

Slums During COVID-19: Exploring the Unlocked Paradoxes

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Shahaduz Zaman, Reader in Medical Anthropology and Global Health, Brighton and
Sussex Medical School

Faruq Hossain, Sr. Research Associate, Development Research Initiative (dRi)

Shamael Ahmed, Research Associate, BRAC Institute of Governance and Development
(BIGD)

Imran Matin, Executive Director, BIGD



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1. Introduction

Globally, as of 13 October 2021, there have been over 238 million confirmed cases of COVID-19, including over 4 million deaths (World Health Organization [WHO], 2021). Even after a year into this catastrophe, many of its courses and directions remain incomprehensible. For instance, the cities in the Global South were anticipated to be particularly vulnerable to the virus as they hold large informal settlements, which, with a high density of population and substandard health and sanitation facilities, were deemed perfect for spreading the virus. While the cities indeed turned out to be the epicentre of COVID-19, at least until recently, the reason behind these high infection rates could not be traced back to their informal settlements as per the predictions.

According to the United Nations Human Settlement Programme (UN-Habitat), an informal settlement, commonly known as a slum, is a place situated in a neglected part of an urban area where the households lack proper housing, tenure security, sufficient living space, and easy access to safe water and sanitation. Due to such living conditions, physical distancing and self-quarantine become virtually impossible, and the rapid spread of infection becomes highly probable (Corburn et al., 2020). Likewise, many authors and scholars predicted that the pandemic's hit on the slum would increase the infection-case ratios and fatalities due to the high density of people living together (Dahab et al., 2020). However, this prediction did not come true in many informal settlements around the world. In Dharavi—the world's most congested and one of the largest informal settlements, situated in India—infection rates were growing at the beginning, but the settlement managed to drop the rates subsequently (Altstedter & Panday, 2020). Africa's largest slum, Kibera, also slowed down its infection rate and became a role model in the world (Owino, 2020).

Bangladesh experienced a similar paradox in the slums. The capital city Dhaka is home to more than five million slum dwellers and has the highest number of positive cases in the country (UNICEF, 2020). However, in July 2020, the Institute of Epidemiology Disease Control and Research (IEDCR) shared that the slums of Dhaka had little to no positive cases (Shaheen &

Islam, 2020). A COVID-19 test conducted for a survey in June by IEDCR and the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) in the slums of Dhaka noted that the slums had an infection rate of only 6%, which was lower than those of the other sites of the city (icddr,b, 2020). This subsequently generated curiosity and became a talk of the town. Both national and international media shared their interpretations and speculations to explain the phenomenon, most dwelling upon the lack of testing in the slum areas and stronger immunity of slum residents as the main reasons. None of the explanations had a sound theoretical or empirical basis.

Hence, the BRAC Institute of Governance and Development (BIGD) initiated an exploratory study named the “‘Paradox’ of Korail Slum During COVID-19: Ethnography of Governance From Below,” to understand the phenomenon from the perspective of Korail slum dwellers. Understanding the narratives of the slum residents—how they understood and dealt with the pandemic—was the prime objective of the study. The study revealed how the slum residents themselves used their collective agency to take several robust medical and communal measures to tackle the pandemic.

Through the lived experiences of the locals of Korail during the pandemic, we tried to understand the slum’s response to the pandemic. To gain a more general and holistic perspective about the slums in Dhaka, we extended this study to two more slums of the city, the Gabtali slum and the Sadek Khan slum. The two slums were chosen based on their distinctive nature of land ownership, residents, and availability of public services. The objective is to compare and contrast the experiences of these two slums with our previously studied slum, Korail, and portray an integrated view of the slums during the pandemic.

The paper first discusses the approach and methodologies of this qualitative research. Following that, the findings from the two slums are portrayed in a compare-and-contrast form. Later, we link our previously studied slum Korail with these two slums and explain the differences in interventions and experiences in these slums. The paper concludes with an agreement towards our argument.

