**Report**

**on**

**Expert Mechanism on the Rights of Indigenous Peoples Study on**

**“The rights of the indigenous child under the UN Declaration on the Rights of Indigenous Peoples”**

**Country: Bangladesh**

Date: 25 February 2021

Bangladesh, once regarded as an international basket case, is now considered a ‘development miracle.’ Paradoxically, the socio-economic conditions and human rights of its minority indigenous peoples, including indigenous children, must be understood in relation to the conditions prevailing in the state as a whole. The unequal contrasts remain a major concern in the development and human rights discourse in the country. The situation of food (in)security, poverty, access to health facilities, credit, water, sanitation and other socio-economic indicators of the minority indigenous peoples in Chittagong Hill Tracts (CHT)[[1]](#footnote-1) region and other parts of Bangladesh are far below the national average. This is directly the result of the structural discrimination which includes militarization, ethnic discrimination, non-implementation of key aspects of CHT (Peace) Accord and official non-recognition of indigenous peoples. The outbreak of COVID-19 (March 2020) has exacerbated these existing problems. All of the above issues impact on children intensively negatively affecting their development in every conceivable way and reducing their positive life chances in the future.

The key issues faced by indigenous children are given below:

**SECTION 1 – the right to a nationality, the rights to life, physical and mental integrity, liberty and security of person, violence, access to justice (preamble, and articles, 6, 7, 8, 22 and 43)**

