Ethnography of community governance: a case of COVID-19 response of an urban slum in Bangladesh

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Abstract Although COVID-19 cases and deaths in different clusters of Bangladesh were increasing rapidly for most of the year 2020, surprisingly very few cases were reported in the urban slums, identified as the potential hotspots of Coronavirus. While the epidemiological puzzle of the low incidence of COVID-19 in slums remains unresolved, an ethnography in an urban slum in Dhaka, the capital city of Bangladesh, reveals how, in the context of indifference from the state, the slum dwellers themselves initiated several informal but robust interventions to tackle the pandemic. This study reveals the power of community governance from below, which we understand using Bayat’s (2013) concept of ‘quiet encroachment’ and Roy’s (2009) argument about the role of informality in urban governance. To adapt to the pandemic situation, we applied an innovative ‘peer research’ approach for data collection.

Introduction

Cities have been the epicentres of the COVID-19 pandemic of 2020, both in terms of epidemiology and economics (Bai et al., 2020). Within the cities in the Global South, slums and informal settlements were identified as the potential hotspots of Coronavirus (COVID-19) transmission and vulnerability (The World Bank, 2020). It is estimated that about one billion people

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worldwide currently live in slums (UN-Habitat, 2020). Due to the physical, structural, and social aspects of the slum environment, preventative measures like handwashing, self-isolation, and physical distancing are not feasible.

The relationship between informal urban settlements and the state is complex, adversarial, and constantly shifting (Bhan, 2017). The slums were particularly vulnerable during the pandemic because of the high probability of weak compliance and enforcement in the context of challenging governability of the urban slum spaces. Inquiring the governance narrative of a Bangladeshi slum during the pandemic, therefore, becomes particularly relevant.

The first COVID-19 case in Bangladesh was recorded on 8 March 2020. So far, Dhaka, the capital city of Bangladesh, 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. The media also made grim speculations about infections in Korail, the largest slum in Dhaka (British Broadcasting Corporation [BBC], 2020). The media highlighted the ignorance and indifference of Korail residents about the virus and reported how the slum dwellers disregard health and safety directives (Antara, 2020). They were portrayed as a threat to the whole city—potential sources and transmitters of the disease.

However, though COVID-19 cases and deaths in different clusters of the country were increasing rapidly, to everyone’s surprise, no alarming number of positive cases were reported in the slums of Dhaka, and the death register did not record any increased mortality. Press release of a study in June 2020 estimated a lower prevalence of COVID-19 in slums than in other parts of the Dhaka city, although, seroprevalence was estimated higher in the slums indicating higher exposure to the virus (icddr, b, 2020). The absence of a 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. Newspaper headlines like ‘Dhaka Slums: Where COVID is curiously quiet’ (Mollah and Islam, 2020) were common.

However, whether this perception is epidemiologically justifiable is not the aim of this paper, as this perception might have been created by a combination of asymptomatic infection, ‘hiding of symptoms’ by slum residents due to fear of stigma (Rashid et al., 2020) or ‘information deficit’ created by lack of testing, and deficiencies in vital registration (Ahamad et al., 2021; Haider et al., 2021). Rather, our focus is mainly on addressing the ‘explanations’ of the ‘slum phenomenon’ that treated the slums as passive spaces and the residents as only economic victims of the pandemic, from
the perspectives of the people living in these spaces. We explored the local narratives of COVID-19 among the Korail slum dwellers, the largest slum of Dhaka city to understand their lived experience during the pandemic. We were interested in the narrative knowledge which indicates how individuals assign meaning to their experiences through the stories they tell, in contrast to the ‘paradigmatic mode of thought’ which draws on reasoned analysis to explain ‘cause and effect’ and to create unambiguous objective ‘truth’ that can be proved or disproved (Bruner, 1986; Becker, 1996; Slevitch, 2011). We particularly aimed to identify the home-grown interventions the slum dwellers took against the pandemic, and understand the community governance mechanism applied in tackling the crisis.

