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"Paradox" of Korail Slum during COVID-19: Ethnography of Governance from Below

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Introduction

COVID-19 pandemic has been acknowledged as one of the greatest challenges to humankind in recent history. As per the World Health Organization (WHO) estimate, there are 91,061,072 confirmed cases of COVID-19 as of 14 January 2021, including 1,970,741 deaths (WHO, 2021). Although In the beginning, most COVID-19 infections occurred in the Global North, the pandemic eventually reached the Global South. Cities have been the epicentres of the COVID-19 pandemic (Bai et al., 2020).

Within the cities in the Global South, Slums and informal settlements have been identified as the potential hotspots of coronavirus (COVID-19) transmission (World Bank, 2020). According to the United Nations estimates, about one billion people worldwide currently live in slums (UN Habitat, 2020). Slums are overcrowded and have poor living conditions because of inadequate access to public services. It is impossible to maintain pandemic preventive measures like social distancing and handwashing in the context of the slum. As a result, infection is highly likely to spread rapidly in slums. Many authors have argued that if the pandemic enters the slums, the slum dwellers could be disproportionately affected, compared to the general population, due to the higher transmissibility of the disease, higher infection-to-case ratios, and higher case fatalities in slums (Jason et all., 2020; Dahab et. al., 2020). The health challenges facing slums are not new, but during the COVID-19 pandemic, they demand attention more urgently than ever (World Bank, 2020). However, the pandemic has clearly highlighted the knowledge gap about life and the living conditions of slums in particular and urban poverty in generals (Friesen & Pelz, 2020).

The first COVID-19 case was recorded in Bangladesh on March 8, 2020. So far, the capital city of Dhaka has the highest number of coronavirus positive cases in the country. It is estimated that over five million slum dwellers live in Dhaka city alone (UNICEF, 2020). As the number of COVID-19 cases started to rise during April-May, the media started expressing concerns about the high-risk population of urban slums. (Antara, 2020; Alam, 2020). Media also made grim speculations about infections in Korail, the largest slum in Dhaka, citing reasons such as the dearth of proper information about the virus and affordability and practicality of following the

health guidelines (BBC, 2020). Korail took on a special significance given its location at the centre of the elite residential settlements in Dhaka. The media highlighted the ignorance and indifference of Korail residents about the virus and reported how the slum dwellers disregard health and safety directives (Mithu, 2020; Antara,2020). They were portrayed as a threat to the whole city as a potential source and transmitter of the disease.

However, though COVID-19 cases and deaths in different clusters of the country was increasing rapidly, surprisingly very few cases were reported in the slums of Dhaka. Although lack of testing has been cited as an explanation by many, a systematic COVID test in Korail in June suggested only a six percent infection rate, which was lower than the other sites of the city (Icddr,b, 2020). No shocking number of positive cases or deaths in Korail, the most densely populated slum in the country, generated curiosity and became a talk of the town. Many print and digital media started to publish stories to unpack the mystery. Newspaper headlines like "*Slums of Dhaka: where COVID is curiously quiet*" (Daily Star) and *"Dhaka's slums in the dark about COVID-19"* (Dhaka Tribune) were common during the early months of the pandemic. Various expert and lay explanations were put forward, for example, slum dwellers have better immunity systems or are receiving a special blessing from God (Tajmim & Sajid, 2020). One of the speculations by the Zeberg and Pääbo (2020) study also discussed that the slum dwellers had genetically inherited their immunity, as the South Asian origin genes may have properties like hitherto unknown which can protect against other pathogens (Basher et al., 2021). However, no systematic investigation was made to understand the 'slum phenomena' in Bangladesh in the context of COVID-19.

Given this background, we initiated an exploratory study to unpack the COVID-19 story from the perspective of Korail slum dwellers. The main aim of the study was to find out the narratives of how the slum dwellers themselves understood and dealt with the COVID-19 situation. To investigate the question, we took an ethnographic approach and explored the issues from within the world of the slum dwellers. Specifically, the study aimed to explore the local narratives of COVID-19 among the Korail slum dwellers to understand their lived experience during the pandemic, to identify the home-grown interventions taken by the slum

dwellers against the pandemic, and finally to understand the community governance mechanism applied in tacking the pandemic.

Methodology

The study took an ethnographic approach, which relies on researchers participating in the setting or with the people being studied, seeking to document the patterns of social interaction and the perspectives of participants, and understanding the findings in their local contexts. (Hammersley, 2019). Considering the COVID-19 situation, we incorporated new research approaches in addition to the conventional ethnographic methods. For example, we took a 'peer research' approach in which we recruited community members as researchers. Peer research is a participatory research technique through which people with the life experience of the studied community participate and facilitate the research. Peer researchers contribute to the research process in many ways; they can effectively articulate their experiences, be a link between the researchers and the community, gather data from first-hand experiences, and provide better access to the community (Salway et al., 2015). The study had two peer researchers from the community (Korail) to make the research more participatory and inclusive. The peer researchers interviewed some key people in their community, as only they had the best access to these people. They also kept track of their daily experiences through journal writing during the lockdown.

In addition to the peer research approach, several other ethnographic and qualitative research methods were used to triangulate the data. Three trained anthropologists were involved in data collections. Following are the list of the methods used:

*In-depth interview (IDI***)**: A total of 24 in-depth interviews were conducted with a cross-section of people of the community, including housemaids, garment workers, rickshaw pullers, street hawkers, students, and slum leaders. Based on the purposive maximum variation sampling framework participants were identified with a wide range of perspectives from heterogeneous groups. The sample was gender-inclusive and had a good balance between female and male participants. The other demographics which were considered for the selection of the participants were age, occupation, and

location. Apart from face to face interviews, a few interviews were conducted over the phone. The phone interviews were mainly done with influential people for clarification of information and removal of ambiguity from the data.

Key informant interview (KII): Ten key informant interviews (KII) were conducted to get a perspective on their role during the pandemic. The participants of this interview were local leaders, traditional healers, health service providers, drug sellers, imams (the prayer leader of a mosque), and people involved in burial activities.

Observation: Field researchers systematically observed different events or conversations regarding the pandemic in the community to capture slum dwellers' everyday life. This allowed the researchers to understand the community dynamics and discuss and comprehend the pandemic within the everyday life context of Korail. The researchers were also able to collect some photos of various events during the pandemic and relevant objects.

Participatory Rapid Appraisal (PRA):

Problem ranking: Problem ranking is a Participatory Rapid Appraisal (PRA) tool that assists in understanding people's perception of problems faced by them. Here the participants list down several problems faced by them and rank them accordingly (SSWM 1998). This exercise helped us to understand the problem prioritization of the slum dwellers.

Stakeholder mapping: A stakeholder mapping was carried out during the data collection period to find out the key actors within and around Korail who played crucial roles during the pandemic.

Informal group discussion: A few opportunistic informal group discussions were also conducted to have a better understanding of people's perception of the pandemic and the role that different stakeholders played during the outbreak. These discussions took place mostly in tea stalls or other informal and natural settings of the community.

Data analysis: Inductive and thematic approaches were used to analyse the data. A few group works were performed with the data collection team to break down, conceptualize, and categorize the primary data into different codes and clusters. Then the emerging codes were thematically organized based on the patterns of the data for descriptive analysis. Quotes, images, and stories were also extracted from the transcription as evidence.

All data were collected from August to November 2020.

