ANNUAL LECTURE 2026

Keynote speaker Dr. Yasir Shafiq. © AKUGSMC, 2026

CLIMATE CHANGE AS LIVED EXPERIENCE: WOMEN'S HEALTH, BODIES, AND DISPLACEMENT

On 2 July 2026, more than 100 researchers, practitioners, refugee leaders, community representatives and policymakers gathered at the Aga Khan University in Nairobi for the third Annual Lecture, hosted by **the Aga Khan University Graduate School of Media and Communications (AKU-GSMC), the Institute for the Study of Muslim Civilisations (AKU-ISMC), and Samuel Hall in partnership with the LLEARN, the Local Leadership East African Return and Reintegration Network project.**

Dr. Sanaa Alimia opened by locating the discussion in the bodily and structural realities of reproductive health, childbirth, loss and displacement. Her challenge was not simply to describe vulnerability, but to ask **why inequalities are repeatedly produced and compounded for women displaced or excluded from citizenship and public systems.** Dr. Yasir Shafiq, our guest annual lecturer, then showed how these inequalities become measurable - and **how conventional data and planning often fail to see them.**

Sudi Noor, founder of a refugee-led organization brought the lived experience and evidence back to Kakuma: **"Behind every number is a woman. In Kakuma, we know their names, their faces and their stories,"** she reminded us. Professor Amina Abubakar challenged the language of coping itself: when environments are harmful, the objective should be to remove the conditions creating harm, not continually ask people to endure them. Anchoring the day's discussions in the human reality of maternal vulnerability and structural inequality, Dr Alimia shared an excerpt from *Nayyirah Waheed's* poem, *From*, reflecting that the poem is not about the individual man, but about patriarchal structures.

WHAT MASSACRE HAPPENS TO MY SON
BETWEEN HIM LIVING WITHIN MY SKIN.
DRINKING MY CELLS. MY WATER. MY ORGANS.
AND HIS SOFT PSYCHE TURNING CRUEL.
DOES HE NOT REMEMBER HE IS HALF WOMAN.

– Nayyirah Waheed,

FOUR MESSAGES FROM THE LECTURE

- Care is displaced by single-disease priorities.
- Risk assessments understate vulnerability in displaced populations.
- Climate shocks amplify existing barriers to healthcare.
- Community knowledge should inform intervention design.

DID YOU KNOW?

- **61%:** Of global maternal deaths occur in 37 fragile countries.
- **$2 vs. $160:** Climate adaptation funding per person in conflict-affected vs. stable, high-income regions.
- **1 in 5:** Fragile states lack a National Adaptation Plan, often excluding displaced populations.
- **614 Million:** Women and girls living in conflict-affected areas, with menstrual health and dignity often overlooked.


Panel discussions with (from left to right) Ms Caroline Muthoni, Sudi Noor, Dr. Yasir Shafiq, and Dr. Sanaa Alimia © AKUGSMC, 2026

KEY TAKEAWAYS

Panel discussions with Prof. Amina Aboubakar © AKUGSMC, 2026

1. CARE IS DISPLACED BY SINGLE-DISEASE PRIORITIES

Health emergencies often redirect limited resources toward a single disease, disrupting maternal, reproductive and primary healthcare. Dr. Shafiq's research with displaced Afghan women in Balochistan found that routine care largely stopped during COVID-19, while the 2022 floods further damaged facilities and displaced health workers.

Access was also constrained by documentation requirements, language barriers, mistrust and gender gaps in care. In Kakuma, Sudi Noor described similar barriers, with extreme heat, floods, food-assistance cuts and overstretched services compounding risks for displaced women and girls. She highlighted 200 donated HPV testing kits that could not be distributed because treatment funding was not pre-approved, and a woman with cervical cancer who waited nine months for identity documents before accessing treatment. The lesson is clear, emergency responses must protect the full continuum of care, from prevention and diagnosis to referral and treatment, before, during and after crises.