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| **Sl. No**. | **Recurrent Issues** | **Recommendations** |
| 1 | **Child mortality, extreme poverty, and malnutrition**  The CHT comprises 3 districts Rangamati, Khagrachari and Bandarban and it is distinct from other parts of Bangladesh in terms of geography, history, ethnicity, culture and livelihood. These three hill districts are among the lowest performing districts in the country and the socio-economic status of its indigenous peoples is far below the national average.  The percentage of *absolute poor* amongst indigenous peoples is 65 per cent, against the national average of 20.5 percent[[2]](#footnote-2). The infant mortality rate (per 1000 live births) in the CHT is 75[[3]](#footnote-3) and nationally it is 34[[4]](#footnote-4).  Against this backdrop, the recent COVID-19 has exacerbated the precarious situation for the thousands of indigenous children and their families living in the remote areas of CHT who face a severe food crisis. As reported by UNPO (2020[[5]](#footnote-5)), around 7,000 families of 137 villages in Sajek union of Baghaichari upazila under Rangamati district, mostly from Tripura community, are suffering from acute food shortages and potential starvation. A number of indigenous villages in Bandarban and Khagrachari are facing acute food shortages. A body of civil society organizations (CSOs) states that ‘the majority of children from hill village families, who were daily wage labourers or marginal Swidden (shifting cultivation) farmers, had less than a week’s stock of rice and that government relief failed to reach their settlements.’ The CSOs also point out that the CHT is ‘deprived of drinking water supply, motorable roads, electricity, education and healthcare.’ ‘In such a context, the living conditions of the internally displaced hill persons (an estimated 86,000-96,000 families) can easily be gauged[[6]](#footnote-6). The military and Bengalis settlers have reportedly prevented food relief distribution efforts such as the UNDP food relief package from being distributed in the indigenous peoples’ areas[[7]](#footnote-7).  In the midst of the global coronavirus outbreak 10 indigenous children died from measles (from February 26 to April 1 2020) and approximately 400 were hospitalized. All the children were suffering from malnutrition and all of them were from remote areas where government health care providers and facilities are almost none existent[[8]](#footnote-8). This is due to the lack of pro-indigenous health policies in Bangladesh. Since most indigenous children live in relatively remote and hard to reach areas, there is a need for government to have inclusive health policies (no language barriers and ethnic discrimination) and adequate institutional frameworks to supply a comprehensive health system. | 1. Government Policy and mechanisms should be introduced for the inclusion and representation of indigenous peoples in project planning, implementation, monitoring and evaluation processes. 2. An independent initiative to ensure the collection and collation of disaggregated data on the socio-economic status of indigenous peoples is recommended for comparative studies to highlight disparities and ensure that no one is left behind with regard to achieving the SDGs and for other surveys and censuses including the ongoing Population and Housing Census in 2021 3. The priority and approach of development of child needs in terms of mortality, starvation and malnutrition should take full account of community and location specific needs and the inclusion of indigenous peoples with appropriate programmes that take actual needs of people through proper consultation and participation of local people in the development process. 4. Provide emergency food and financial support particularly to indigenous children and their families without discrimination based on political, ethnic, religion, gender or other social affiliations. 5. Discriminatory and inadequate policies and practices against the indigenous peoples must be properly addressed and removed. 6. Service providers (doctors, nurses) should be recruited locally where possible, that is, from areas inhabited by indigenous peoples who are familiar with culture and languages. 7. Interpreters should be provided by government service institutions. |