Korail slum

Korail is the largest slum in Dhaka city under the Dhaka North City Corporation. It is home to around 14,000 households and almost 250,000 people (BBS 2014). Korail slum is situated in some parts of Banani and Gulshan encircling wards 19 and 20 of Dhaka City Corporation; it stands on 99 acres of land. The slum can be accessed by several roads from Gulshan, Banani, and Mohakhali or by water across Gulshan Lake. There are main two units of Korail, Jamaibazar (unit-1) and Boubazar (unit-2). There are four sub-sections within Boubazar known as Ka, Kha, Ga and Gha. Besides, Beltoli Bosti (Slum), T&T Bosti, Baidar Bosti, Ershadnagar, and Godown Bosti are also parts of the greater Korail slum. The slums are gradually expanding across the lake by land reclamation through the dumping of waste and soil. While documenting the history of Koriail, Sinthia (2020, p 419) reported that it began in 1961when the area was designated for the department of Telephone & Telegraph (T&T). Before this, it was under private ownership. An important aspect of this purchase was the stringent condition that this land could only be used by T&T. In 1990, a certain part of the land was discharged to the Public Works Department of Bangladesh (PWD), violating the initial agreement. When PWD began the development of this newly acquired land, the previous private owners sued T&T for the breach of contract. They demanded that the land be returned to them. To avoid further legal complications, T&T reclaimed the part of the land they had given to PWD. Furthermore, they presented the development work started by PWD as illegal. At this stage, three parties became clear stakeholders in today's Korail slum area—T&T, PWD, and the former private landowners.

In the 1990s, various T&T members and staff, as well as gang leaders—godfathers and city ward commissioners—slowly started capturing the unoccupied pieces of land. These individuals then

began to rent out land and housing to low-income and impoverished people at low rates. As a result of the growing demand for inexpensive housing, these inhabitants slowly expanded to create the Korail slum as it is today. Presently, many of the inhabitants at Korail are illegally purchasing their spaces from current landlords, who themselves seized the land unlawfully. This created a cycle of ownership issues, affecting the social structure of the slum, with slum dwellers living with the constant anxiety of evictions. The majority of the Korail residents are involved in different informal sectors and work as domestic workers, rickshaw/van pullers, street hawkers, garment workers, for example. A good number of NGOs and national and international organizations have been providing services including microfinance, health, and education in the slum. The diagram below portrays the division of wards and units in Korail:

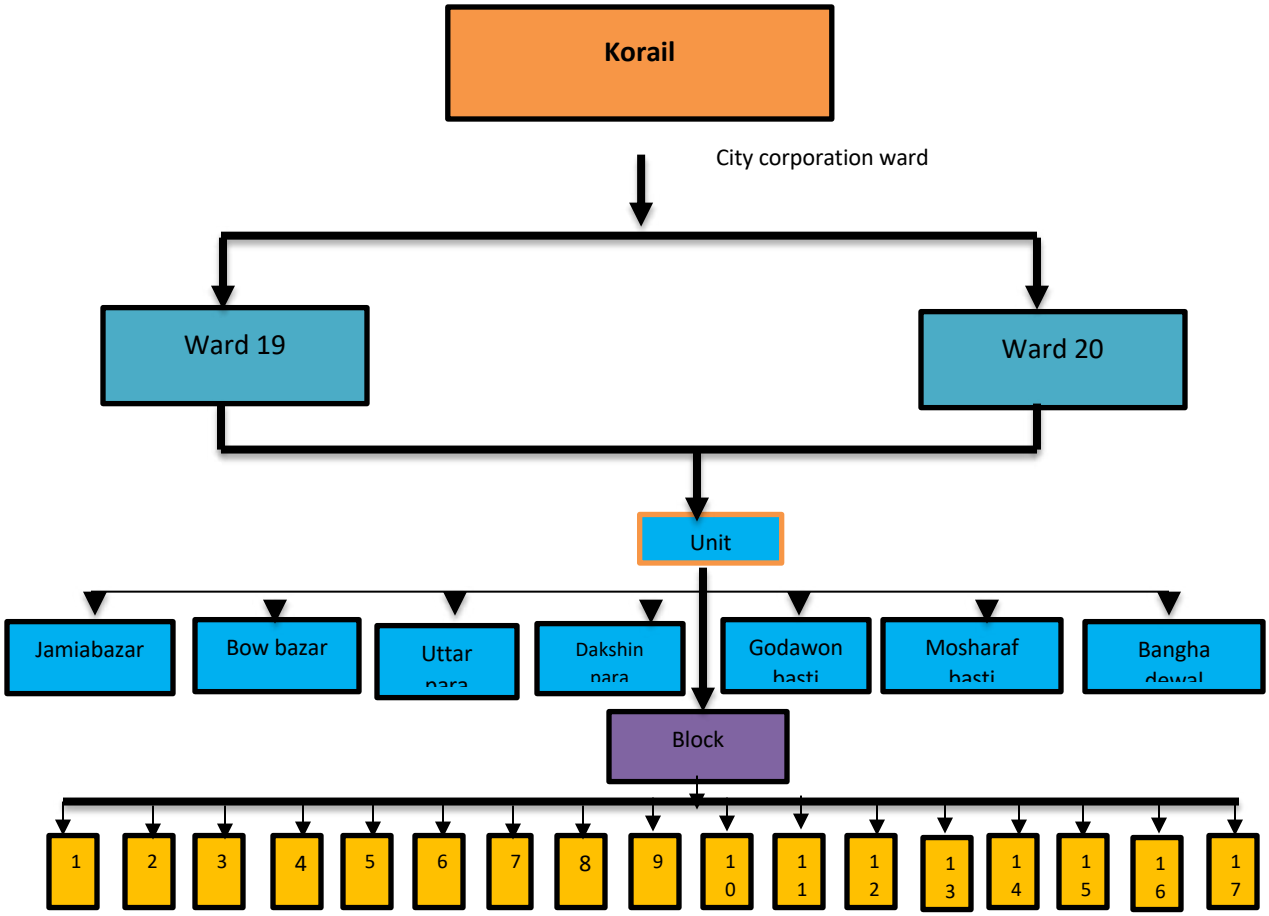

Figure 1: Structure of Korail slum

Is COVID-19 a problem for the Korail slum dwellers?

In August 2020, during the data collection period of this study, COVID-19 was still a global and national crisis capturing the media headlines. We wanted to understand how the crisis featured in the everyday life of the Korail slum dwellers. We used two participatory research tools for this—free listing and problem ranking. We asked them to list and rank five major problems they were facing in their life. The temporal dimension is likely to be important in such exercise, but the participatory processes are built on the idea of a multiplicity of worldviews on any given problem, as problem situations are a matter of perspective and interpretation (Chanrda, 2014), which would provide useful insights into the relative importance of COVID and how it manifests in the everyday lives of people.

Interestingly, no one mentioned COVID-19 in any of their listed problems. The following responses illustrate their sentiments:

"We live with numerous problems, coronavirus is not a concern for us, hunger is."—a male tea seller.