**Ethnography in Korail slum**

Consisting of around 14,000 households, Korail is the largest slum in Dhaka city and home to almost 250,000 people on ninety-nine acres of land (BBS, 2014). The majority of the Korail residents are involved in different informal economic sectors, working as domestic workers, rickshaw/van pullers, street hawkers, and garment workers, for example.

The study took an ethnographic approach, which relies on researchers participating in the research setting, interacting with and observing the people being studied, seeking to document the patterns of social interaction and the perspectives of participants, and understanding the findings in their contexts (Hammersley and Atkinson, 2019). Two researchers trained in anthropology and two ‘peer researchers’ from the slum were recruited to collect data from Korail. Data were collected during August–November 2020, when the Coronavirus-induced lockdown was lifted and life in the slum was back to normal. Peer research is a participatory research technique through which people with the life experience of the studied community participate in and facilitate the research (Salway et al., 2015). Bhide (2020) argued that a key attribute of the knowledge of informal settlements is that it is highly extractive in nature, collected, and owned by outsiders. Engaging the peer researchers was an attempt from our side to address this concern. The study appointed two peer researchers from the community, one male and one female, both were college students (grade eleven, age nineteen years). The peer researchers attended an intensive five-day training on qualitative research methods. Peer researchers were involved in conducting in-depth interviews and observation within Korail. They were also asked to maintain diaries of their daily life activities that included mobility, food consumption, social interaction, religious actions, and so on, for a month. This diary was an important source of data. On the other hand, the trained anthropologists conducted in-depth interviews, key informant interviews, informal group
discussions, and observation. Both the peer researchers were paid a day-basis salary, whereas the anthropologists were salaried staff. The researchers conducted non-participatory observations of the everyday life in the slum. Although the peer researchers observed the locality both day and night as they are residents of Korail, the trained researchers conducted observation only during the daytime. The slum is divided into seventeen blocks. The non-participatory observation was performed in all blocks of the slum to get a holistic view of the everyday life of the slum. The trained researchers and the peer researchers divided the observation sites among themselves. The field researchers took detailed notes of the interviews and observations which they have elaborated on at the end of every day. Inductive and thematic approaches were used to analyse the data. Group discussions were held with the data collection team, including the anthropologists and peer researchers, to break down, conceptualize, and categorize the primary data into different codes and themes. 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.

In line with the principle of ‘intrinsic’ case study, Korail slum was selected on its own merits, not because it is representative of other cases, but because of its uniqueness, which is of genuine interest to the researchers (Crowe et al., 2011). However, as follow up to this current study, two more ethnographies were conducted in two other slums in Dhaka, one on privately owned land and the other on city corporation owned land. The results of those ethnographies are beyond the scope of this current paper but the report of those ethnographies are available on the institutional website (Zaman et al., 2021). The report shows although there are certain aspects of experience that are different from Korail slum, the core theme of ‘governance from below’ is true for all three slums.

In-depth interviews—twenty-four in total—with a cross-section of people of the slum community, and key informant interviews—ten in total—with local leaders, traditional healers, health service providers, drug sellers, religious leaders, and people involved in burial activities in the slum. Furthermore, several opportunistic informal group discussions were conducted. Purposive sampling was used to select the respondents from a diverse section of the population of the community. Selecting sample size is not straightforward in qualitative research. There are differential opinions about how many qualitative interviews are enough. The principle of data saturation is maintained in determining the sample size. However, a systematic review on qualitative sampling suggested a range between ten and thirty interviews to be appropriate (Baker and Edwards, 2012; Vasileiou et al., 2018).
In this paper, we present the narrative stories of COVID-19 from the slum dwellers’ perspective; employment through their stories can provide access to the world in question (Maynard-Moody and Musheno, 2003). We conclude with our interpretation of the narrative.

**Temporality of the pandemic in Korail**

The ethnography reveals that there is a temporal dimension to the narrative of COVID-19 among the Korail inhabitants. We elaborate on the changing scenario of the Korail slum into different phases.

