

[1st DESPO-Asia Appraisal 2015](#)

**Asia on Verge of Falling into Dire Post-floods Consequences-
Hard-hit Areas to Face ‘Mounting Pandemic Outbreak’
Tolls- UN Agencies and Concerned Quarters Warned for
‘Heightened Aftermath Risks’-1st Asian Post-DESPO
Appraisal.**

Executive Summary: *Torrential flood-tides leave over 12,85,000 Asian children prone to life-long disabilities—Already at highest vulnerabilities, over 2,50,000 Rohingya children most endangered—A scarce upsurge of deadly Leptospirosis at post-disastrous situations scenes—Specter zones crossing normal parameters of vector-borne diseases—‘Level-3 Emergency’ declared for Myanmar’s ‘dying-alive’ Rohingya children—High-risk alarm for increased refuge, human smuggling, child mortality and enslavement—UN agencies and concerned quarters warned for ‘Heightened Aftermath Risks’—1st Asian Post-DESPO DRR Appraisal 2015.*

1st DESPO-Asia Appraisal 2015

By:

The United Nations Educational, Scientific and Cultural Organization (UNESCO)

In Principal Research Collaboration With

SAIRI Post-doc Multiversity for The United Nations MDGs.

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Brief Précis:

The 1st Asian ‘Post-Disaster Epidemiological Susceptibilities and Pandemic Outbreak’ assessment, (DESPO-Asia Appraisal 2015), austerely warns of the worsening situation in the conjoint ‘two-fold’ or ‘bi-effect aftermath’ of cyclone KOMEN and high tides from the heavy monsoon.

According to the Global Emergency Overview by ACAPS, the recent flooding has been reported as “the worst flooding in 200 years.”

The torrential tides of cyclone Komen that have already swamped considerably abundant parts of Asia, carried high epidemics along with it; putting the children and disabled at risk. These risks may include life-long ailments; DESPO’s P.I. and chief epidemiologist Prof Qadhi Aurangzeb Al Hafi has notified the UN agencies and the concerned authorities of the affected countries of the Asian floods of 2015.

According to Post-DESPO appraisal, “A considerable number of cases suggest ‘evident presence’ of Leptospirosis, that is appearing for the 1st time at a substantial extent, on post-disastrous scenes in recent history of natural catastrophes.”

Malnutrition rates in children, particularly those in Bangladesh’s and Myanmar’s refugees camps is becoming thrice the emergency threshold, measured as per the UN’s WFP-WHO laid parameters, cautions DESPO-Asia 2015.

Situation Overview:

Despite the fact that every year, annual monsoons bring floods, however this year, the disastrous situation has converted exceptionally hazardous due to an accumulation of factors including the ‘bi-fold twin-effect’ of KOMEN’s storm tides and the seasonal monsoons.

The flooding and landslides triggered by monsoons across Asia and the adjoining zones have, wreaked a havoc in several constituencies of Bangladesh, China, India, Korea, Myanmar and Pakistan at present, and may bring along many hazardous issues, warns DESPO-Asia 2015.

Parts of Asia, especially Bangladesh and Myanmar along with India and Pakistan, now stand on verge of bearing the consequential out-breaks of 2015’s ‘twin-effect’ aftermath, in terms of severe health problems as well as psycho-social and economic issues.

The UN has already indicated “It could be days before the real extent of disaster emerges.”

In Myanmar, however admissibly, the disastrous state of affairs is more extensive and stringent than rest of Asia, on account of an intricate factors.

According to the parameters adopted in ACAPS Disaster Summary Sheet of Global Emergency, the ‘DESPO Disaster Impact Measurement System’ (DIMS) as well as in view of the updated data analysis from UN agencies and the most recent ACAP briefing note on Asian floods of 2015, all of the core-indicators suggest that Myanmar bears the ‘Highest Emergency’ zone’s hallmarks.

As an important core-segment, besides entailing the technical aspects of the post-disastrous situation, the DESPO-2015 also sheds light on Myanmar’s ongoing state of

oppressiveness, that has already been well-crossing all of the defined extents of a 'hard genocidal clamp-down'. This ethnic genocidal clamp-down is essentially of a 'dehumanizing' nature, in which the ever-oppressed ethnic minority Rohingya's children are incarcerated hitherto.

The already 'pre-existing worst-case-scenario' of the Rohingya children, that are being enslaved and remain prone to high fractions of mortality and different forms of life-long disabilities, is now getting an additional multiplicative factor. And, the situation henceforth, is effectively entering to a 'precinct-zone of higher endangerments', up to considerable as well as understandable extents.

