

THE 9th GLOBAL PUBLIC HEALTH CONFERENCE
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"Positive Responses to Global Public Health - Challenges and Solutions"
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Intersecting Vulnerabilities and Urban Resilience: A Mixed Methods Secondary Analysis of Climate Migrants & Climate-affected Communities in Bangladesh



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The Pipeline of Displacement

Rural Origin:

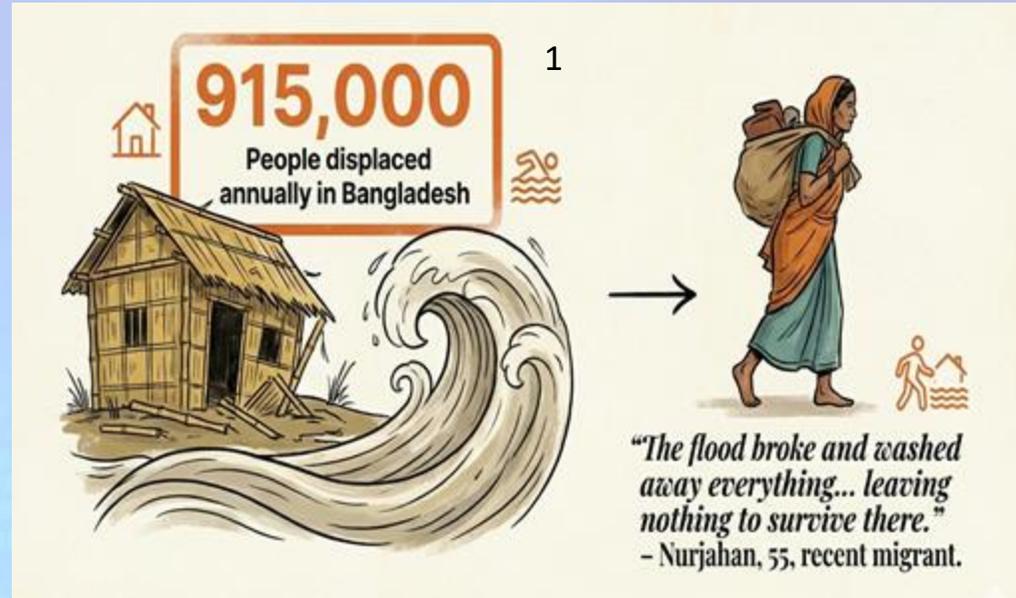
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Acute Shocks

 Cyclones

 River Erosion

 Tidal Surge/Flood



Urban Destination:

1

Chronic Stressors

 Heat Island Effect

 Waterlogging

 Overcrowding

 Predatory Economies

Migration is a trade-off exchanging high-impact acute shocks for slow-onset, chronic urban stressors.

Study Purpose & Methodology

To analyze the intersecting vulnerabilities of Climate-migrants & Climate-affected Communities in urban informal settlements and their impact on health system access, grounding policy in lived experience.



Design

Mixed-methods secondary
analysis



Quantitative

Household survey - **813**
Household



Qualitative

Case studies - **10 Families**

Study Sites (Two Informal Urban Settlement)