**First phase: Panic and perplexity**

The slum dwellers started to worry when the first case of COVID-19 in Bangladesh was reported in Dhaka city on 8 March 2020. After 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 (Rahman et al., 2020). Fear of COVID-19 turned the busy, noisy slum into an unprecedentedly quiet space. The fear at that time was expressed by a respondent: ‘At the beginning of the pandemic, we were all trembling in fear like a bachca kobutor [baby pigeon]. Everyone in Korail—men, women, all alike.’

The unexpected changes in the city due to COVID-19 left the slum dwellers, most of whom were day labourers or small business owners, in panic, and eventually without a job.

The uncertainty at the initial phase of the pandemic and lack of information and direction left them confused. Many decided to save their lives and stock as much food as they could afford. For the first few weeks of the lockdown, the slum was in a state of standstill. People could hardly see any role of the local leaders and administrators of the slum, who were reportedly stunned by the extraordinary situation and remained silent. Various non-governmental organizations (NGOs) that 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: Private initiatives at the individual and household levels**

After the initial puzzlement, the slum dwellers started to take various initiatives at the individual and household levels to protect themselves.
from COVID-19 from the first week of April 2020. Their initiatives could be categorized as follows:

Cleaning and wearing masks
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 outside the home. Selling face masks 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, and white paper, and sell them on the streets. When the government imposed the lockdown, I observed a huge demand for face masks in the slum. I immediately decided to change my business and started making face masks with simple clothes. It costs BDT 10 to make a mask and I sold it at BDT 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 would kill the virus. One school-going boy stated, ‘During the pandemic, I suffered from a cold; thinking that this would prevent COVID-19, my mother forcefully made me drink ginger and lemon tea daily until I fully recovered.’

*Thankuni pata* (*Centella asiatica*), a herbal leaf, which was believed to prevent COVID-19, became 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.

Homoeopathic medicine People believed that homoeopathic medicines had a special power in preventing COVID-19. A certain medicine called ‘Arsenica Album 30’ became 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 In addition to home remedies and homoeopathic medicine, people in the slum also took various allopathic medicines to protect themselves from the Coronavirus. Respondents said they got the idea from social media and local pharmacies that certain allopathic medicines could prevent the disease. Among those were a few analgesics and
antibiotics. Many pharmacy owners informed that their medicine sales increased unexpectedly during the pandemic. Many house owners, on their own initiative, collected these medicines and distributed them among their tenants. It is because any tenant having the virus would spread the disease among other tenants as well as the owners, risking the loss of rental business.

**Spiritual measure** Several respondents said they had conducted various religious and spiritual activities to receive blessings from Allah to survive during the pandemic. People performed religious activities—reciting the Quran and fasting, for example—more than before. One respondent said, ‘My father never performed fasting, but this time he performed it due to the pandemic.’ In the slum, there are a good number of followers of Dewanbagi, a particular spiritual leader or *pir*. During the pandemic, as per the instruction of Dewanbagi, his followers performed *muraqabah* (Sufi meditation) to get rid of the Coronavirus.

*Third phase: Initiation of community interventions* Although there was a leadership crisis in the slum at the beginning of the pandemic, the local leaders took the first community initiative from the second week of April 2020.

Korail slum consists of two wards of Dhaka North City Corporation (DNCC), ward number 19 and 20. The ward councillors are powerful leaders, linked with the ruling party, who have a strong hold on the slum. The greater part of the slum is located under ward 20, thus the councillor of this ward is considered the most powerful leader in the slum. He lives outside the slum but maintains his power through his nominated informal leaders. 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 councillors.

There are also two *unnayan* (development) committees in the slum, one in Jamaibazar and the other in Bowbazar. 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, like the *bazar* (market) committee, *masjid* (mosque) committee, school committee, and NGO-led voluntary committees. These committees are composed of people from different sociopolitical backgrounds of the slum; most are operated and maintained by the local leaders who have some form of connection with the ruling party. Most of these leaders also run different businesses in the slum, for example, renting houses, supplying water, and providing illegal gas services.
The initial initiatives were taken by the informal leaders of the slum. In early April, they had informal consultation among themselves and concluded that they had to act. One informal slum leader said,

‘I stayed inside my home for the first few days of the 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 things cannot 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 a part of this, we formed different volunteer groups.’