"The UN agencies, the rights groups and others are required to remain vigilant in order to save the precious lives of these desperate and lonely children," compels DESPO-Asia 2015.

Key-Findings:

The twin-effect disaster has now started and is beginning to unfold, as the days pass and the severity of the situation emerges.

In most of the hard-hit areas of Bangladesh, China, India, Myanmar and Pakistan poorly maintained sewers are overflowing, carrying along heavy toxins and remnant industrial waste thus contaminating the drinking water supplies. Many samples from the disaster effected and IDPs camps, bear high toxicity concentrations and strong evidence suggests the presence of arsenic along with a considerable number of other toxins coming from industrial sewers. And if, the situation prevails for another 10-15 days, it would be emerging as a host to a number of hazardous ailments, especially among pregnant women and small children.

The present disaster is perhaps the first known in recent history to carry-forth a considerable number of 'Leptospirosis' leading to severe Pulmonary Haemorrhage Syndrome (PHS), Lymphocytic Chorio-Meningitis (LCMV), Acute Cutaneous Leishmaniasis (ACL) and Hantavirus Pulmonary Syndrome.

DESPO warns of more cases bearing the disease-pattern in near future. Most of the identified cases are within the flood effected areas of Bangladesh and Myanmar. However the same cannot be ruled out for India and Pakistan.

Major indicators have been identified suggesting the strong potential of pandemic outbreaks such as cholera and diarrheal diseases that are directly linked to cell mediated immunity (CMI), mal-nutrition and mal-absorption.

Impaired absorption of water, electrolytes and minerals causes impaired formation of Micelle + C complex, which in turn results in multiple mal-absorption complications. The presence of either both types of deficiencies, or any one of the above mentioned factors can seriously affect the C.M.I. (cell mediated immunity) leading to pathological complications in young babies.

Malnutrition rates have become thrice the emergency threshold in Tier-3 (India, Bangladesh) and Tier-4 (Myanmar) zones.

Cross-referential data-statistics obtained from reliable sources, determined even prior to the present flooding scenario that, in Myanmar's Rakhine state, the long-persecuted ethnic minority Rohingya's children confined in squalid detention camps are having acute malnutrition rates from 30%-35%, which is far beyond of 15% level set by the World Health Organization.

"The European Community Humanitarian Office, reported that the area had acute malnutrition rates hitting 23 percent, which was still beyond that of the emergency level declared by WHO," relates further DESPO appraisal, citing from SAIRI report for UN, on the subject.

There remains a considerable number of people, especially the children, the elderly and pregnant women, who live along the coastal belts, the river shores and road-sides who remain predisposed to consequential vulnerabilities, indicating points DESPO.

There are heightened concerns about the risk of outbreaks of infectious diseases such as water-borne diseases, vector-borne diseases and air-borne diseases.

In addition, acute respiratory infections, in areas of overcrowding and where water, hygiene and sanitation (WASH) systems have been disrupted.

Pressing Concerns:

1. Measures must be taken on a priority-based 'prompted plan' frame, to mitigate the anticipated increase in waterborne diseases. (A rapid increase anticipated in next 2 months, especially in Tier-2,3 and 4 zonal territories.)
2. Immediate provision of safe drinkable water, emergency hygiene-kits and secure sanitation.
3. Sendai and Hyogo Framework of Action (HFA) along with customized DRR modalities must be followed in all of the affected zones including the temporary shelters for IDPs.
4. There are ongoing needs of tents for medical and maternity services in all affected areas.
5. The '3-key marginalized' hardest-hit locations, must be annexed to a considerate focus.
6. The disabled, should be compassionately dealt with and taken care of.
7. Special attention must be paid to target the displaced (children and pregnant women especially).

8. The continuing needs for the health care include the management of post trauma cases, restoration of disrupted primary health care services and rehabilitation support for patients who have discharged from the hospitals.

9. There is a need for access to first line mental health for people (especially in Myanmar and Bangladesh) who are incapacitated and already vulnerable due to pre-existing mental disorders.

Key Recommendations:

1. An overall rescue + response operation in all of the Asian Tier-4 zones (mainly Myanmar), Tier-3 zones (parts of India & Bangladesh) and Tier-2 zones (Pakistan), is needed and should be prioritized.

2. An immediate launch of 'Risk Assessment Appraisals,' in remote areas, where data is not easily collected.

3. Southeast Asia should devise or develop a 'Systematic Early Appraisal/Warning Capability' (SEAWC).

4. Emergency Preparedness and Response (EPR) Systems should be revised, in accordance with the UN-DRR framework.

5. The WHO should organize with local actors the health care industry to provide workshops in hard-hit areas and potential hot zones.