"*Corona is the problem for those who live in happiness, we have no time to care about it."—a female Street hawker.*

The table below lists the problems mentioned by different categories of respondents:

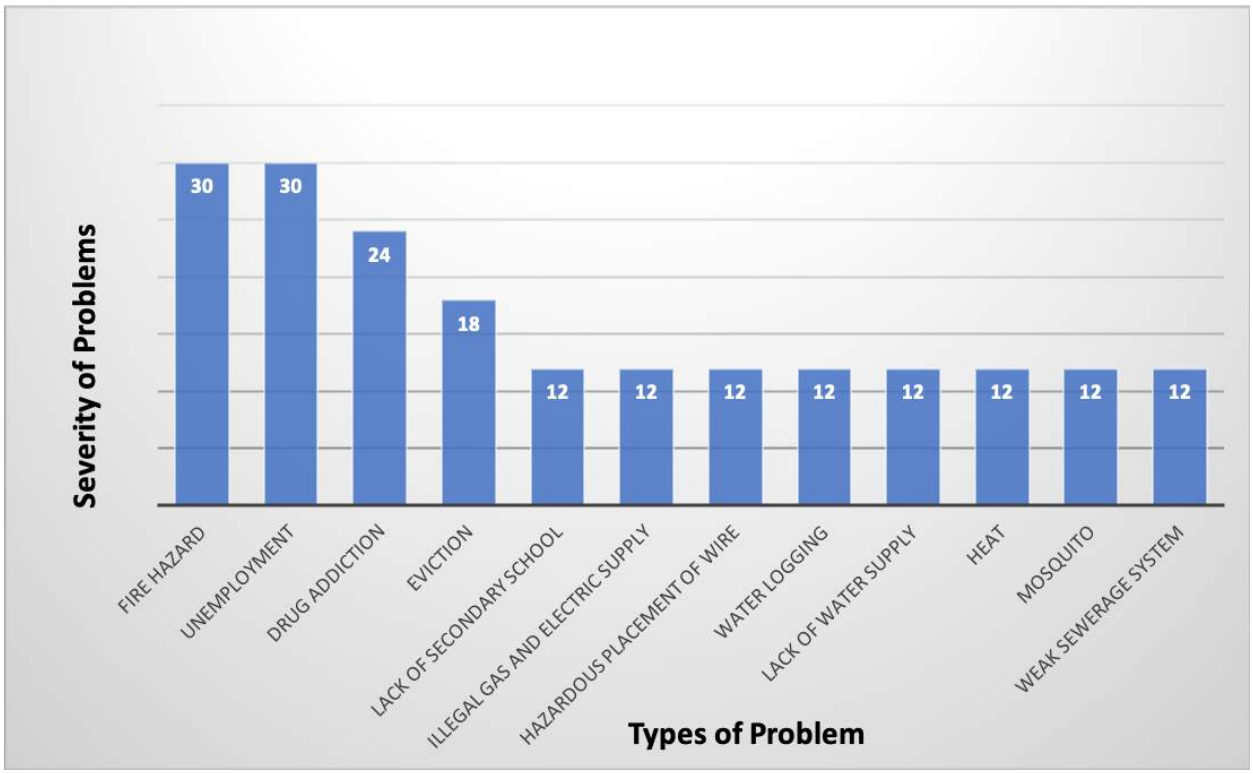

Figure 2: Problem ranking

As the table shows, in August, the slum dwellers did not perceive COVID-19 as a priority problem in their own world. They were more concerned about their livelihood and various other non-health issues. The top problems, mentioned by most, were a fire hazard, fear of eviction, drug addiction, lack of secondary school, and unemployment. Although there are variations in response according to different categories of respondents, everyone listed fire hazards and unemployment as their priority problems. Other than that, students were seen mostly concerned about eviction, drug addiction, lack of secondary school, unemployment, hazardous placement of wire, and poor sewage system. For street hawkers, fire hazards, unemployment, waterlogging, mosquito, and illegal gas and electric supply were of bigger concern. The heat was found to be most problematic for the ones doing laborious work, rickshaw pullers and garment workers. Everyone but street hawkers also mentioned drug addiction. Although COVID-19 did not feature as an expressed problem, it was noted that the problem of unemployment had a strong connection with the pandemic. Most of these people lost their jobs due to COVID-19, and there is a high chance of them not receiving any

employment soon. These findings are consistent with another BIGD livelihoods survey, phase II, which found that in June, the average per capita income in slums was almost half that of February (Rahman, et al., 2020). However, the pandemic was not separately mentioned as a problem and several problems were mentioned for not considering COVID-19 as a serious problem.

Not seeing or knowing any COVID-19 patient around was mentioned as one of the reasons for not being worried about it.

> "*How can COVID-19 be a problem for me when I've never seen a COVID-19 patient around me, I don't even know what it is and how to manage it, we are more worried about our problems related to eviction, illegal gas line, job insecurity, and so on,"*
>
> —*a f*emale garments worker.

Some had the view that since this pandemic was affecting the whole world, there were plenty of other people to worry about it. The slum dwellers had to go out every day to earn their living, hence worrying about the pandemic was not an option for them.

> **"***If we consider it a problem, we have to stay at home that will create a food crisis, but we have to go out for work as most of our work is outside the slum."*
>
> —a rickshaw puller

A few respondents believed that mental pressure and poor mental health were more likely to cause infection by the virus. They also believed that that the wealth of the richer community added to their tension, which ultimately put them in poor mental health, and thus rich people were more likely to be infected.

> *"We do not have a huge amount of money like the rich, so we have no fear because those who have more money have more fear."*
>
> —a street hawker

The temporality of the pandemic in the Korail

However, it is important to note that this narrative on the pandemic has a temporal dimension. Although during the data collection in August 2020, the people did not consider COVID-19 explicitly as a problem, the retrospective narrative reveals that they did consider it as a major problem at the beginning of the pandemic and was highly panicked. Accordingly, they took several systematic and robust interventions within the slum to control the pandemic. The perspective and narratives on the pandemic changed over time. We elaborate on the changing scenario of the Korail slum into different phases:

First phase: panic and perplexity (last week of March to 1st week of April '20)

The slum dwellers started to worry when the first case of COVID-19 in Bangladesh was reported in Dhaka city on March 8, 2020. With the government's announcement of a nationwide lockdown, the situation of the slum became worse with the massive job loss and shutting down of businesses. BIGD's livelihoods survey, phase I, reveals that per capita income in slums was 75% lower than that of February in April 2020 (Rahman, et.al, 2020). Fear of COVID-19 turned the busy, noisy slum into an unprecedently quiet space. The fear at that time was expressed by a respondent:

> *"At the beginning of the corona, we all were trembling in fear like a (bachcha kobutor) baby pigeon. Everyone in Korail, men, women all alike….'*
>
> —a female garment worker

The unexpected and sudden changes of the city left the slum dweller in panic as most of them were day labourers or small business owners living in shared rooms and the sudden attack of COVID-19 left most of them without a job. The increasing fear of COVID-19 and economic hardship even led many to leave the slum for their village homes. One of the respondents stated:

> *"I worked in an office of Walton company. After the announcement of the lockdown, I lost that job which made my future uncertain. I also worried about my house rental*

business, as many were leaving the slum due to the fear of COVID-19. I asked the tenants not to leave the slum and assured them I'd stay beside them in any adverse situation."

Initially, with the declaration of the lockdown, many slum dwellers were confused about the rules. Some thought that all the businesses would remain closed, some thought only grocery businesses would remain open, yet others thought that all businesses would remain open for a limited time during the lockdown. The uncertainty and lack of information left them confused about what to do. In this case, many decided to save their life and stock as much food as they could afford. According to the slum dweller, people stocked rice, lentil, potatoes, and onions. One respondent said:

"By staying home, we can beat COVID-19, but without food, we cannot survive. So I decided to stock food for the survival of my family. It was said that no one would be allowed to go out during the lockdown, which is why I stocked food for a few days."

—a small business owner

Their confusion and the lack of proper guidance led them to seek whatever advice they could get from various sources without verification. They started to follow what they were told or asked by their peers and relatives and tried to get instructions from different informal information sources such as personal connections, social media, religious leaders, emigrants, and so on. Rumours about coronavirus prevention secrets also spread fast in the slum. A female respondent mentioned such a rumour:

"I came to know from my aunt, who lives in Comilla, that the hair and beard of our prophet (SW) can be found in the holy Quran, and if people drink water infused with this hair and beard, COVID-19 will not attack them... Some of us found hair in their Quran and drank the infused water. Neighbours' would collect them from houses that found them... We continued doing this for a few days, till we realized that it was a rumour because the Prophet (SW) died a long ago and finding his hair/beard in the Quran would be impossible. Maybe it was the hair of the person who was reading the Quran."