| 2 | **Threats to life**  Indigenous people who raise their voices against the current human rights abuses in the CHT, live in fear of arrest and torture. Recently, military personnel are collecting information in particular about indigenous youth in different remote areas of CHT[[9]](#footnote-9). This includes girls and women, and suggests that young people are now one of the prime targets of the military operation, operation *uttoron* (‘upliftment’), in this region. | 1. The government must respect and honour its commitments to human rights for all its citizens. Ensure democratization and good governance, equity and empowerment that are the prerequisites for ensuring basic human rights, sustainable peace and development. 2. The international community to help facilitate the implementation of the key aspects of CHT (Peace) Accord. 3. Provide support to indigenous human rights (HR) defenders including full and safe documentation of HR violations, support to network and alliance building, research and documentation and providing protective mechanisms to indigenous communities. Encourage national governments to uphold HRs in the HR Council. 4. Encourage diplomatic missions in Dhaka to reinstate joint missions to the CHT on a periodic (annual) basis. Urge national and international funding agencies to ensure the inclusion of indigenous peoples’ civil society organizations in calls for project support grants and consultative proposals. 5. Demilitarization of the CHT region and promotion of democratic governance and fair justice system. 6. Ensure indigenous children /youth political participation and provide the space to express their voices and concerns about their future. |
| 3 | **Cultural and Religious Violence**  The government of Bangladesh does not recognise the terms indigenous or Adivasi and in order to emphasise this, last year demanded that all civil society organizations with the names indigenous or Adivasi in their names should remove them.  Many indigenous children’s families are poor and ‘illiterate’ living in remote areas where there are no schools or health care facilities.  Some so called ‘philanthropic’ organizations and Islamic clique[[10]](#footnote-10) exploit this situation and introduced forced religious and cultural conversion. Quantum Cosmo School, a residential school, of Quantum Foundation in Lama sub-district of Bandarban is one of them. Currently it has around 2441 students and most of them are indigenous children[[11]](#footnote-11). The students are selected at the very young age. Allegedly the students are rarely permitted to speak their mother tongue at the residential school and to go home to meet with their parents. They are socialised in an Islamic tradition and environment to the extent that they have to use Islamic way greetings. The religious education instructs them in such a way that they are encouraged to reject their language and culture and become isolated their own society.    Similarly, poor indigenous children are exploited by Islamic fundamentalist groups operating through *madrasa* (Islamic religious school) and mosque. As Dhaka Tribune (2017) reports that ‘Muslim fanatics seduce underprivileged families with scopes of a better education and lifestyle for their children, and forcefully convert the children in madrasas in Dhaka without their parents’ knowledge’[[12]](#footnote-12).  Given the existence of the activities of JMB, an Islamic terrorist group, in Bandarban[[13]](#footnote-13) such religious conversion poses an alarming form of terrorism in that region. | 1. Bangladesh government should recognise cultural identity of indigenous peoples and respect their rights. The international community should include upholding human rights in their development support and initiatives and support processes to ensure that people’s voices and concerns are heard in their cultural, political and economic development. 2. Government should take adequate measures against forced religious and cultural conversion. 3. Provide adequate health and education facilities to the indigenous peoples living in the remote areas. 4. Sensitization and promotion of multi-culturalism in Bangladesh. |
| 4 | **Sexual violence**  Military and settler Bengalis have used rape as a tool of suppression against indigenous women and even girls since 1980s. Obviously this has made a catastrophic impact on the lives of women and, in particular, on young girls. The consequent fear and vulnerability and lack of freedom imposed by the need to protect themselves has long reaching consequences for the individuals and the indigenous society[[14]](#footnote-14).  This sexual violence has increased in the recent years[[15]](#footnote-15) due to the coercive measures taken by the government against activists that have severely restricted the voices of indigenous peoples on human right issues in CHT.  The Chittagong Hill Tracts is one of the most highly militarised areas in the world. The civil, military, economic and political systems are totally controlled by (Settler) Bengalis. This has created a culture of impunity for the perpetrators. (Security personnel and Bengali settlers). | 1. Demilitarization of the CHT region and promotion of democratic governance is essential to control the actions of soldiers unrestrained by their commanding officers. 2. Establish an inclusive and fair justice system. 3. Ensure indigenous women and young girl’s rights with the power to identify rapists and a system that achieves justice. 4. The right of political participation of female children and women in the CHT has to be ensured in the constitution. |