2. ASSESSMENTS UNDERSTATE VULNERABILITY IN DISPLACED POPULATIONS

Women, children and displaced populations remain largely invisible in data used to assess risk, allocate resources and design humanitarian responses. Dr. Yasir Shafiq showed that incorporating maternal and child health into global risk indices can shift countries from "moderate" to "very high" risk, changing where attention and resources are needed.

This invisibility extends to policy. Refugees and internally displaced people are often excluded from national data systems, while fragmented humanitarian data obscures local concentrations of climate, conflict and health risks. In his review of 50 fragile and conflict-affected states, one in five had no National Adaptation Plan, nine had neither an adaptation nor disaster-risk plan, and most plans did not meaningfully address displaced populations.

As Dr. Vibian Angwenyi noted, without gender-responsive, locally grounded and displacement-sensitive data, it is harder to identify who is most exposed, target resources and ensure women, children and displaced populations are included in national planning and financing.

"RISK CANNOT BE TRANSFORMED INTO ACTION WITHOUT DATA. RISK IS EVERYWHERE, BUT THE ISSUE ARISES WHEN THERE IS NO DATA AND THE RISK IS NOT UNDERSTOOD."

– Dr. Yasir Shafiq

3. CLIMATE SHOCKS AMPLIFY HEALTHCARE BARRIERS AND WORSEN OUTCOMES FOR WOMEN AND CHILDREN

Climate change intensifies existing health-system inequalities. In Kakuma, Sudi Noor described how extreme heat, water shortages, floods, food-assistance cuts and shrinking services combine to increase risks for displaced women and girls. Temperatures can reach 44°C, worsening dehydration and malnutrition during pregnancy, while floods damage shelters and health facilities. Funding cuts and limited culturally appropriate care further increase hunger, gender-based violence and risks such as premature birth.

Professor Amina Abubakar highlighted the long-term consequences for children. Repeated exposure to malnutrition, violence, chronic stress and disrupted care during early childhood can affect health, learning and economic wellbeing throughout life. Investing in nutrition, healthcare, safe environments and economic security is therefore not only humanitarian assistance, but an investment in future resilience and human potential.

"IF TOXINS COME INTO THIS BUILDING, WOULD YOUR FIRST RESPONSE BE TO COPE WITH THEM OR TO REMOVE THEM? WHY ARE WE TELLING PEOPLE TO COPE WITH A TOXIC ENVIRONMENT?"

– Professor Amina Abubakar

4. COMMUNITY KNOWLEDGE & REFUGEE INNOVATION MUST LEAD INTERVENTION DESIGN

Speakers challenged the view of refugees as passive recipients or a single vulnerable group. Sudi Noor stressed that refugee communities include professionals, organisers and problem-solvers, yet women and affected communities are often excluded from decisions about their own health and dignity.

Professor Amina Abubakar emphasised that research must begin with listening. Quantitative data is valuable, but cannot fully capture experiences of violence, displacement and constrained choice. Communities should help define priorities and co-design solutions. Caroline Muthoni similarly noted that communities in Garissa often identify needs—such as water, mental health and livelihoods—that fall outside predetermined funding priorities.

The message was clear: funding and programmes should follow community-identified priorities, with refugee-led and women-led organisations given meaningful decision-making power. More flexible, coordinated systems are needed to bridge humanitarian, health and climate responses and deliver locally relevant solutions.

"WE NEED TO SEE REFUGEES AS INNOVATORS. THE MOST MISUNDERSTOOD THING IS THE GENERALISATION OF REFUGEES AS VICTIMS AND VULNERABLE, WHICH IS NOT THE REALITY ON THE GROUND."