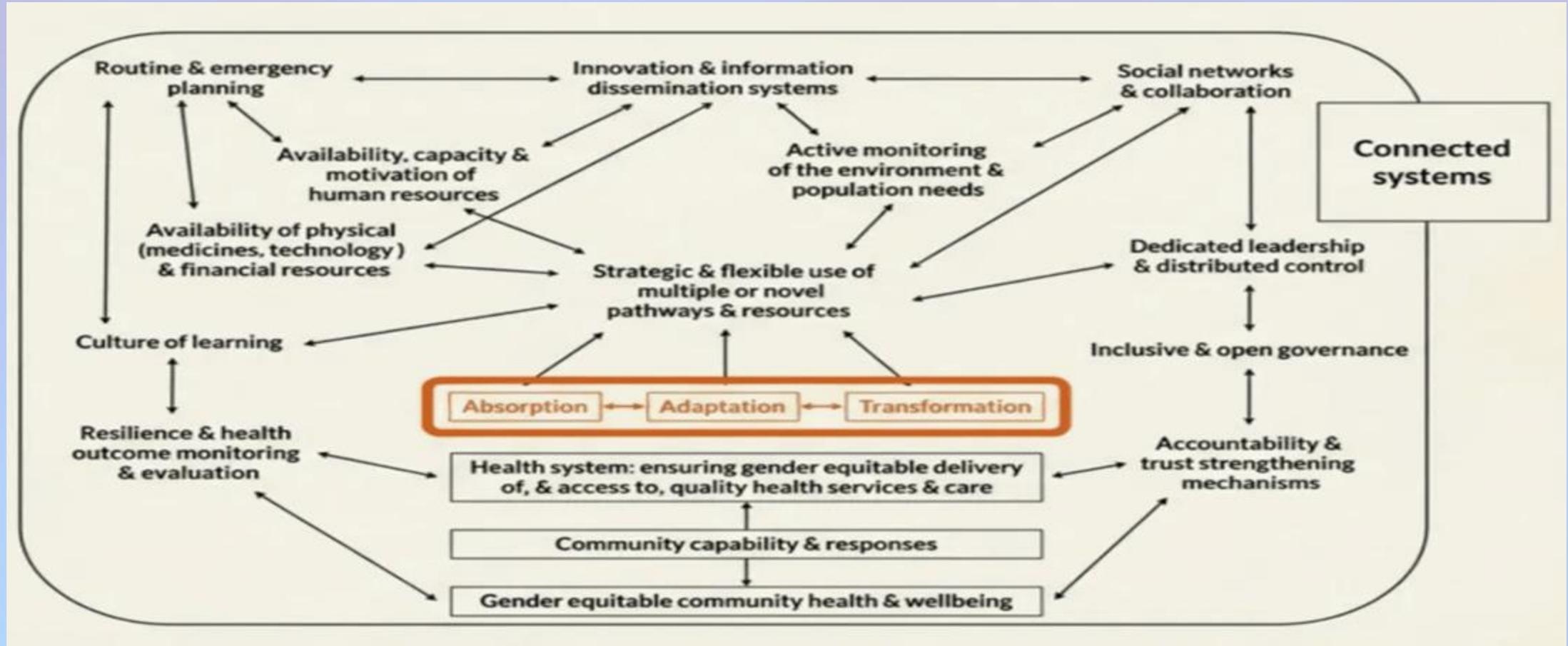


Shyampur, Dhaka South City Corporation



Greenland, Khulna City Corporation

Analytical Lens: The ReBUILD Framework



Intersectional Focus

Examining how gender, migration status, and other factors intersect to determine who survives and who thrives in urban slums.

Absorptive Capacity: The Fragility of Kinship

When shock hits, the formal system is absent.