For the first few weeks of the lockdown, the slum was in a state of standstill. People could hardly see any role of the formal or informal leaders in the slum, who were reportedly stunned by the extraordinary situation and did not know what to do. Various NGOs who were operating in the slum closed their regular activities. There were also no interventions from the government. People were frightened, aimless, and disorganized. One respondent said:

> "*When the lockdown was imposed, we had nobody to give us directions, we did not see any slum leader or NGO worker providing any guidance or instruction, as if they were hiding in a cave, like a snake in winter.*"

Second phase: initiatives at the individual and household level

After initial puzzlement during the lockdown, the slum dwellers started to take various kinds of initiatives at the individual and household level to protect themselves from COVID.

Washing and cleaning:

People started to follow the safety rules that were circulated through various visual and social media. They washed their hands with soap and detergent and started using face masks whenever they went out of their home. It was found that many people followed this without realizing its relevance or effectiveness, they did this because everyone around them was following these rules. Selling face musk suddenly became a new business in the slum. One respondent said:

"*I am a street hawker, I used to make different types of bags with different materials like modified leather, polythene, white paper and sell them on the streets. When the government imposed lockdown, I observed a huge demand for face masks in the slum and immediately decided to change my business and started making face masks with simple clothes. It cost Tk 10 to make a mask and I sold it at Tk 20-25.*"

Home remedies:

Most respondents stated that drinking several cups of tea with ginger and hot water became a norm in the slum during the pandemic, believing that it will kill the virus. One school-going boy stated:

"During the pandemic, I suffered from a cold and thinking that this would prevent COVID-19, my mother forcefully made me drink ginger and lemon tea daily until I recovered fully."

Thankuni pata (Centella Asiatica), a herbal leaf, which was believed to prevent COVID, became very popular at the beginning of the lockdown. Most of the respondents mentioned that there was a huge demand for this herb during the lockdown. People started collecting and buying it from different parts of the city at high rates. One of the respondents said:

"O*ne day (at the beginning of coronavirus pandemic in Bangladesh) I found that people in the slum were rushing to collect thankuni leaf. When I reached home, my mother told me that she collected a piece of thankuni leaf at 30 Taka and she fed me a part of that leaf to prevent coronavirus."*

One medicine shop within the slum became popular during the initial days of the pandemic. There was a gossip that the owner of the pharmacy and his wife were tested positive and recovered without going to a hospital. Slum dwellers thought that as they did not have to go to a doctor, they must have some special knowledge about coronavirus treatment. As a result, people were in a rush to buy medicine from this pharmacy. People tried to collect the medicine from this shop in many ways—physically and over phone.

Homoeopathic medicine:

People believed that Homeopathic medicines had a special power to prevent COVID. A certain medicine called *Aresenica Album 30* became very popular. The homoeopathic drug sellers mentioned that the sale of this medicine had increased unusually. This medicine was massively distributed throughout the slum at a later stage, which will be explained shortly.

Allopathic Medicine:

People in the slum took various allopathic medicines to protect themselves from coronavirus. Respondents said they got the idea from social media and local pharmacies that certain allopathic medicines could prevent coronavirus. Among those were a few analgesics and antibiotics. Many pharmacy owners informed that their medicine sales increased unexpectedly during the pandemic.

In some cases, people reserved these medicines at home so that they could use them immediately when they had coronavirus symptoms. Many house owners, on their own initiative, collected these medicines and distributed them among their tenants. It is because if any tenant were tested positive, they would spread the disease among other tenants as well as the owners, risking the loss of rental business. One of the respondents said:

"*At the beginning of coronavirus pandemic, I purchased a good amount of medicine for TK 300 for normal fever, cold, and cough and preserved them at my home. I told all my tenants to take medicine from my home instead of going to a pharmacy or hospital if they had these symptoms".*

Spiritual measures:

Several respondents said they have conducted various religious and spiritual activities to get blessings from Allah to survive during the pandemic. People performed religious activities (namaj, recite Quran, fasting) more than before. One respondent said, "my father did not perform fasting ever but this time he performed it due to corona."

In the slum, there are a good number (about 1500) of followers of Dewanbagi (a renowned Pir). During the pandemic, the murshid (pir of Dewanbagi) instructed his followers to perform morakaba to get rid of coronavirus. Morakaba is a spiritual performance that can be done individually and as a group that connects performers to their Almighty through their murshid and the almighty approves everything that people ask for. The followers of Dweanbagi in Korail performed several 'Morakeba' during the pandemic.

Some other followers call their leader *Lengta baba*. Lengta baba instructed his followers to feed special food to people. According to the respondent, each ingredient (rice, dal, potato) of khichuri has to be of the same amount (one and a quarter kilogram). During the pandemic, many *Langta baba* followers performed this particular ritual.

Third Phase: Initiation of community interventions (From 2nd week of April '20)

Although there was a leadership crisis in the slum at the beginning of the pandemic, the informal leaders of the slum took the first community initiatives from the 2nd week of April 2020. They discussed among themselves and concluded that they had to act (the leadership structure will be discussed shortly). As one informal slum leader said:

"We thought it's enough now. We will survive if the slum survives. No one from the outside is going to save us. We need to fight against COVID-19 for our own interest"

They mobilized volunteering teams of community members, especially the youth, who were eager to do something to save the slum from the pandemic. Every part of the Korail slum had a volunteering team named after their area, for example, Mosharraf slum, Beltola slum, Godown slum, Ershad slum, Jamai Bazar slum, and Bou Bazar slum volunteering team. This was a formally built committee and the teams were supervised by the informal leaders of the above-mentioned areas.

At a later stage, the ward commissioner—the local government representative—sat with the informal slum leaders and divide the slum into thirteen blocks and formed a volunteering committee for central disaster and pandemic management. These thirteen blocks had their own committees, each consisting of five members from the previous informal volunteering teams. The details of the committee were documented on the office pad of the ward councillors to institutionalize the committees. Each five-member committee later appointed a team of 30 volunteers from the slum. The team consisted of youths, members of the slum development committee, members of the political party, and a few NGO workers working in the slum. Essentially, any work that had been done to tackle the pandemic, was operated by these committees.

These committees were led by the people from the slum who are socially, religiously, and politically influential. Apart from these committees, there were some groups led by a group of enthusiastic students. Later various external agencies also initiated different interventions in the slum. However, they did it mainly through the slum dwellers and local informal leaders. Before we discuss the community interventions it would be useful to have an idea about the local leadership structure in the Korail slum.

Korail leadership

Korail slum consists of two different wards of Dhaka North City Corporation (wards 19 and 20). The ward councillors are powerful leaders, linked with the ruling party, who have a stronghold in the slum. The slum is also divided into different units and each unit has a separate sub-committee comprised of and led by slum dwellers. These unit-level informal leaders are monitored and supervised by the ward commissioners. There are also two slum-development (unnayan) committees in the slum, in Jamaibazar and Bow Bazar. These are voluntary committees authorized by the Social Welfare Department of the government. In addition, there are also various informal social and religious committees in the slum such as the market (bazaar) committee, mosque (Moshjid) committee, school committee, NGO-led voluntary committees, and so forth. These committees are composed of people from different socio-political backgrounds of the slum. Most of these committees or organizations are operated and maintained by local leaders who have connections with the ruling party. Most of these leaders run different businesses in the slum i.e., renting houses, supplying water, and providing illegal gas services. The informal leaders, in collaboration with the ward commissioners, control various activities within the slum. The local leaders also have close links with the MP and the police administration.