They mobilized volunteering teams of community members, especially the youth, who were eager to do something to save the slum from the pandemic. As a first step, they organized a mission for cleaning the slum; they started to clean all the alleys of the slum with detergent water. After a week or so, the ward commissioner got involved; he had meetings with the informal slum leaders and came up with a more structured approach to pandemic prevention activities in the slum. He formed a volunteering committee for central disaster and pandemic management and divided the slum into thirteen blocks.

The blocks had their own committees, each consisting of five members from the previous informal volunteering teams—people from the slum who are socially, religiously, and politically influential. Each five-member committee subsequently appointed a team of thirty volunteers from the respective block. The team consisted of youths, members of the slum development committee, and a few NGO workers working in the slum. Essentially, any work that was done to tackle the pandemic was operated by the block-level committees.

There were also some groups led by 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.

Following are some of the interventions taken by these committees and groups at this stage:

**Cleaning the slum** Under the supervision of the block-level committees, led by the informal community leaders, young volunteers, using buckets, began cleaning the slum with bleaching powder and other disinfectants. The community financially contributed to creating a fund for buying bleaching powder. Later they received spray machines and personal protective equipment (PPEs) from external agencies. 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 on the lane [alley], and all the lanes were so clean that you could sit and have your meal there.’

To save their homes, a group of house owners created a common fund and sprayed insecticide on surfaces that could be touched near their homestead. Many house owners provided soap, with their own initiative, to their tenants for using in the toilet. Some local youth created a charity organization named Manobotar Jonno Amra—We are for the People—through which they played an important role in the cleaning mission of the slum. They raised a considerable amount of funds through Facebook to buy cleaning materials.

**Restricting mobility** The central Coronavirus prevention committee closed the four main gates of the Korail slum with barricades made of bamboo and wooden benches. They monitored the entry and exit of the slum. The young volunteers played a role in controlling the mobility. Inter-block movement was also restricted. One peer researcher’s diary entry describes, ‘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 mikes.

**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 that 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 shopped for community members, especially for the elderly people, so that they could stay at home.

**Handwashing stations** A slum leader, who had a decoration 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 dwellers, for which people would remember me
for a long time. Inspired by his words, instead of giving cash, I decided to install sinks at different points of the slum so that people could use them to wash their hands easily.’

In addition to these four handwashing stations, the NGO Dustha Shasthya Kendra (DSK)—Help Centre for the Poor—and the United Nations Development Programme (UNDP) installed seven and forty-two handwashing stations, respectively, 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.

**Donation of food and cash** Relief activities, distribution of both food and non-food items as well as cash, by multiple government institutions and NGOs started mainly from mid-April and continued till June 2020. 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 (PM). He narrated,

‘I posted a message on Facebook, mentioning that the slum people were out of work for several weeks, and they desperately needed 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, 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 [2,000 tons].’

Although that relief was helpful for the slum dwellers, there was no ongoing relief from the government. From mid-April 2020, some other organization-stakeholders, including a few NGOs, provided cash and food support. Several other individual and group donations, in cash and kind, were made as well, managed and distributed by local volunteer groups.

**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 various 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.
Mass distribution of ‘Arsenica Album 30’  Mentioned earlier, a homoeopathic medicine called ‘Arsenica Album 30’ became popular in the slum during the pandemic for its perceived capacity to prevent the Coronavirus. At one point, the ward councillors took an initiative for a mass distribution of this medicine. Around 60,000 bottles of Arsenica Album 30 were distributed in the Korail slum. This was done in coordination with Khukumoni Foundation, an NGO working for the development of disadvantaged children and youth in Bangladesh.

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. However, it is worth mentioning that the police were found more active during the early days of the lockdown but reduced their activity when the members of the police were being increasingly infected across the country.

Help with cleaning and personal protection materials   Personal protection and hygiene materials were provided to the slum dwellers by many local and international organizations. The materials included soap, detergent powder, face masks, and hand sanitizers. 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 five six months. And, if you go and check, you will also find at least ten to fifteen face masks in every household.’

