4	1	27

Some of the preliminary findings related to heat stress and health are:

- Heat rashes (67%), sleep issues (56%) and irritability (48%) were the most common heat-related health issues reported.
- With respect to mental health, the median rank was 4-5 for all three items on irritability, anger and nervousness.
- Individual Behaviours
 - The most common behaviours practised on very hot days are drinking more water (89%) and using a fan/shade (85%).
 - o In terms of protective gear, shoes/slippers were worn (93%), water bottles (82%) were carried, and cotton clothes were worn (67%).
 - Additional behaviours included: sitting under the tree, sleeping in the fishing huts near the sea, bathing more frequently and eating cooling foods.
- Linkage to Government Systems
 - The majority of those surveyed received no heat-related warnings (88%).
 - The majority have not participated in any local meetings (85%) or government programs (92%) related to heat stress
- Community and Government Responses
 - Respondents mentioned the following efforts undertaken by the community/panchayat or the government: Providing drinking water, building shaded spots and changing school timings
- Household Observations
 - o All homes had electricity and ceiling fans.
 - Most homes had concrete roofs; 22% has asbestos roofs.
 - 56% had 1 or two windows (37% did not have any windows); 85% had 2 doors.
 - Most kitchens were indoor (63%), and had access to LPG (89%) or firewood (78%).
 - The main sources of water supply were piped tap water (67%), handpump (59%) and borewell (26%).

• The main sources of drinking water were filtered water (44%) and piped water (44%).

Section II- Focus Group Discussion- Summary

Two FGD sessions were conducted (one with women and one with men) from small-scale fishing communities in Ganjam, Odisha. The following is a summary of the discussion points

• Predominant concerns experienced by active fishers and dry fish processors

Fishermen report experiencing a burning sensation on their skin and eyes, especially while at sea. Common complaints include headaches, dizziness, eye irritation, fainting, and vomiting. Many suffer from fatigue and body aches, particularly in their legs, back, and waist. Excessive sweating, weakness, and loss of appetite are widespread. People also experience restlessness and disturbed sleep due to body pain and heat stress. Stomach problems, such as diarrhoea, are common. Emotionally, the continuous heat leads to irritation, anger, and frustration. Some express feelings of sadness and nostalgia, especially when recalling better times or displacement from their old homes. Women, in particular, express helplessness due to the lack of government support for dealing with heat. Despite all this, many feel compelled to continue working out of necessity, even when motivation is low.

• Coping Mechanisms and Strategies

To cope with the heat, people are drinking more water, though the use of ORS is still very limited. Some also drink mishri (sugar) water. Pouring water on the head and body or using wet cloths for relief is common. Those going to work or study often carry umbrellas, wear slippers, and cover their heads and faces. People try to take breaks under trees or existing shelters and eat cooling foods like *pakhala* and *jau*. Many avoid outdoor work during peak heat hours, between 11 AM and 3 PM. For skin relief and cooling, turmeric or lime is applied, and roof surfaces are cooled. When someone faints or feels unwell, the community responds by offering water, shade, ORS, or helping with cold water baths. Simple practices like pausing under trees or under *Chayamunde* (palm leaf shelters) during peak heat provide relief. People help each other during health issues or on fishing trips. Despite discomfort, there is a strong internal determination to keep working. The community displays resilience and responsiveness, stepping in to help when formal systems are absent.

• Recommendation for community preparedness and climate adaptation

There is a clear demand for government-supported shade structures on beaches to protect people from the sun. Communities also ask for restroom and water facilities along commonly used routes. Tree plantation is suggested as a long-term solution. People emphasise the need for awareness sessions on preventing heat-related illnesses. They propose creative IEC materials, such as wall paintings or role plays by children, to spread awareness. Simple, low-cost solutions are already being thought of—many suggest that with just four wooden poles and a tarpaulin, they can create shade structures themselves. This reflects that people are not only identifying needs but also offering practical, doable ideas for heat preparedness.