Most of the slum is located under ward no. 20 that allows the councillor of ward no. 20 to be more active in the slum. The commissioner of ward no. 20 is considered the most powerful leader in the slum. The councillor lives outside the slum but maintains his power

through his nominated informal leaders. Following diagram shows the leadership structure of Korail:

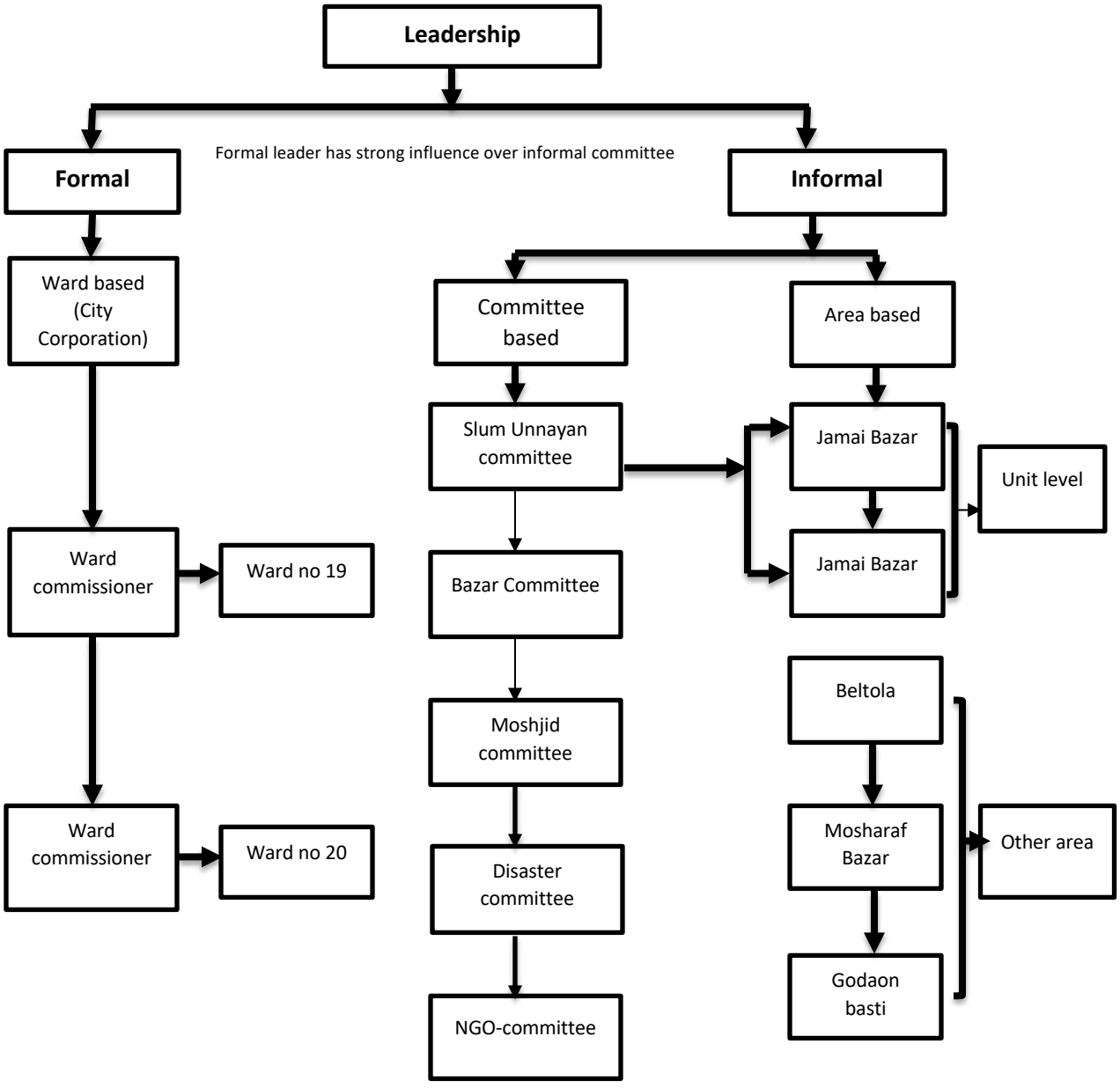

Figure 3: Leadership mechanism in Korail

As mentioned earlier, the initial initiatives were taken by the informal leaders, and later the ward commissioner also joined. Different kinds of committees and subcommittees were formed to address the coronavirus situation. The teams were supervised by the leaders in each block in the slum. One informal slum leader said:

"Though I am a slum leader I stayed inside the home for the first few days of lockdown as I was afraid of COVID-19, and this was the common pattern of slum life. After some time, I thought to myself that this can't continue like this. I started to contact other slum leaders of different blocks over the phone and decided to work from our own position to save the slum. As part of this, we formed different volunteer groups."

Cleaning the slum:

Under the supervision of the informal community leaders, young volunteers began cleaning the slum with bleaching powder and other disinfectants (e.g. Savlon). They had no spray machine and PPE at that moment, and they used buckets instead.

The informal community financially contributed to creating a fund for buying bleaching powder. Later they received spray machines and PPEs from external agencies, which will be discussed in the later section. In this regard, one respondent said:

> *"At the beginning of the lockdown, we initiated a slum cleaning operation and sprayed every corner of the slum with bleaching powder in a way that there were streams of powder in the lane, and all the lanes (alley) were so clean that you could sit and have your meal there."*

A group of house owners created a common fund and sprayed the surface that can be touched with insecticide near their homestead so that they could save their home. Many house owners provided soap, with their own initiative, to their tenants for use in the toilet. Some local youth created a charity organization named *"Manobotar Jonno Amra foundation,"* through which they played an important role in the cleaning mission of the slum. They raised a good amount of funds to buy cleaning materials through Facebook.

Restricting mobility:

Coronavirus prevention committee closed the four main gates of the Korail slum with bamboo and wooden bench barricades. They monitored the entry and exit of the slum. During the lockdown, they did not allow people from Korail to go outside or enter the slum. The young volunteers played a role in controlling mobility. Inter-block movement was also restricted, and all the blocks and alleys were blocked with bamboo gates. One resident, who is a student, said:

"One day I went to take a book from my friend who lives in a nearby block, but I couldn't go there. There were a few people with sticks in hand in front of the gate, who scared me and thus I returned home."

Many house owners wrote their phone numbers on the door to reduce physical contact and encourage people to contact over the phone.

Except for the pharmacies, all other shops were open only for a limited time. Volunteers also delivered safety messages by hand mike.

Figure 4: Preparing to mike around the slum

Controlling public gatherings:

To reduce public gatherings, different actions were initiated. Although tea stalls were open for a limited time, the community volunteers, in coordination with the local leaders, ensured that the shop owners removed the televisions from the shops to avoid social gatherings. They also ensured no table, chair, or bench remained around the shop that would allow the customer to sit and spend time. A female tea seller stated:

"Two or three weeks into the lockdown, I opened my tea shop without television and benches and started selling tea in disposable cups, which became quite popular."

The young volunteers also did the shopping, especially for elderly people, so that they could stay at home.

Handwashing stations:

A slum leader, who had a decorator business, installed four handwashing stations with soap in different corners of the slum. He said *"local ward councillors with whom I have close relations told me to do something for the slum dweller, for which people would remember me for long. Inspired by his words, I decided to do something instead of giving money; I installed sinks at different points of the slum so that people could use them for washing their hands easily.*

Inspired by this, DSK also set up around seven more handwashing stations in the slum. In many cases, buckets of water mixed with soap or detergent were kept in front of the household and people used this water whenever they come back from outside.

Self-isolation:

If anyone in Korail was identified with coronavirus symptoms, community monitoring groups would send the person to isolation in their homes and the entire *goli* (lane/alley) in question would be locked down. If the person did not come around within 2/3 days, s/he was sent for testing. Slum leaders also provided food supplies to the affected households.