2. Methodology

The study took an ethnographic approach, which relied on researchers participating in the study setting, to document the patterns of social interaction and the perspectives of participants and to understand the findings in light of the context of the people being studied (Hammersley, 2019). Data were collected by four trained anthropologists between January 2021 and March 2021. In addition, several other ethnographic and qualitative research methods were used to triangulate the data. We collected data in Korail from August 2020 to November 2020. Following are the list of the methods used:

In-depth interview (IDI): A total of 36 in-depth interviews (IDIs) were conducted, 18 in Gabtali and the other 18 in Sadek Khan slum, with a cross-section of people of the community, including housemaids, garment workers, rickshaw pullers, street hawkers, tea sellers, students, and slum leaders. A maximum variation sampling framework was considered in identifying the participants from a wide range of diverse groups. The sample was gender-inclusive, maintaining a good balance between male and female participants. Some demographic information like age, occupation, and location were also considered for selecting the participants. Apart from the face-to-face interviews, a few interviews were done over the phone, mainly for the clarification of the data.

Key informant interview (KII): A total of 16 key informant interviews (KIIs) were conducted, nine from Gabtali slum and seven from Sadek Khan slum, to get a perspective on the slum dwellers' roles during the pandemic. The key informants were local leaders, traditional healers, health service providers, drug sellers, and *imams* (the prayer leader of a mosque).

Observation: Field researchers observed and had conversations regarding the pandemic with the locals. This allowed the researchers to understand the community dynamics and discuss and comprehend the pandemic in alignment with these dynamics. The researchers were also able to collect some photos of various events and relevant objects during the pandemic.

Participatory Rapid Appraisal (PRA)

Problem ranking: Problem ranking is a participatory rapid appraisal (PRA) tool used in understanding people's perceptions of problems. Here the participants list down and rank their problems (Keller, 2019). This exercise helped us to understand the problem of prioritization of the slum dwellers.

Stakeholder mapping: Two stakeholder mapping exercises were carried out for each slum to find out the key actors within and around the slum who played vital roles during the pandemic.

Informal group discussion: A few opportunistic informal group discussions were also conducted to better understand people's perceptions of the pandemic and the role of different stakeholders 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 analyze 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.

3. Findings

The two slums, the Sadek Khan slum and the Gabtali slum, have distinctive characteristics based on their land settlement, population, and availability of public services. These distinct characteristics make these two slums appropriate representatives to portray the experiences of the slums in Dhaka city during the pandemic.

3.1. The Characteristics of the Slums

3.1.1. Sadek Khan Slum, Mohammadpur

The Sadek Khan slum is one of the larger privately-owned informal settlements located at the Rayer Bazar area of Mohammadpur under the Dhaka North City Corporation (DNCC). The slum was named after the politically influential individual, Sadek Khan, a Member of Parliament (MP) of the area, because it was built on his land. According to the Slum Census 2014, about 447 households live here with some basic civic facilities like gas, water, and electricity. However, the actual number of households is much higher than the official statistics. There are both tin-sheds and high-rise buildings in the slum. Many of the owners here have either built houses for rent or have given their land for lease. Some of the landowners deployed managers to manage the house on their behalf.

3.1.2. City Colony, Gabtali Slum

The slum of Gabtali is commonly known as the City Colony, which is situated close to the Gabtali Bus Terminal and between the embankment of Gabtali and Mohammadpur. The colony with tin-shed housing was formed by the Dhaka City Corporation for its blue-collar workers. In this slum, only the city corporation workers and their families reside. These workers were shifted from Mohammadpur and Gulshan to Gabtali around 15 years ago. Around 800 families live in the colony ('More Scared of Hunger Than Coronavirus,' 2021). Alongside Muslims, about 30–35 Telegu community people, commonly known as *Dalits*, reside in the colony.