6. Early detection systems of 'Toxic Risks' must be employed at all three stages of disaster risk reduction. 'Toxicology Data Collection' must be considered as a mandatory tool for the potential forthcoming hazardous situations.

7. Strategies should be devised to face the inevitabilities with a particular focus on, 'No racial/ Ethnic Discriminatory Policies in Natural Disasters or Emergency Situations.'

8. Refugee camps or other provisional settlements should be provided promptly, and are among those 'to be prioritized' in earlier phases of emergency response.

9. The disaster alert, response and rehabilitation systems that are not compatible with the circumstantial situations of remote rural areas must be revised with a core focus on circumstantial compatibility.

10. Coordinated efforts by the local administration must be coupled with the technical inputs, in view of the emergency.

11. The Emergency Health Response Operations (EHROs) must be decentralized with a targeted focus on local or district response and planning. Emergency health operations officers should be stationed in all of the hard-hit areas to support the Local Health Officials (LHOs) in coordinating response and strengthening disease surveillance.

Myanmar's Ongoing Discrimination:

The flood has overshadowed many apprehensions besides the Rohingyas' worst humiliation. Despite that the UN has declared an emergency situation, Myanmar persists on its long-enduring discrimination.

Years of persecution has been continued in the disaster situation.

According to Burma Times, "In Kyauktaw, Rohingyas were turned out of shelters while in Akyab they have been warned not to move out of their neighbor-hoods even when they are submerged in flood water."

<http://burmatimes.net/no-aid-for-rohingyas/>

Additionally they are not receiving equal food rations, medical aid, or other forms of emergency aid coming from the UN and other agencies.

"While some support has reached Rakhine areas, Rohingyas living even in the immediate vicinity has been totally ignored," reports Burma Times.

Level-3 'State of Emergency':

The 'flood-soaked' are predisposed to become the 'blood-soaked.' Rohingya children's pre-existing crisis, after entering the post-flood situation constitutes essentially, a 'state of humanitarian emergency,' and therefore, is being declared unanimously hereby a 'Level-3 Emergency' situation, according to the institutionally laid out ER parameters.

"It is a highly vulnerable hour for humanity," states the UNESCO ascribed DESPO-Asia's 'full-bench' 45 members DRR experts quorum, primed by SAIRI Post-doc Multiversity for the United Nations MDGs.

As they are not allowed to stay in the emergency shelters, nor are they permitted to leave the flood-soaked vicinities.

The Looming 'Refuge Disaster':

An Important 'Enigma Mark', or a 'Significant Conundrum' Mystery?:

It remains an important question mark on the face of the issue's complexity that the global community's attitude for other refugees is entirely different from that of being consistently and continuously manifested for Rohingyas. The recent example of Syrians refugee crisis re-endorses this very question and re-strengthens the query, that while Syrian refugees are being amiably welcomed by a number of countries, at the same time, the poor Rohingyas who are risking their lives to flee from an admissibly hard 'genocidal clamp-down' essentially encompassing a 'can't-live-and can't-leave' situation, are deported from coast to coast, in a visibly de-humanizing manner.

Ireland's eminent analyst, researcher and human-rights defender Mary Lawlor marks in her report on

Rohingya's ongoing persecution issue:

“The world is aghast at the fact that up to 8,000 members of the Rohingya people of Myanmar have ended up adrift in leaky overcrowded boats having to fight for food and being forced to drink their own urine.

<https://prachatai.org/english/node/5086>

They have been shipped from port to port while the governments of Thailand, Malaysia and Bangladesh argue over who is responsible for them and the government of Myanmar acts as if the problem is nothing to do with it.

The Appalling Condition:

Rohingya people are effectively confined in a state of statelessness, and are deprived of all kinds of basic civil rights including emergency medical relief, the necessary provisions of food and water, and other humanitarian aid. The situation escalates when it comes to children, pregnant women or the disabled.

UNICEF describes the situation of chronic and acute malnutrition in the Rakhine state, where the Rohingyas are largely located.

Children living in Rakhine are more likely to suffer from chronic malnutrition, more likely to be malnourished than the average Myanmar child, with almost 50 per cent of children stunted.

http://www.unicef.org/eapro/media_22655.html

Rohingya children are confined into the isolated squalid camps in Rakhine.