– Sudi Noor

FROM EVIDENCE TO ACTION: LOCALIZED PRIORITIES FOR SYSTEMIC CHANGE

Keynote speech by Sudi Noor, founder of the Girl Power Action Initiative based in the Kakuma Refugee Camp. © AKUGSMC, 2026

PRACTICAL SHIFTS FOR RESEARCHERS, FUNDERS, GOVERNMENTS AND HUMANITARIAN ACTORS

The discussion pointed to four practical shifts for researchers, funders, governments and humanitarian actors:

1. **Make health and risk data visible and usable.** Disaggregate by sex, age and displacement status; combine climate, health and conflict data; and move from national averages to subnational analysis that can guide preparedness and budgets.
2. **Protect continuity of care.** Design emergency and climate responses around maternal, reproductive and primary healthcare pathways - including documentation, language, referral, treatment and culturally appropriate provision.
3. **Move finance and decision-making closer to communities.** Fund refugee-led and women-led organisations directly, reduce administrative barriers and create governance arrangements in which affected communities hold real decision-making power.
4. **Integrate displacement into local planning.** Include long-term displaced populations in county and municipal health, climate, livelihood and development plans, with explicit budget lines and accountability for implementation.

WHAT COMES NEXT?

Samuel Hall and Aga Khan University will continue convening dialogue across research, lived experience and policy on climate change, health and displacement, with attention to locally led solutions.

A different way of speaking about resilience

A central challenge from the lecture was linguistic as well as institutional. Resilience should not become a way of praising people for tolerating worsening conditions. As Professor Amina Abubakar asked through the analogy of toxins entering a building: should the first response be to help people cope with the toxins, or to remove them? The measure of success is therefore not how much hardship communities can absorb, but whether policy, finance and public systems reduce the conditions producing vulnerability.

AUDIENCE QUOTES AND REACTIONS

"WHERE DO REFUGEES FALL IN REGIONAL ADVOCACY CONVERSATIONS WHEN NATIONAL POLICIES LACK TARGETED FINANCING AMIDST A TRIPLE SHOCK OF FUNDING CUTS, GROWING DEBT, AND CLIMATE IMPACTS?"

– Dr Rukia Nzibo (Center for the Study of Adolescence)

"WITH REFUGEE SETTLEMENTS LIKE DADAAB HOLDING A $135 MILLION ECONOMY, WHAT CONVERSATIONS NEED TO HAPPEN BETWEEN RESEARCHERS, GOVERNMENTS, AND THE PRIVATE SECTOR TO LEVERAGE LOCAL MARKETS?"

– Wendy Cynthia (Inkomoko)

"HOW CAN PARTNERS AND GOVERNMENTS DIRECTLY INVOLVE AFFECTED COMMUNITIES AND REFUGEES IN DESIGNING NATIONAL AND LOCAL CLIMATE ADAPTATION PLANS, ESPECIALLY AS CLIMATE STRESS AND AID CUTS DRIVE REFUGEES INTO COMPRESSED URBAN SLUMS?

– Dankan (SSURA, Uganda)

ABOUT THE EVENT

The Annual Lecture brought together researchers, refugee leaders, community representatives, practitioners and policymakers from Asia and Africa to explore how climate, conflict and health crises overlap for displaced populations.

The keynote, **"Turning Risk into Resilience: Addressing Maternal and Child Vulnerabilities in Polycrises,"** was delivered by Dr. Yasir Shafiq, followed by reflections from Sudi Noor and a panel discussion with Professor Amina Abubakar, Dr. Vibian Angwenyi and Caroline Muthoni, moderated by Dr. Sanaa Alimia. Dr. Nassim Majidi moderated the audience dialogue on health access, documentation, climate finance, livelihoods, municipal inclusion and community-led research.

The event also featured the photo exhibition **"When Childcare Stops, Everything Stops: Stories from Kenya's Childcare Frontlines."**

- *To watch highlights from the Annual Lecture, view the event video.*
- *To learn more about the Annual Lecture or the LLEARN project, explore opportunities for collaboration, or share your ideas, please contact us at development@samuelhall.org.*

SAMUEL HALL.

THE AGA KHAN UNIVERSITY
GRADUATE SCHOOL OF
MEDIA AND COMMUNICATIONS

THE AGA KHAN UNIVERSITY
(International) in the United Kingdom
Institute for the Study of Muslim Civilisations

LLEARN
Funded by the European Union
ICMPD