3.2. Early Impact of COVID-19 in the Slums

The pandemic terrified people from all aspects of life equally at the beginning. Even the slum people were noticed to be more concerned about their lives than their livelihoods. Many dwellers from the Sadek Khan slum lost their jobs due to the economic shutdown. The people who lost their jobs also lost hopes of finding another job. Unable to afford city living after losing jobs, many even left the slum for their village homes. All kinds of people in the slum, including house owners, landowners, and tenants, were worried and confused as the situation was

worsening day by day. Dwellers of Gabtali also started staying indoors, closed tea stalls, and stopped going outside the colony without emergency. Immediately, they started following different safety rules of the government as much as possible. For example, they started wearing masks, maintaining social distance, and stayed inside as much as possible. While describing their situation, one of the slum dwellers of Gabtali said, “During the initial period of lockdown, we were so frightened that we called for Allah more than ever.”

During that period, city dwellers were also noticed to behave a bit differently towards the slum residents. A respondent from Sadek Khan slum shared a story in this regard,

“Once I saw a city dweller riding a rickshaw of one of our slum residents with a bag of groceries; suddenly, on the way, the rickshaw puller sneezed. That made the man very annoyed, and he left the rickshaw without even taking his groceries.”

3.3. Reasons Behind the Panic in the Slums

3.3.1. Reasons Behind the Panic in Sadek Khan Slum

In the Sadek Khan Slum, the reasons for panic mostly stemmed from the information or misinformation they received from different sources, as discussed below.

The horrors of the pandemic in the news media: At the beginning of the lockdown, the slum people often watched television (TV) news to stay updated about the national and international situation. Almost all of them had a TV set. This was their main source of knowledge about COVID-related news. The news about the pandemic left them traumatized. On the TV, they saw corpses lying on the streets and piled up in places with no one to bury them.

Dishonour to the deceased: Due to the situation, they realized that the dead bodies were not getting proper burial, as per the Islamic tradition. The families were not able to perform any of the burial rituals after the death. They also heard that the bodies were being buried together in piles, disregarding their religion and ethnicity. Overall, they felt that situation was horrific. One

respondent said, “Nobody wants to die knowing that no one will be there to bury them after their death.” (“মরার পরে ভাগ্যে এক মুঠা মাটিও জুটবে না এটাতো কেউ চায়না”)

***Case 1:** During the early stage of COVID-19 in Bangladesh, a heart-breaking case from the village of Tangail played a key role in developing this narration. Two sons from the village found out that their old mother had COVID-19 symptoms and left her in the jungle instead of taking care of her. This story got viral throughout the country. Different media featured this story and portrayed a frightful nature of the pandemic, and this terrified the slum dwellers.*

3.3.2. Reasons Behind the Panic in Gabtali Slum

In Gabtali slums, the residents were primarily fearful about the vulnerability of their living conditions, the nature of their jobs, and the possibility of eviction.

The nature of the virus: The slum dwellers knew very little about the virus, COVID-19. But they knew that it spread through close contact and in poor hygienic conditions. The people of Gabtali lived in tiny spaces, with no separate kitchen and a single bathroom used by three to five households. In such a place, maintaining social distance was almost impossible. Thus, the people living in the Gabtali slum were concerned that their slum may become a potential hotspot for COVID-19.

Nature of work: This was one of the major reasons which worried the slum dwellers during the early stage of the pandemic. It is because many of them lived on collective garbage and leftover food from places filled with filth, which are not at all hygienic. They thought their nature of work increased their chances of COVID-19 infection. One respondent said in this regard, “Everybody knows that the virus spreads through saliva that remains on the ground, and we have to work with these every day.”

Fear of displacement: The people of Gabtali slum feared eviction. They anticipated that people identified with COVID-19 symptoms would be forced to leave the slum. And having no other place to stay other than the slum, everyone tried their best to adhere to the safety rules.