'Need-of-the-Hour':

“The UN, rights groups and other agencies are urged to rescue them from the situation – if they feel obligation to save the precious lives of these desperate children,” compels DESPO-Asia 2015.

“The floods are hitting children and families who are already very vulnerable, including those living in camps in Rakhine state,” said Shalini Bahuguna, an official of the United Nations Children's Fund (UNICEF). “Beyond the immediate impact, the floods will have a longer-term impact on the livelihood of these families,” she warned. Arakan has already been declared a calamity-hit area, she maintained.

<http://burmatimes.net/un-says-140000-children-mostly-rohingyas-affected-by-floods/>

Hitlerian Tactics:

Dr. Muang Zarni, a Burmese analytical expert and research fellow at London School of Economics, describes the situation as 'Neo-Nazism' being demonstrated by hatemongers. He has explicitly named the manifestations as 'Hitlerian Tactics', which are being administered to 'purify' the country by getting rid of the Rohingyas, according to Dr. Muang.

"There is a parallel between what we saw in Nazi Germany and what we are seeing today in Burma", says Dr. Muang quite cautiously.

Note: Many bi-partisan researchers, human rights experts and activists have termed the whole scenario as neo-Nazism, e.g.

<http://www.washingtonpost.com/news/morning-mix/wp/2015/05/27/the-burmese-bin-laden-fueling-the-rohingya-migrant-crisis-in-southeast-asia/>

The entire race of Rohingyas would be massacred if the world doesn't respond, believes Muang in conjunction with the opinion of many other experts.

Very apt, pertinent and propos was the statement, that was voiced by the operational adviser of Holland-based 'Doctors Without Borders', Reshma Adatia:

"It's important for foreign governments and international actors to really push that access to essential humanitarian assistance is required, and it's required today," she said. "We're talking about hundreds of thousands that are at risk right now," voiced Adatia well-ago, but it applies still, to the moment!

The Fact-in-Existence:

The desperate and lonely children of this long-suffering ethnic minority Rohingya, are facing the same extents of the pre-existing heavy jeopardize, even in the floods-emergency situation, with 'multiplicative factors'.

In contexts of the previously prevalent circumstances, and a convoluted interplay of complex and tortuous factors, Rohingya children's worsening situation is effectually getting inward-bound to a 'loggia of multi-factorial endangerment' having a surplus of 'multiplicative factors'.

SAIRI, prior to the present appraisal, in a separate report to the UN, has documented the nature, extent and magnitude of the ongoing persecutions and the unimaginably desperate circumstances, that these children are pre-disposed to.

<http://drhabidsiddiqui.blogspot.com/2015/07/sairi-report-of-rohingya-children-is.html>

Notably as well as awfully, the international community is standing aside, silently looking at what is happening along-side.

No one dares to thumb-up for the actual severity of the situation. No one stands or comes forth to open up lucidly-clear talks with Myanmar, on accounts of hardline ethico-moral standings and humanistic boundaries, that everyone is inexorably bound to remain within.

Myanmar's Sittwe Camps detainee Rohingya children already being long-starved are converting more sick, dehydrated malnourished and deep-traumatized after watching the horrendous scenes of merciless 'inhumaneness', and unprecedented brutality long manifested upon them.

In fact, prior to the present disastrous situation, they are living in a far precarious, pre-existing ever-worsening state-of-affairs, that has been constituted by a dangerous game of enflaming sentiments of xenophobic racial inhumaneness that has crossed all such extents, which can be expected or even imagined and thought of!

Closing Plea for Myanmar's Dying-alive Rohingya Children:

These dying-alive, 'flood-soaked', and ultimately prone be 'blood-soaked' lonely Rohingya children are once again 'on their knees' before the global community—with their blank eyes looking for anyone to come forth to rescue them—with their horror-struck eyes engraved with mind-numbing scenes—already enough traumatized after having seen their homes burned down—their mothers beleaguered—their small siblings beaten mercilessly and brutally — their fathers' heads smashed on roads and streets inhumanely—now call on the collective conscience of the world—the UN —the trans-regional hierarchies, and—the entire humanity— to take a 'moral stand' by mounting an urgent response to this most 'vulnerable hour'...!!!

“By means of the DESPO appraisal's testimony, the SAIRI Post-doc Multiversity hereby re-voices and re-supplicates to the global community that:

“These longsuffering 'stateless' and 'restless' entities—the Rohingyas and their desperate children—are calling on the entire humanity to rescue them promptly—right now”.

“These glimmering flowers are being reduced and converted to dusky coffins, floating on the Andaman Sea”.