Sources of Support During Shock

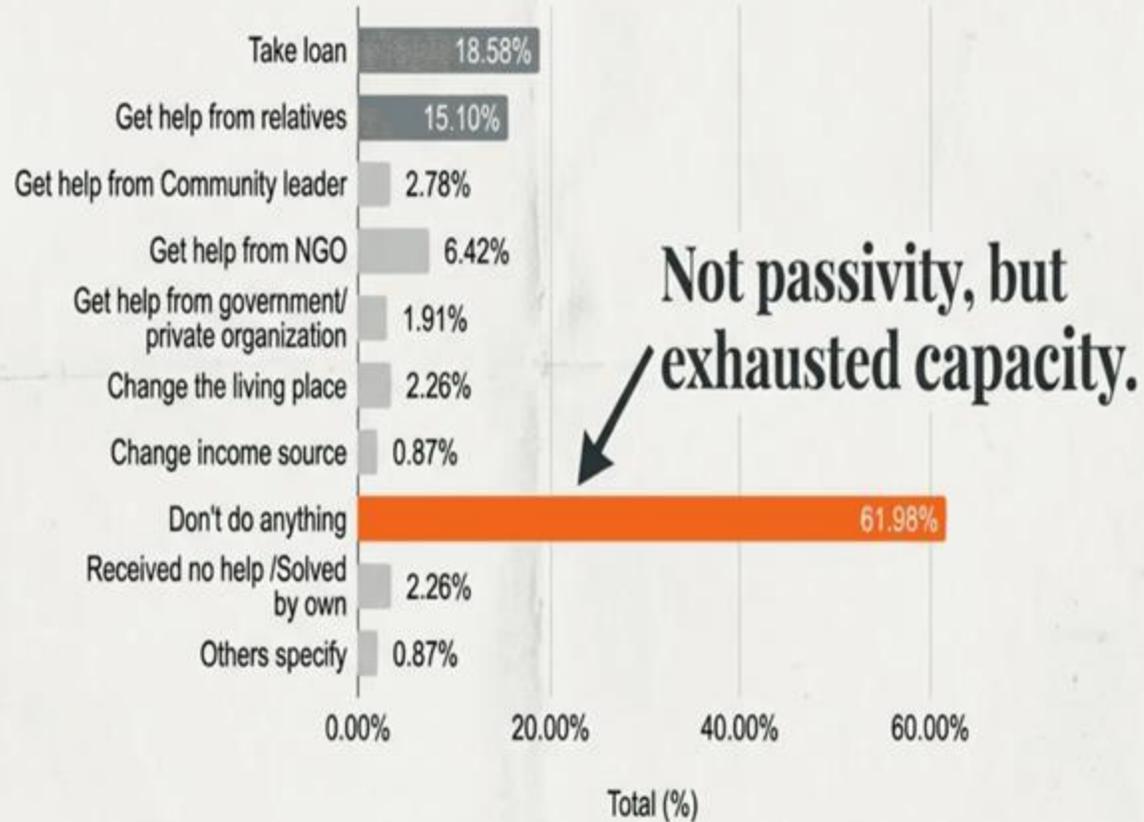


“If you want to live, come to Dhaka.”

— Advice to Nurjahan by siblings who pooled money for her bus fare.

Social capital is the only capital. When the network itself is marginalized, its capacity to support health and well-being rapidly erodes.

Adaptive Capacity: The Adaptive Deficit



Systemic Exclusion: Formal systems fail to adapt to migrants (e.g., lost IDs prevent aid access).

Forced Inaction: Residents are stuck in a cycle where no viable options remain.

Interventions must focus on restoring capacity and removing systemic barriers, not just providing temporary aid.

A rational choice in an exclusionary system.

78%

of residents rely on informal, unregulated pharmacies



Cost (Bribes/Fees)



Distance



Mistreatment/Discrimination

The Human Echo: Jamila

“When I have money, I buy a box of calcium tablets... but if I cannot afford it again, the same pain remains.”

Residents buy pills one by one because the public health system is financially and geographically inaccessible.

When formal care is inaccessible, informal settlement residents turn to informal, unregulated pharmacies.

The Dark Side of Adaptation: Maladaptation

Child Labor



Salma sent her eldest daughter, then the next two kids, to work in factories.

Result:

Intergenerational poverty.

Asset Liquidation



Shamima sold the family van (their only income source) to pay medical bills.

Result:

Permanent loss of earning power.

Health Neglect



Nurjahan refused surgery for her son: "We are poor people."

Result:

Prime-age earner left with chronic disability.

Strategies that ensure survival today but guarantee poverty and poor health tomorrow.

Transformative Capacity: The Missing Link

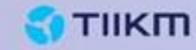


Systemic exclusion blocks collective action.

"I didn't receive any help even during COVID... I don't know who leads [the committees]." – Rafiq

Transformation is rare. It is driven by exceptional individual agency, not systematic support.