**SECTION 2 – Non-discrimination, health, housing (as part of the right to an adequate standard of living and non-discrimination), employment, labour, culture; education. (articles 14, 17 and 21)**

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| **Sl. No.** | **Issues** | **Recommendations** |
| 1 | **Health**  The health problems faced by indigenous children begin early with high risks involved in pregnancy and the birth process.: Maternal care and medical care of babies and young children is an urgent priority.  Some government health services are now within the reach of local villagers but these are not necessarily adequate or easily available. Most indigenous areas are far from a hospital or any health facilities and there is a lack of service providers.  Geographical distances, financial hardships and linguistic barriers discourage women to seek health services with serious results.  Awareness has increased in some areas with regard to vaccination of children but not enough. There are epidemics of childhood diseases and the programme needs to be expanded.  Non-indigenous services providers are not oriented in local languages and cultures of indigenous people and interpreters are rare.  Many local people still depend on traditional medicine though the dependency has reduced to some extent. | In view of the facts that high infant mortality and children’s diseases are substantially more prevalant among indigenous peoples that the rest of Bangladesh, it is recommended that special measures are needed.  There should be satellite clinics and provision of emergency referral services in areas inhabited by indigenous communities.   1. Provide health care facilities and services – preventative and well as treatment- to all indigenous communities affected by high child mortality and malnutrition including those living in remote areas. 2. Priority to be given to the poorest children and women and those people living in remote areas considering their vulnerability and lack of access to health, markets, and other facilities. 3. It is recommeded that health policies need to be tailored for the specific environment in which indigenous children of Bangladesh live, accompanied by adequate and appropriate processes and institutional structures. 4. The rule of setting up one community clinic per 6,000 people should not apply for hard-to-reach areas inhabited by indigenous peoples since population density is far lower than the plainlands One clinic for 2,000-3,000 people would be more appropriate to meeting needs. 5. If and when possible, efforts should be made to recruit service providers (doctors, nurses) locally, i.e. from among personnel who hail from areas inhabited by indigenous peoples and are familiar with their cultures and languages. 6. Interpreters should be provided in government service institutions. 7. Where relevant, ethnically disaggregated data should be collected and used, and the most underserved communities should be identified and appropriate measures should be taken. 8. Necessary institutional arrangement, human resources and finances should be ensured for implementation of the ‘Tribal Health Plan’ (with special attention to the needs of indigenous peoples of the plains). 9. The powers, capacity and accountablity of the Hill District Councils, the local government bodies in three district of CHT, in relation to delivery of health services should be increased. 10. There should be a policy on recognising the traditional medicines of indigneous peoples. 11. Service providers working in hard-to-reach areas inhabited by indigenous peoples should be encouraged and rewarded for their services properly. |
| 3 | **Displacement of indigenous peoples**  Indigenous peoples have been continuously displaced for a long time, by the government and private agencies in the name of development such as tourism[[16]](#footnote-16), road construction, commercial plantations etc. Consequently, indigenous children and their families are often forced to move to the remote areas where education, health and other programmes provided by the government and NGOs hardly reach. This has perpetuated the socio-economic crisis. Even those who remained in their original place face livelihood, food, water, health services and education deficits.  Recently the military have also taken over land not only for military purposes but to carry out commercial investment. A controversial 5star hotel and leisure centre in Bandarban is the latest example of the abuse of power by the military authorities. This proposed project will directly displace poor indigenous Mro villagers from three villages and threaten to displace villagers from five other villages. In addition, this project, which requires construction of buildings, roads, and drainage and sewage systems, will have adverse effects on the biodiversity of the regions and pollute the drinking water source of these indigenous Mro community[[17]](#footnote-17). | 1. It is of critical importance that customary held land be recognised by the government.      1. All development projects and acquisition of land belonging to indigenous peoples should be undertaken in consultation with, and the free, prior and informed consent of, the indigenous communities and their leaders. 2. An impact assessment should be carried out before implementing any development projects and this must be shared with the concerned communities prior its implementation. |
| 4 | **Education**  Every child has the right to an education that helps them towards an improved life.  The three districts of CHT are the worst performing districts in the country. For example, in terms of literacy rates for female youth in the age range from 15-24 years, Bandarban with a rate of 46% occupies the lowest place against the national average of 82%. The positions of the other two hill districts, Khagrachari and Rangamati, with rates of 65.6% and 71.7% respectively, are also low.  Some of the key points regarding the barriers to education for indigenous children included the following:   1. There is a general trend of high dropout rates for school students in remote areas, and this tendency is more acute for indigenous peoples. 2. The main reasons for school dropout include difficult geographical terrain, poverty, parental lack of awareness, child labour, and in some cases early marriage for female students. 3. Many indigenous students display shyness or reticence, which may be due to linguistic barriers and social marginalization experienced by them. 4. Teachers usually speak Bangla in the classroom, even though a few may deploy indigenous languages (if and when they know or have learned these languages) based on their own experiences and observations regarding effective communication. 5. Teachers, drawn from indigenous communities, have not been appointed in sufficient numbers. 6. There are inadequate or no textbooks for teaching in the languages of indigenous peoples. 7. Government policy for promoting education in the languages of indigenous peoples have not been finalized and implemented.   **Discrimination in higher education.**  Indigenous students are discriminated against in the medical college admissions. While the (settler) Bengalis students of CHT are required to submit permanent residence certificate from either the deputy commissioner or circle chief,[[18]](#footnote-18) indigenous students need to provide both (see the attachment).  Many indigenous students are from underprivileged families and remote areas where good schooling facilities are hardly available. There is no quota system for the indigenous student for admission to college (class xi and xii). Therefore, usually they do not fulfil the minimum marks required to gain admittance to government colleges in the district town or cities. | 1. Government needs to formulate appropriate education policies in consultation with indigenous peoples and by drawing from relevant lessons and experiences of the past. 2. Appointing indigenous teachers where possible, and enhancing their capacities. 3. Non-indigenous teachers and other government staff should be oriented on indigenous culture. 4. Appropriate measures need to be taken to implement the government policy for promoting education in the languages of indigenous peoples. 5. Provide proper and quality schooling facilities in the ‘remote’ areas. 6. Teachers working in hard-to-reach areas inhabited by indigenous peoples should be encouraged and rewarded appropriately for their services . 7. Programmes like stipends, construction of new schools, informal education and residential facilities should be expanded and reinforced in their areas. Special benefits and priorities for indigenous students should be available in terms of stipends. 8. Considering the socio-economic conditions of indigenous peoples, indigenous students should be given quota facilities in the system of college admission. For example, the same system as for freedom fighters, expatriates and BKSP (Bangladesh institutes of Sports) categories[[19]](#footnote-19). The existing quota facilities for indigenous students should be increased and properly maintained following the CHT Accord. |
| 6 | **Abolition of indigenous quota in government job[[20]](#footnote-20)**  Job opportunities for the indigenous graduates are very limited. Recently the government has abolished the reservation or quota system, including indigenous quota, following an anti-quota movement in 2018. This has left almost no hope for the indigenous students to get first class government jobs in the country. In addition, it is a clear violation of the CHT Accord where the government promised to reserve some percentage of quotas as an equitable measure for the marginalised indigenous people. | 1. Restoration of quota system for indigenous peoples. 2. Further robust and equitable measures need to be taken to give equal opportunity for the underprivileged indigenous peoples and their development. 3. Whilst better quotas and fairer admission systems are necessary, the most important foundation is better education for indigenous children from an early age. |