***Case 2:** A man from the slum once went to a hospital to donate blood to a pregnant woman. As per rules, before taking his blood, the hospital tested him for COVID-19 and found him positive. He was then asked to stay in isolation for at least two weeks. However, after returning back to the slum, he was not allowed to enter. Instead, people got him his essentials and asked him to stay in isolation at some other place.*

3.4. Dimension of Interventions in the Slums

With these fears, people followed any instruction they came across from any possible source, TV, social media, and relatives from the countryside or abroad. It was noticed that during the first few weeks of the pandemic, people purchased face masks and hand sanitizers even at a higher rate from their local shops. With time, the slums overcame their fear and started working against the pandemic. Everyone, starting from general residents to house owners, took measures to save themselves and prevent the virus. The measures included relief and medical and communal interventions.

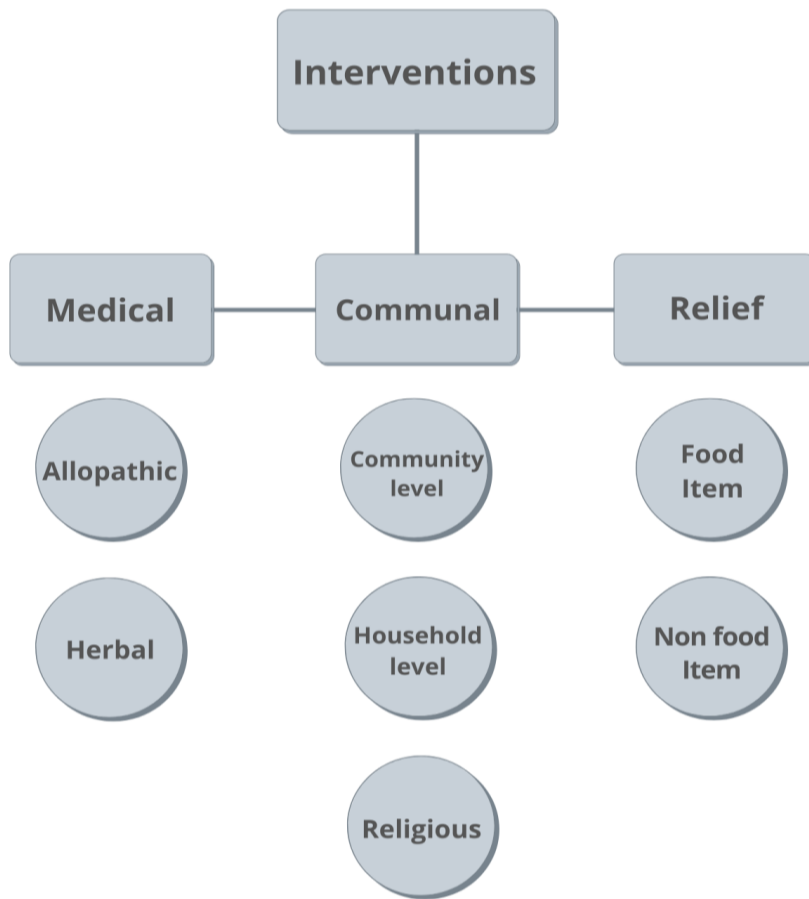


Figure 1: Dimensions of Interventions

3.4.1. Medical Interventions

i. Use of Allopathic Medicines

People of both the slums relied heavily on allopathic treatment in case of any kind of physical weakness, like fever, cold, cough, or diarrhoea, during the lockdown. Paracetamol, specifically the brand Napa, was the most commonly used medicine among the residents of the Sadek Khan slum. In Gabtali, medicines such as Napa, Zimax, Monash 10, and Rupa got huge popularity among the community people because they came to know from TV and social media that these medicines were effective in treating COVID-19. There was a shortage of Napa tablets in the pharmacies of Gabtali because people were stocking them in their homes. For its high

demand, the price of Napa also rose to BDT 4 per tablet from its original price of BDT 1 per tablet. One pharmacy owner exclaimed, “Suddenly Napa became so popular here that we could not meet the demand. I would sell almost 8–9 packets of Napa daily, whereas before the lockdown, the sale used to be around 2–3 packets.”