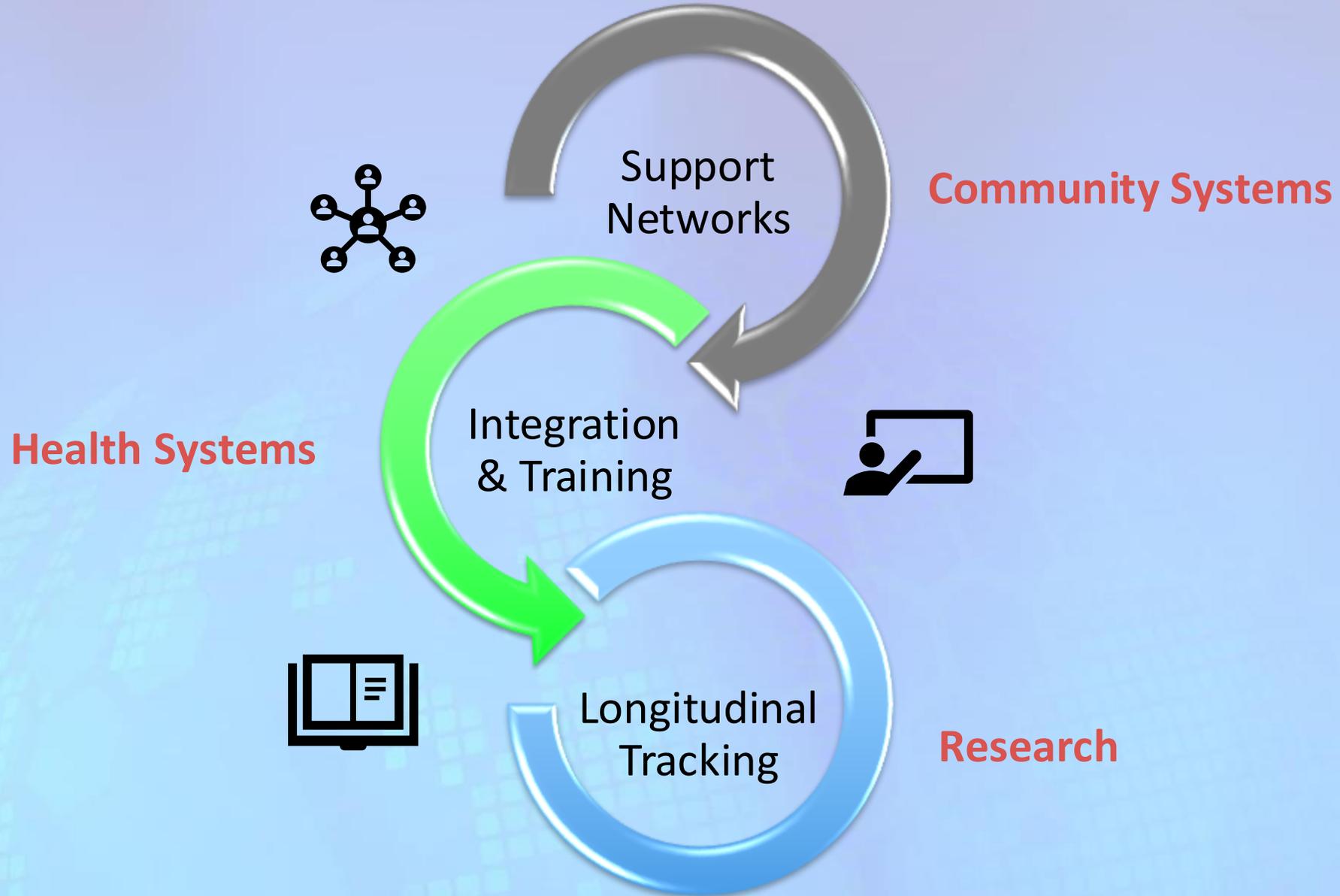
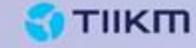
Summary: The State of Urban Resilience

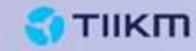


Capacity	State	Characteristics
ABSORPTIVE	High Agency / High Fragility	Dependent on shrinking social capital and predatory debt. Formal support is negligible.
ADAPTIVE	Maladaptive Trade-offs	Characterized by an "Adaptive Deficit" and reliance on informal healthcare.
TRANSFORMATIVE	Blocked	Governance failure and low trust prevent systemic change and collective action.

Current coping strategies are a **"leaky lifeboat"**, they delay sinking but do not lead to safety. We must move beyond survival toward systemic justice.

Pathways to Equity: Recommendations





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