Excerpts from the lockdown dairy of a peer researcher (resident of Korail)

> Abba (father) used a mask each time he went out, when he came back home, he washed his hands, disinfected his mobile phone, and took bath. He did not enter his room before doing these activities. One day, Abba came home for lunch, and I also noticed that he took off his shirt and washing hands. I especially noticed him disinfecting his elbow. I came to know that someone sneezed on his elbow and this was the reason he disinfected it before going for a bath.

> One day, my uncle came home with one of his friends who we did not know, he tried to shake hand with my grandfather, but my grandfather denied it and said," no! no! please stand at a distance, go back, you are not allowed". It made me laugh.

> One day, my mother went to my aunt's house to give something to my aunt in the afternoon. My father told my mother to come back before evening because the movement was completely restricted afterwards. But she did not come back even after the Maghrib prayer, which made me anxious. After some time, I noticed a call on my father's mobile phone and heard my mother saying, 'I cannot return home since the roads are closed, they are not allowing me to pass the road, please come and bring me back.'

Interventions from external agencies

Donation of food and cash:

During the outbreak, many relief activities included both food and non-items to assist the slum dwellers. These relief activities mainly started from mid-April and continued till June by multiple government institutions and NGOs. Initially, the slum residents used their social, political, and personal connections and social media to get relief from different agencies. One local leader explained how he mobilized government resources and even managed to speak to the prime minister. He narrated:

"I posted a message on Facebook, mentioning that the slum people are out of work for several weeks, and they desperately need food. Noticing the message, the local MP (Member of Parliament) called me over the phone and promised to give us 200 tons of rice, which he did but it was not enough for the entire slum. After a few days, I contacted Sayma Wazed Putul, the daughter of the PM (Prime Minister), for helping the slum dwellers (I got to know her through working on a project she carried out). On that night, I was astonished to get a phone call from our PM. I was overwhelmed because I never expected that the PM would call me. During the conversation, she assured me that she would help us and told me to visit the relief and disaster management unit of the government located at Mohakhali. We visited the office, and within a few days, we got a large amount of rice (2000 tons)."

Although that relief was helpful for the slum dwellers, there was no ongoing relief from the government. From mid-April '20, some other organizations/ stakeholders provided cash and food support. DSK (Dushtho Shastho Kendro) —a local NGO—provided TK 1500 in cash and food (rice, oil, daal, and onion) for 500 households; BRAC provided cash support (TK 1500) to its 300 beneficiaries; 200 households got food support from Vialisa; Momotamoy Korail—a health project of BSMMU—provided 200 packets of food.

Hand washing stations:

There were already 11 handwashing stations in Korail, installed by the local leaders and volunteering groups. UNDP installed 42 more handwashing stations in different parts of the slum. According to slum dwellers, there were enough handwashing devices in the slum for washing hands easily, even children used to wash their hands as a form of playing.

Poster and banner display:

Different posters and banners were found in the public spaces in the Korail slum for mass awareness-raising on COVID-19. These materials were provided by many voluntary organizations, NGOs, as well as different ministries/departments of the government. These posters/banners included different text-based and pictorial messages to reach different types

of people of the slum. Some posters had hot numbers for emergencies. Similar leaflets were also distributed among the inhabitants.

Mass distribution of "Arsenic Album 30":

A homoeopathic medicine called "Arsenica Album 30" mentioned earlier became popular in the slum during the pandemic for its perceived capacity to prevent the coronavirus. People thought that this is was government-approved medicine. One local homoeopathic practitioner told us:

> "*I have heard* that the *government has announced the Arsenic album as the medicine of coronavirus treatment and asked all the homoeopathic doctors to provide it whenever they have patients with coronavirus symptoms."*

At one point, the ward councillors took an initiative for mass distribution of this medicine. Around 60,000 bottles of Album 30 were distributed in the Korail slum. This was done in the coordination of the *Khukumoni foundation*, an NGO that works for the development of disadvantaged children and youth in Bangladesh since 2016. The foundation has an advisory committee member—a homoeopathic doctor who lives in Germany and is also known to the Korail commissioner. The doctor informed the Foundation that Album 30 is being prescribed in different parts of the world including Germany during the COVID-19 pandemic to increase immunity. Along with the foundation executive body and the ward councillors, he decided to supply the medicine for the Korail slum people. Accordingly, the foundation collected Album 30 from different sources, e.g., importers who imported the medicine from Germany and prepared 250,000 bottles with its organizational funding. The foundation delivered these bottles free of cost to disadvantaged people in different parts of Bangladesh. Of the 250,000, the ward commissioner of Korail received 60000 bottles.

Police Patrolling:

Respondents mentioned that police patrolling in Korail increased during the lockdown period. The police monitored whether people were adhering to the health and safety measures advised by the government. Usually, they patrolled in cars and asked people to follow the safety measures and rules of the lockdown. One slum leader said that the presence of police in the

slum was higher than ever before during this period and that it was effective and important for enforcing a strong lockdown. Along with patrolling, police arrested or chased those who disobeyed the government directives and continued their business. Police also helped the initiative of local leaders to remove televisions from the tea stall to reduce mass gatherings. Young community volunteers were also active and played an important role in better enforcement of the lockdown. One respondent said, "*a few young people would inform the police if they found any shops continuing their business ignoring lockdown. Following the news, the police would go to the spot to stop the shop/business."* However, it is worth mentioning that the police were found more active during the early days of lockdown but reduced their activity when the members of the police were being increasingly infected across the country.

Help with personal protection materials and cleaning:

Personal protection and hygiene materials were provided to the slum dwellers by many local and international organizations. The materials included soap, detergent powder, face mask, and hand sanitiser. The respondents informed that every household in the slum got these materials and many of them had more than what they needed. One respondent said:

> *"People in the slum have got so much soap that they do not have to buy it for the next 5/6 months. And, if you go and check, you will also find at least 10-15 face masks in every household."*

Shahid Rumi Smrity Pathager and Samajtantrik Chhatra Front—these two organizations provided most of these materials. The latter organization also provided handmade hand sanitisers. DSK (Dushtho Shastho Kendro) helped 15,000 households with these materials; each household received three soaps and three masks. UNDP provided soap and masks to every household. BRAC deployed its 12 community organizers who worked for spraying the whole slum regularly.

The figure below depicts the interventions taken in Korail:

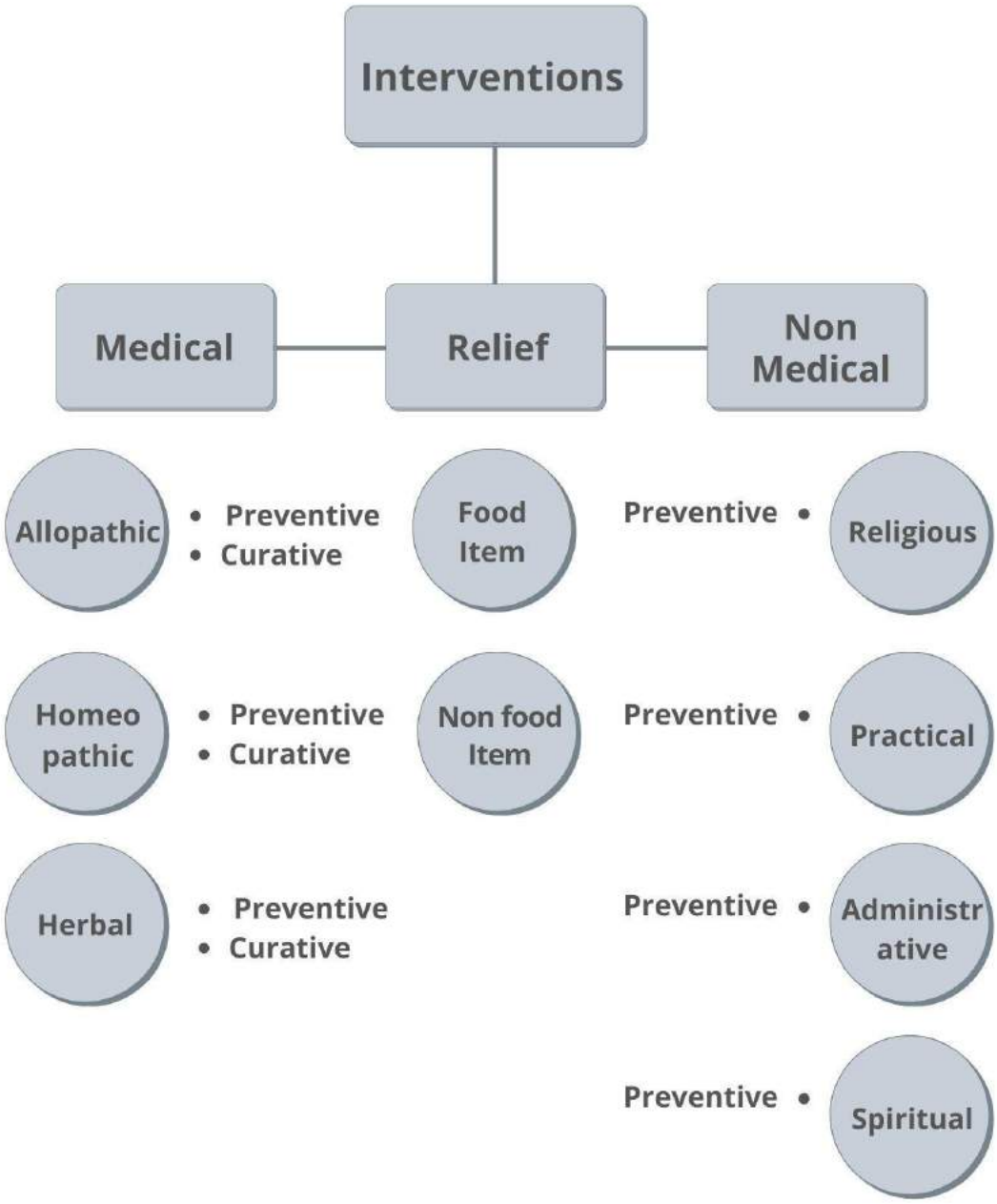

Figure 5: Interventions taken in Korail

Phase Four: Coronavirus testing (in May ’20)

The mass testing of COVID-19 in Korail started in May ’20. These were conducted by three agencies.

***ICDDR,B and IEDCR*:** The first test was done jointly by ICDDR,B and IEDCR, of the government. They selected a lane, the smallest unit in the slum, and tested all the people (around 600) of that lane four times in a month. However, the results were not allowed to be shared formally. The respondents told us some of the family members who were found to be coronavirus positive were informed by the testing team members informally and secretly. The numbers were also relatively small. A community volunteer, actively involved in the testing initiative, asked the testing team if there were any positive cases. The team replied that they were not allowed to circulate the result. However, most of the families who were informed that their members tested positive were surprised because they had no symptoms of the infection. Since they had no symptoms and had no formal reports, they thought they were infection-free and thus it was safe to start their normal life.

Bangladesh Army: Bangladesh Army also installed a testing booth at a playground (TNT field) located near the Korail slum. They particularly tested pregnant women in the slum. A total of 550 pregnant women were tested through this booth. The results were not conveyed to them formally in this case as well. However, none of the pregnant women received any notification from the army of being positive. As one respondent said:

‘If anyone was tested positive, the army would take some initiatives to ensure isolation/quarantining of that patient, but they didn’t do anything like that.’

Since none of them was reported as coronavirus positive and the testing authority (Bangladesh Army) was not found taking any initiative like isolation or quarantining, people started to believe that they have no COVID-19 patient in the slum and they should resume their normal life.

Jobeda Khatun General Healthcare (JKG): A private organization with the permission of the Ministry of Health, built a testing booth at the Ershad School premises, just beside Korail, to test poor people free of cost. Initially, the slum leaders were enthusiastic to have a testing booth near the slum where they could get tested free of cost. However, later they forced JKG to close their booths for a number of reasons. First, slum dweller lost their interest in testing as ICDDR'B and Bangladesh Army conducted their testing by then and found only a few COVID-19 cases. They thought they had enough testing and there is no need for further testing. Second, the slum leaders observed that people from different neighbouring areas were coming to the booth for testing. They thought if someone tested positive in this booth, they would be assumed to be from the slum even when they are not from the slum; This would not only be a problem for the image of the slum but also interrupt their business. Finally, and most importantly, the JKG tests turned out to be a scam; they were supplying false test results during the peak time of the pandemic in Bangladesh. This became the subject of debate and helped grow people's distrust of the test. Consequently, JKG testing booths were closed down through pressure from the local slum leaders. This is to note that the JKG booths were established before this scam.

A man, who lived in the TNT colony, just outside the slum, was identified as COVID-19 positive. After that, people tried to trace the people who had contact with the patient (contact tracing). They found three people; a drug seller (pharmacy, locally known as Sheik pharmacy), a tea seller, and a fruit seller with whom the patient had close contact. All three people ran their businesses in the slum area. The three people undertook the COVID-19 test and only one (drug seller) of them tested positive. The drug seller, who tested positive lived outside the slum whereas the rest of the two men who tested negative lived in the slum. This became a matter of discussion among the slum dwellers and they started to find their own interpretation of this story. According to their interpretation, they believed that Allah had a special attention to this slum, and slum people could not get infected by COVID-19 even though they had contact with a COVID-19 patient.

Phase Five: Changing narratives of COVID in the slum (from July '20 onwards)

The COVID-19 testing was a crucial juncture of changing the narrative about the pandemic in the slum. Very low incidence of infection, as identified in the tests, created a ground for an alternative narrative around the belief that there is no coronavirus in Korail. The slum dwellers were already struggling with the hard choice between life and livelihood and were desperate to start their normal life. When they saw that none of the slum dwellers they knew was identified as coronavirus positive, even after so much testing, it gave them a 'scientific' and moral legitimacy to start a normal life, defying government directives. Further, the slum leaders took advantage of the test results for their own interest and invited everyone else to continue their normal business and not to leave the slum. Korail now has this new narrative that Korail is COVID immune. This is the time when people from the slum completely came out of the panic and fear and resumed their normal activities. When we visited the slum in August, coronavirus was hardly a concern to them. People started to construct new 'explanatory models' for this apparent immunity.

As mentioned earlier, most slum dwellers thought COVID-19 was a disease of the rich. According to them, as the slum people work hard, do physical labour and live in hot/warm tin-shed rooms, all kinds of germs are discharged through their sweat and COVID-19 cannot attack them. They also believed that they had a stronger immunity worked in the sun and got enough vitamin D. One respondent stated:

"*Rich people who live in an air-conditioned room get sick easily, like a farm chicken gets sick in a little heat. That's why COVID-19 attacks them more as they have less immunity".*

They also thought that this was a curse given by Allah (*Allah'r Gozob*) mainly towards the rich. They thought Allah sent it to the earth to demolish the highly corrupt people.

"Only sinners or miscreants have been infected with COVID-19. I did not see any imam (huzur of masjid) or true social worker die out of COVID-19. But many political leaders and extremely rich people have died of COVID-19."

They believed, since all the slum dwellers were poor, worked hard, and lived on honest income, Allah saved them from the pandemic. One respondent said:

"I heard that COVID-19 spread through the air. We and the people of the Gulshan and Banani area breathe the same air, but we are not getting infected where a large number of patients have been found both in Gulshan and Banani and many of them have died."