According to a pharmacy owner of the Sadek Khan slum, sometimes people even bought medicines through the phone. One pharmacy owner said, “Many people took my phone number so that they could contact me in case of any physical discomfort, and I prescribed medicines to many people during that time over the phone.”

For extra precautions, people of Gabtali slum took Napa immediately whenever they were wary of their health. The slum dwellers of Gabtali were involved in physically demanding work, hence if they lacked the strength, they would fail to do their job properly. That is why, at times, people were even found to take extra doses of Napa to recover sooner. One cleaner shared,

“I used to feel feverish during the early days of the lockdown, and I would take two Napa tablets three times a day. These tablets were 500 ml, the high-powered ones, cause I wanted to recover from this as early as possible.”

Dependency on local pharmacy: Local pharmacy was the prime source of medicines and primary healthcare in both the slum. Slum dwellers of Gabtali used to contact only their known and trusted pharmacies because people wanted to hide their sickness. They would only visit hospitals and clinics for critical cases and emergencies. The slum dwellers of the Sadek Khan slum also avoided visiting a clinic or hospital due to the high risk of contamination as well as high costs. One of the slum dwellers of Sadek Khan slum directly said this to a pharmacy owner, “Don’t ask me to go to the hospital, I will take whatever medicine you give. If it’s in my fate, I’ll live or I’ll die.”

An imam (religious leader) from Gabtali shared his own experience,

“During the pandemic, I had a fever, and I called my doctor (pharmacy owner) from whom I always buy medicine. I called him specifically because I could only trust him to keep the news of my sickness a secret. I heard that if the

police learn about someone's sickness, they close their house, cover the eyes of the sick persons, and take them out of the colony."

For precautions, the pharmacies of Gabtali changed the habit of checking temperature through physical contact and used an electronic thermometer instead. A rope was tied around the shop, so that the customers could collect the medicines from the other side of the rope, maintaining a three-foot distance.

ii. Use of Herbal Medicines

During the pandemic, slum residents followed multifarious herbal practices to keep themselves safe from COVID-19. They learned about these practices from TV and social media. Parents stopped keeping water in the fridge and encouraged their family members to drink hot water. Different types of tea (black tea mixed with ginger, lemon, and other ingredients) became popular among people. Even children were encouraged to drink it because parents believed that this would help fight against cold as well as COVID-19. Blackberries also got special attention. People used to eat mashed blackberries with rice for lunch. One of the respondents of Gabtali exclaimed, "Corona forced people to drink tea so much that people have been continuing this practice still."

Thankuni leaf: Herbal or traditional practices played a major role in dealing with the COVID-19 from a very early period of the lockdown. Having *thankuni* leaves (*Centella asiatica*) was the most common practice in the slums; people of all ages had it. They heard about the practice from social media, neighbours, and relatives. There were different ways of having thankuni leaves. Some had it as mashed, and some chewed six pieces of the leaves. People sold thankuni leaves at various locations in and around the slums at a high price due to their popularity. At one point, just a handful of leaves were sold for BDT 100. A middle-aged woman from Gabtali who used to sell vegetables in the slum shared her experience with thankuni leaves during the lockdown:

"During early April, when I was out to buy vegetables from Mirpur 1 Bazar, one of my neighbours asked me to bring thankuni for her; she said that it is highly effective against Corona. On that day, I found that people were

purchasing thankuni leaves at two/three times higher prices than usual. They were selling a small amount of thankuni leaves at BDT 10 which was BDT 2/3 two days ago. However, I also bought thankuni leaves with BDT 200 and kept them in my shop to sell. Within a few minutes, a crowd gathered around my shop and by an hour, all my leaves were sold out. I made a huge profit from it.”