“The world has become a global village; we are all inhabitants of the same planet to which they belong, and—where alongside, they are being oppressed, thrashed, beleaguered and de-humanized—their homes being burned down—their heads being smashed on roads—their bodies being ruined and crumpled in streets—their small children being enslaved—their women being made sex-slaves—and, due to the unapproachability and inaccessibility to food and water they are forced to drink their own urine to survive...!!!

They are like us all—their lives are as precious as our’s—their small babies are like our own small kids—the children that are now crying to seek a rescue— ‘begging-for-their-lives’—these desperate kids are not, but like ours...!!!”.

“We have to raise voice for those with little or no voice”!

“And, if by now, we fail, therefore, to respond at this vulnerable hour, or if the global community continues to shy away from taking a ‘moral stand’, then, there can be no more justifiable reason for the pursuit of a humane society or for persisting and sticking to even the least realms of humaneness!”, pleads SAIRI’s principal investigator, Professor Qadhi Aurangzeb Al Hafi.

“We all have to strive for an ‘immediate-resolve’ of the ‘Rohingya Children Crisis’ as a ‘Moral Imperative’—if not a legal requisite,” urges and presages categorically Prof. Dr. Aurangzeb Hafi the principal investigator of DESPO-Asia 2015 appraisal by SAIRI Post-doc Multiversity of the United Nations MDGs studies.

About DESPO Asia-2015:

The Asian DESPO-2015 assessment report has been prepared by SAIRI Multiversity’s research collaboration with the SAARC-ASEAN Post-doc Academia and UNESCO. The appraisal has been primed under the aegis of UNESCO Adjoined Monitoring Cell for Asian floods 2015, by a cross-regional group of 45 interdisciplinary researchers and epidemiologists, mainly from the South Asian region. The cross-disciplinary investigative group led by SAIRI’s multi-disciplinary P.I.

Professor Dr. Aurangzeb Hafi from Pakistan, prepared the appraisal in collaboration with UNESCO chair for watershed management at University of Punjab, Lahore.

DRR experts and academics from the Southeast Asian region, have extended strong recommendations to address the impeded set-back, by incorporating the DESPO indicators in the disaster management policy frame-works.

SAARC-ASEAN Post-doc Academia’s Executive Director H.E. Justice (R) Dr. S.S. Paru L.L.D. (Indonesia), Regional Director, Dr. Faiser N.M. (Sri Lanka), Dr. Salawal Salah, Professor Emeritus Dr. Zaki, Dr. Bareera N.B., and Lt. Col. Azhar Saleem also urged the international bodies to make prompt-prioritizations of DESPO-2015 DRR indicators.

Dr. Salah and Dr. Khalida M. Khan would present a summary of DESPO-DRR indicators to SAARC-ASEAN Post-doc Academia during the NPAW-2015 observance, as well as to the UN and regional authorities shortly afterwards.

About the Asian Post-DESPO-2015 Appraisal’s P.I.

Professor Dr. Qadhi Aurangzeb Al Hafi has long been working for epidemiological risk assessments and pandemic outbreaks’ threat-indication in disastrous emergencies and cataclysmic situations, particularly, in the subject-matters concerning the health

consequences directly affecting the disabled, children under 5 and pregnant women. He holds an adept expertise in Pre-DESPO as well as Post-DESPO phases of DRR. Prof. Hafi's pioneering concepts in 'DRR Modalities' have now been widely acknowledged and ascribed at the UN level, and henceforth, have been incorporated in Sendai and Hyogo DRR frameworks.

Prof. Hafi was the prime investigatory head of the projects concerning the disabled population of refugee camps in Sri Lanka, following the Asian Tsunami of 2004. He also maintained technical liaisons with the UN and other concerned agencies. He is credited for bringing forth and foremostly orchestrating the concepts of 'disability-inclusive and pregnancy-inclusive protocols' in disaster management policy frameworks, during the first epidemiological assessment appraisals of 2004's Asian Tsunami.

The cutting-edge concepts of pre-birth multiple disabilities risk assessment, embryonic toxicity and teratogenic proneness factor analysis among pregnant women and the disability+pregnancy inclusive special protocols in cataclysmic emergencies and DRR modus of executional frameworks have been pioneered by Prof. Hafi, and remain as a core-focus of DESPO-Asia appraisal as well. Prof. A.Z. Al-Hafi's DESPO modus-operandi of DRR, have been recognized by the UN, and in retrospect, are befitted to be formally adopted as a principal operative-modality in the UN led DRR missions in accordance with Sendai and Post-HFA DRR frameworks.