Phase four: coronavirus testing in the slum
In May 2020, three campaigns for mass testing of COVID-19 took place in Korail. The first testing campaign was held jointly by the Institute of Epidemiology Disease Control and Research (IEDCR) and the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), an internationally reputed research organization. The prevalence of COVID-19 in the slums was found to be 5.7 percent compared to 9.8 percent in Dhaka city. The study also found that eighty-two percent of the positive cases were asymptomatic (icddr, b, 2020). However, the results were not shared with the community formally. The respondents told us that some of the families were informed by the testing team members informally about a member being tested positive. The second testing campaign was held by the medical team of the Bangladesh Armed Forces. Results of these tests were neither published nor conveyed formally or informally to the community.
We acknowledge that failure to inform a person about their test results is ethically not acceptable. However, this issue was beyond the area of control of the research team.

People who were notified of being positive from the first test, conducted by the icddr, b, showed neither any symptoms nor received any formal reports. On the other hand, since the testing authority of the Bangladesh Army did not take any initiative like isolation or quarantining in the slum, people at that point started to believe that they did not have any COVID-19 patients in the slum and they should resume their normal life. One respondent said, ‘If anyone was tested positive, the Army would definitely take some initiatives to isolate/quarantine that patient, but they did not do anything like that.’ It is, however, worth noting that we did not find any case of death due to COVID-19 during fieldwork.

The third round of testing initiative was taken by a private organization called Jobeda Khatun General (JKG) Healthcare. However, after the testing done by the icddr, b and the Army, the slum dwellers thought that they had enough and were not interested in any further COVID-19 testing. Intriguingly, the slum leaders observed that people from different neighbouring areas were coming to the booth for testing. This was a concern for the leaders, as they thought if someone tested positive in this booth, they would be assumed to be from the slum even when they were not. This would not only be a problem for the image of the slum but also interrupt their businesses. Finally, and most importantly, the JKG tests turned out to be a scam; they were found to be supplying false test results during the peak of the pandemic, and the head of this organization was arrested. Eventually, the local slum leaders were able to exert enough pressure to close the JKG testing booths.

**Phase five: changing narratives of COVID-19 in the slum**

The COVID-19 testing was a crucial turning point in 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 dichotomy of life and livelihood and were desperate to start their normal life. When they saw that none of the community members they knew was Coronavirus positive, even after so much testing, it gave them a ‘scientific’ and moral legitimacy to get back to a normal life, defying government directives. Furthermore, the slum leaders took advantage of the test results and invited everyone to continue their normal business and not to leave the slum. From July 2020 onwards, Korail had a new narrative that it was immune to COVID-19. 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. They also rationalized their decision in several ways, as discussed at the beginning of the findings.

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. As one of our respondents (a rickshaw puller) said, ‘We eat morsels of rice and wipe hands with our lungi [a traditional lower garment worn by men] as we rush back to work. We have no time to take Coronavirus into account.’

**Discussion**

It was assumed that due to the precarious living conditions and precarity of livelihoods, slums will be severely affected by the pandemic in terms of Coronavirus cases and mortality. The media 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.

In reality, very few cases of COVID-19 were reported from the slum of Dhaka. As mentioned in the introduction, there may be various epidemiological and contextual explanations for this, which need further explanation; the focus of our study, however, is mainly to unpack the narratives of COVID-19 from the perspectives of Korail slum dwellers, against the media narrative of slum dwellers being ignorant and non-compliant to the health directives and indifferent to the pandemic. Our study reveals that contrary to the stereotypical notion about slum dwellers, in the context of indifference from the state and non-state actors, they themselves initiated several robust medical and non-medical measures to tackle the disease, mainly at the personal and household levels initially and later in the community.