Thankuni leaves got so popular because of a story that spread like wildfire. The story described that one night a famous religious leader in Saudi Arabia dreamed that Allah asked him to share with the world that if people have thankuni leaves between 8.00 pm to 4.00 am, COVID-19 will not attack them. A pharmacist said,

“I noticed people having thankuni leaves for COVID-19. At a point in early April, my friend suggested I should take the leaves too, describing their usefulness, but I refused. Then he phoned my wife and delivered the same message. Accordingly, my wife managed some thankuni leaves and insisted on eating the leaves.”

Black cumin and raw pepper: Along with thankuni leaves, having black cumin and raw pepper also became a popular practice in the Sadek Khan slum. People believed that both black cumin and raw pepper were effective in preventing COVID-19. One respondent of the Sadek Khan slum said, “We chewed raw pepper often during the lockdown because it helped us sweat so that all kinds of germs would drain out of our body.”

Spice tea: Tea, mixed with different spices, was also considered an effective way to prevent COVID-19. Almost every household of the Sadek Khan slum prepared tea for all members. Following the demand for spice tea, tea sellers started to prepare tea with different spices to attract their customers. Many people also stocked tea in a flask so that they could drink it frequently. One respondent said, “Before COVID-19, I would sell only red tea but when I saw that people were interested in having tea with ginger, lemon, or cinnamon, I started to sell tea mixed with these spices too.”

3.4.2. Communal Interventions

i. Community-Level Interventions

After two to three days of the lockdown, around 20–25 house managers of the Sadek Khan slum got together in one of the tenant's houses to discuss what to do about the situation. The residents of the community who worked as rickshaw pullers, domestic workers, street hawkers, house managers, and such were mostly stuck inside their homes with no work because of the lockdown. Hence, these people in the Sadek Khan slum were able to implement the interventions mentioned below. While the residents of the Gabtali slum had their primary source of job, they also managed to take similar interventions, as mentioned below.

Blocking the roads/lanes: Sadek Khan slum has three lanes, named 1, 2, and 3. House owners of lanes 2 and 3 blocked their lanes with bamboo and wood to prevent outsiders. This was the first intervention at the community level. The influential and powerful people of the slum, such as house owners, managers, or relatives of the landowners, lived in lanes 2 and 3, which is why they were so quick to block their lanes. A few locals guarded the gate to monitor the movement of the slum dwellers on behalf of them. A rickshaw puller mentioned, "At the beginning of the pandemic, some local youths brought bamboo from the rooftop of the house and barricaded the roads."

However, a misperception arose when the slum dwellers saw the barricade in lanes 2 and 3. People of lane 1 thought that COVID-19 patients were found in those lanes and thus they were barricaded. This also made them more concerned and serious about following COVID-19 safety measures.

During the beginning of the lockdown, the community people of Gabtali also blocked the roads and gates with rope and bamboo; only one entrance was kept open. That entrance had a handwashing station as well. Anyone entering through that gate would be sprayed all over. Usually, hawkers, petty business holders, and workers would want to enter the slum to sell their products and have breakfast/lunch inside. These people were strictly not allowed in the slum during the early days of the lockdown. People from different committees and groups, such as the workers union and the Panchayat committee, implemented it strictly. A group of local

youths guarded the entry point of the roads 24 hours a day. The youths were divided into small groups and each group guarded the entry point for eight hours per day. However, everyone did not equally comply with safety rules while entering the gate of the colony. Though most followed the rules voluntarily, some declined. A volunteer shared, “Many people would deny following rules and sometimes they quarrelled with the youths when they were forced to be disinfected.”

Spraying bleaching powder/disinfectants: Apart from forming barricades, the dwellers of the Sadek Khan slum also disinfected the lanes and the surroundings of the houses with bleaching powder every few days. The local influential people (house owners and relatives of Sadek Khan) raised funds for purchasing safety equipment for spraying the disinfectants. In addition, detergent powder was also sprayed daily on all the common spaces of the houses, on behalf of the house owners. To better enforce the measure, the manager would monitor if the people cleaned the rooms and their surroundings regularly.