This is the phase when we did our fieldwork in Korail and came across a narrative which is quite different than it was at the beginning when one of our respondents (a rickshaw puller) said:

"দুইটা ভাত খাইয়া পাছায় হাত মুইছা কামে যাই, আমাগো করোনা গোনার সময় নাই।" (We eat morsels of rice and wipe our hands in our loincloth as we rush back to work. We have no time to take coronavirus into account.)

Conclusion

Korail slum remains a 'paradox' in the context of COVID-19 for many public health experts and media professionals. It was assumed that due to its precarious living conditions and precarity of livelihoods, the pandemic would have a disastrous impact in slums in terms of coronavirus cases and mortality. Media coverage also portrayed slum dwellers as potential sources and transmitters of the disease not only for the inhabitants of the slums but also for the entire city because of their ignorance and non-compliance to the health directives and indifference to the pandemic. Reality proved to be different. To everyone's surprise, no alarming number of positive cases were reported in Korail and the death register did not record any increased mortality. However, the dearth of information and lack of testing have been cited as explanations by many.

While this epidemiological puzzle and information politics is important to investigate, the focus of our study was different. We paid attention mainly to unpack the narratives of the COVID-19 from the perspectives of Korail slum dwellers. We wanted to know how the pandemic unfolded in Koail, what sense people made out of it, and what they did. We took an ethnographic

approach to explore these questions. We collected narrative stories of the pandemic from the inhabitants of the Korail. As Maynard-Moody and Musheno (2003) pointed out, narrative stories, through their employment, can provide access to the world being talked about. We also applied various other qualitative methods to collect data including in-depth interviews, key informant interviews, participant observation, different PRA methods and peer researcher approaches.

This is to note that a similar kind of surprise was also raised about Dharabi in India, the largest slum in Asia. Despite widespread speculation of the disastrous effect of the pandemic, the case rate in Dharavi was very low (Altstedter & Pandya,2020). However, Dharavi has clear explanations driven by more formalized and visible responses. It is well documented that Mumbai local government played a strong role in controlling the infection in Dharavi. A number of timely and practical measures and policies with a properly coordinated implementation strategy were taken by the local government to contain the transmission of the virus in the slum (Altstedter and Panday, 2020). It included testing, tracing, tracking, treatment, and isolation. It deployed many health workers and doctors for screening and testing. It turned many schools and marriage halls and sporting clubs into isolation centres or hospitals for the people. To monitor people's movement, it also deployed many people and cameras. The local government workers disinfected every nook and corner of the slums. They checked people with the thermal and oximeter and supplied food and other grocery items to the needy. The municipality authority took a community approach and included local people for a strong, participatory campaign/fight against coronavirus. WHO acknowledged Dharabi as an example in controlling the virus despite having several challenges (Golechha, 2020).

The story of Korail, however, is different—the responses have been informal, local and adaptive—an interesting case study of collective agency and community governance from below. The study reveals that there is a temporal dimension of the narrative of COVID -19 among the Korail inhabitants. At the beginning of the pandemic, the slum dwellers were panicked and perplexed like any other population group of the country. At that stage, they hardly received any support from the local authority or other state agents. The NGOs working in the slum also stopped their activities. The local formal leaders also disappeared from the

scene. In the context of indifference from the state and non-state actors, the slum dwellers themselves initiated a number of robust measures to tackle the disease, mainly at the personal and household level at the first stage and later in the community. They took various medical and non-medical interventions individually as well as within the household through peer consultation with the help of the information obtained from the visual and social media.

A couple of weeks after the initial shock, the representative of the local government got involved in activities already initiated by the inhabitants to control the pandemic. In collaboration with the informal leaders of the slum and the community people, they started to take various organized interventions at the community level. They formed a pandemic management team and took systematic interventions in the community. Support from the government in the form of relief also began. Furthermore, various NGOs and voluntary organizations provided support, including different health and non-health interventions. However, given the need, the involvement of the external stakeholders within the slum was minimum. They provided support remotely and it was the slum dwellers themselves who had the main control over the intervention efforts. These self-built informal committees in fact made things easier for the external agencies to execute their actions in time.

From July ’20 onwards, the pandemic narrative of panic and concern about COVID-19 turned into a narrative of denial and unimportance. Several factors played a role in changing this narrative. In May ’20 some official COVID-19 testing took place in Korail and did not show any upsetting results. Moreover, there were cases of fraudulence around the testing. All these helped the slum dwellers to defy the official narrative of the danger of COVID-19. The community developed a sense of immunity against the diseases. It also coincided with the stage when they were desperate to resume their livelihood. It gave them the confidence to ignore COVID-19. A positive narrative of Korail would have a positive impact on the economy of the slum, thus the formal leaders of Korail, with their own private economic interest primarily tied to the rental business, also had a vested interest in this narrative. All these prompted the slum dwellers to formulate an alternative ‘explanatory model (Kleainman, 1980)’ of COVID-19, relating it to lifestyle and morality.

Similar non-involvement of formal agencies during the pandemic was observed in Favelas (informal settlements) in Brazil (Deutsche Welle, 2020) and Kibera, the largest slum in Nairobi, Kenya (Owino, 2020). In these cases as well, in absence of external agencies community leaders, community members and civil society worked together to contain the virus in those informal settings. Although there was a greater presence of the state in case of pandemic control in Dharavi, India, they did it through the engagement of all possible local partners, including slum leaders and volunteer groups.

The scientific paradox of the low incidence of COVID-19 in the Korail remains unresolved. Whether the interventions taken by the slum dwellers made any impact on COVID-19 is also beyond the scope of this study. What this study confirms is that the slum dwellers are anything but ignorant, indifferent, or passive victims, as portrayed by the media. The study proves their agency and resistance. It also reinforces the power of community governance.

Totikidis, Armstrong & Francis (2005) defines community governance as community-level management and decision-making that is undertaken by, with, or on behalf of a community, by a group of community stakeholders. The focus on 'community', rather than a corporation, organisation, local government, or the public sector, is the distinguishing feature of community governance vis-a-vis the other forms of governance. Similarly, Bowles & Gintis (2002) argue: "Communities are part of good governance because they address certain problems that cannot be handled either by individuals acting alone or by markets and governments" (p.5).

We can also understand these community initiatives particularly by urban poor as what Asef Bayat (2013) calls 'Quiet encroachment' or 'Non-Movement'. He argues, although quite differential in terms of income, status, occupation, and production relations, the urban grassroots nevertheless are thought to share a commonplace of residence—community. Shared space and the needs associated with the common property then, offer these people the possibility of 'spatial solidarity' (Bayat,2013, p39). Bayat argues, in general, *non-movements* refers to the collective actions of non-collective actors; they embody shared practices of large numbers of ordinary people whose fragmented but similar activities trigger larger social change, even though these practices are rarely guided by

an ideology or recognizable leaderships and organizations. Bayat maintains, "third world states seem to be more tolerant to quiet encroachment than are those in the industrialized countries……The industrial states are by far better equipped with ideological, technological, and institutional apparatus to conduct surveillance of the population. In other words, people have more autonomy under the vulnerable and 'soft states' of the Global South than the advanced industrial countries, especially at the time of crisis.' (Bayat, 2013).

Roy's (2009) argument is also pertinent in this regard. While examining the urban planning in India, she argues that it is not simply the state's absence that fosters a tenacious informal sector but the state's presence also, for 'the state itself is a deeply informalized entity'. Roy (2009, 81) writes: 'While it has been often assumed that the modern state governs ... through technologies of visibility ... I argue that regimes of urban governance also operate through an 'unmapping' of cities ... forms of deregulation and unmapping, that is, informality, allow the state considerable territorialized flexibility to alter land use ... the state itself is a deeply informalized entity.'

While this study divulges the emic narrative of the COVID -19 pandemic from an urban Informal settlement in Bangladesh and encourages us to think about the relevance of governance from below through informality and community participation.

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