A couple of weeks after the initial shock, the local government got involved in activities already started by the inhabitants to control the pandemic. In collaboration with the informal leaders of the slum and the community people, the local government took various organized and systematic interventions at the community level. The involvement of the slum leaders was also motivated by their own interest in running the rental business in the slum as well as maintaining power and influence within the community. Gradually, partial support from the government, NGOs, and other external agencies in the form of relief also began. They provided support remotely and it was the slum dwellers themselves who had the main control over the intervention efforts and the volunteers managed the distribution of the external reliefs.
At one point, the narrative of panic and concern about COVID-19 turned into a narrative of denial and unimportance, as a number of official COVID-19 testing in the slum did not find any upsetting results. The community developed a sense of immunity against the disease. It also coincided with the stage when they were desperate to resume their livelihood. It gave them the confidence to ignore all protective measures of COVID-19.

The leaders of Korail, with their private economic interest primarily tied to the rental business, also had a vested interest in creating a positive narrative of Korail. Rahman et al. (2020) found a growing trend of people moving out of urban slums to their villages between March and July; the inflexibility of rent expense in the context of a massive decline of overall income seemed to be the main push factor behind this trend. Given the importance of rental business for the local leaders, their active role in organizing the governance from below during this crisis is understandable.

It is clear that both local leaders and the dwellers of Korail followed the narrative of acceptance of COVID-19 and dealt with it according to their understanding of the reality. Lora-Wainwright’s (2017) idea of ‘resigned activism’ may be relevant here; she observes the daily grind of living with industrial pollution in rural China and the varying forms of activism that develop in response, which she terms as ‘resigned activism.’ The author found that due to various complex, localized social, and political realities, the villagers, feeling powerless, often came to accept pollution as part of the environment; their activism is tempered by their resignation.

However, whether COVID-19 in the slum is an ‘epidemiological paradox’ or not, whether the interventions taken by the slum dwellers made any impact on COVID-19 is beyond the scope and interest of this study. What this study confirms is that slum dwellers are anything but ignorant, indifferent, or passive victims of the pandemic, as portrayed by the media. The study proves their agency, resistance, and activism.

Authors who have studied COVID-19 situations in other global informal settlement contexts, particularly in Africa and South Asia, discussed the poor preparedness to manage the pandemic and offered suggestions to minimize the risk of the virus through various external interventions (Corburn et al., 2020). In Dharavi, the largest slum in India, the infection rate was dramatically controlled through various formalized and visible responses by the local government of Mumbai (Altstedter and Pandya, 2020).

The story of Korail, however, is different—as the responses have been mainly informal, local, and adaptive—an interesting case study of collective agency and community governance from below. It also reinforces the power of community governance, which can be defined as community-level management and decision-making that is undertaken with or on behalf of a community, by a group of community stakeholders (Totikidis et al., 2005).
Sullivan (2001) also defined community governance as a bottom-up approach of local governance that focuses on the participation of community members, local leadership, and collaboration with community-based organizations in addressing local problems and improving the quality of public service. The focus on ‘community,’ rather than a corporation, organization, local government, or the public sector, is the distinguishing feature of community governance vis-à-vis the other forms of governance. Authors have discussed the value of community governance in relation to problems that cannot be handled either by individuals acting alone or by markets and governments (Bowles and Gintis, 2002).

We can understand these community initiatives by the urban poor as what Bayat (2013) calls ‘quiet encroachment’ or ‘non-movement.’ He argues, the urban grassroots are diverse in terms of income, status, occupation, and production relations; nevertheless, they share a common place of residence—community. Shared space and the needs associated with common property offer these people the possibility of ‘spatial solidarity’ (Bayat, 2013, p. 39). Bayat argues, in general, non-movement 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 (2013, p. 51) maintains, ‘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.’

Roy’s (2009, pp. 76–87) 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. She explains,

‘The state itself is a deeply informalized entity. 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.’

Through the emic narrative of the COVID-19 pandemic from the residents of an urban informal settlement in Bangladesh, this study reveals this neglect and inequity in a crisis situation. It also encourages us to think about the relevance of governance from below through informality and community participation. We believe that such ethnographic insights can help design
more grounded and contextualized responses to such a crisis. We argue that in complex governance, political, and institutional urban slum settings, integrating the understanding of informality in designing crisis response can be promising.

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