1. The majority of indigenous children in Bangladesh live in the Chittagong Hill Tracts (CHT). The abuse of human rights is more extreme since the military with more than 400 army camps in the area control the area, there being no democratic government. [↑](#footnote-ref-1)
2. # Chakma, T & Chakma, P 2020, Still left behind: Covid-19 and indigenous peoples of Bangladesh, <https://www.thedailystar.net/opinion/news/still-left-behind-covid-19-and-indigenous-peoples-bangladesh-1941817>.

   [↑](#footnote-ref-2)
3. UNICEF 2019, Many Tracts One Community: UNICEF’s Work in the Chittagong Hill Tracts, UNICEF Bangladesh, Dhaka. [↑](#footnote-ref-3)
4. BBS & UNICEF 2019, Multiple Indicator Cluster Survey 2019, Bangladesh Bureau of Statistics (BBS) and UNICEF Bangladesh, 2014, Dhaka, Bangladesh. Page 34. [↑](#footnote-ref-4)
5. UNPO 2020, Coronavirus: Food crisis in Chittagong Hill Tracts, <<https://unpo.org/article/21821>.>. [↑](#footnote-ref-5)
6. See attached attachment 1: ‘Memorandum on Behalf of Internally Displaced Hill Persons & Civil Society of the Chittagong Hill Tracts To The Hon’ble Chairman of the Chittagong Hill Tracts Task Force’. Page 8. [↑](#footnote-ref-6)
7. See Ahmed, HS 2020, Structural discrimination in Hill Tracts, <https://www.newagebd.net/article/118961/structural-discrimination-in-hill-tracts>. [↑](#footnote-ref-7)
8. Chakma, N 2020, Measles Outbreak in the Hills: a crisis in desperate need of attention, <<https://www.newagebd.net/article/104206/measles-outbreak-in-the-hills-a-crisis-in-desperate-need-of-attention>>. [↑](#footnote-ref-8)
9. (Public post) <https://www.facebook.com/sohel.chakma.169405/posts/1053993641755379>

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10. # Hill Voice 2020, Conversion of Jumma people to Islam in CHT–1, <https://hillvoice.net/conversion-of-jumma-people-to-islam-in-cht-1/>.

    Hill Voice 2020, Conversion of Jumma people to Islam in CHT–2, <https://hillvoice.net/conversion-of-jumma-people-to-islam-in-cht-2/>. [↑](#footnote-ref-10)
11. Quantummethod 2020, About Quantum Cosmo School, <<http://cosmoschool.quantummethod.org.bd/en/detail/static_content/399cccfc-8f0c-11e6-a9b9-01f6216de289>>. [↑](#footnote-ref-11)
12. # Dhaka Tribune 2017, Indigenous children at risk of forced religious conversion, <<https://www.dhakatribune.com/bangladesh/nation/2017/01/04/indigenous-children-forced-conversion>>.

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14. Hill Voice 2021, [Violence against indigenous women on the rise due to culture of impunity](file:///C:/Users/harip/OneDrive/Desktop/Job%20Related/Tebtebba/Study%20on%20the%20rights%20of%20indigenous%20children/Report/Violence%20against%20indigenous%20women%20on%20the%20rise%20due%20to%20culture%20of%20impunity),  < <https://hillvoice.net/violence-against-indigenous-women-on-the-rise-due-to-culture-of-impunity/>>.

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18. This is clearly a violation of CHT Accord 1997 too. As per the accord, signed between the government and indigenous political party, only the circle chiefs of CHT are entitled to give the permanent resident certificate to all inhabitants of this region. Please see attached circular (attachment 2). [↑](#footnote-ref-18)
19. # Daily Bangladesh 2020, Quota system reformed in Class-XI admission, <https://www.daily-bangladesh.com/english/Quota-system-reformed-in-Class-XI-admission/37846

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20. # Hill Voice 2018, Reservation in public services abolished, <https://hill> voice.net/reservation-in-public-services-abolished/

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