The youths of Gabtali who worked at the gate would also spray disinfectants on the people whenever they entered the slum. They believed that the COVID-19 virus spread when people came in contact with saliva and coughed on the ground. They thought disinfecting the bodies and feet of people entering the slum would keep the outside germ from getting inside. Every lane and road of the slums were also disinfected with bleaching powder. The city corporation provided a huge amount of bleaching powder to the slum. The community leaders also managed to bring spray machines to spray the bleaching powder. A group of enthusiastic youths did this task as per the instruction of the informal leaders. One respondent said, “The bleaching powder was sprayed too much, which turned out to be a health hazard. People were seen to have lung problems due to it; I saw someone burnt his throat while spraying the bleaching powder.”

Installing handwashing facilities: In the Sadek Khan slum, handwashing facilities were installed with soaps in front of the gates and entry points of the lanes so that people could enter the community after washing their hands. Additionally, soap and water were kept in front of the houses so that people could enter the house after washing their hands. A house manager said,

“In the early days of the lockdown in Bangladesh, the owner of the house asked me to keep soaps and water in front of the main gate of the house and to distribute two pieces of soaps for every tenant [household].”

Four handwashing devices were installed in different parts of the Gabtali slum. Additionally, two drums were also set up in the slum. Many houses kept soaps outside so that after coming back from outside, they could directly go to the bathroom and shower before entering their home. Outsider agencies, local informal leaders, pharmacy owners, and local youths played a pivotal role in this regard. A pharmacy owner of the Gabtali slum said,

“At first, I initiated and kept water and soap at the main entry point of the colony; after a few days, the community leader joined to set up hand-washing stations in all the blocks of the slum and told people to use them using a loudspeaker.”

Miking for mass awareness: During the early stage of the lockdown, many awareness programs were initiated in both Gabtali and Sadek Khan slums by a variety of groups like mosque committees, local youths, non-governmental organizations (NGOs), and so on. They spread awareness about safety measures for COVID-19 around the slum. The Bazaar Committee arranged the mikings in the Sadek Khan slum; in Gabtali slum, the initiative was taken by the Mosque Committee.

Locking the main gates: At the end of March, some of the residents of the Sadek Khan slum kept the gates of their houses closed from evening till midnight for around 10 days. This measure was taken upon the discussion between the house owner and all the other tenants of that building. This was initiated so that no one could enter a house randomly. This intervention was also adopted in privately-owned houses. Meanwhile, in the Gabtali slum, gates between blocks were shut off to discourage inter-block movement.

Restriction to enter the mosque: When the government imposed restrictions on all religious institutions, leaders of the slum implemented it in the slum too. In both the slums, people were not allowed to enter the mosque for any kind of religious activity. Nader Khan, a powerful and influential leader of the Mohammadpur area played a significant role in this regard. He asked

people to perform *namaz* (prayer) at home instead of at the mosque. A small number of people were allowed to pray inside with their masks on. The *imam* (religious leader of the mosque) of Gabtali said, “We marked the floor with red to maintain social distance in the mosque during prayers.”

Even for performing *wudu* or ablution in the mosque, people maintained social distance. While entering the mosque they would have to spray themselves and go inside wearing a mask.

Police patrols: Police were relatively more active in the Sadek Khan slum to maintain a strict lockdown. They would visit the area twice a day. They would send the rickshaws back to the garage or home and close the shops that kept continuing business after the limited hours provided. According to the slum dwellers, police used to charge with sticks to send these people back home. One garment worker said, “Police were so aggressive that people would be more afraid of police than the deadly COVID-19.”

The reason behind the strict police patrol was that the MP and some other influential people lived near the slum. They thought if the slum would get infected, their risk of getting infected would also increase. Thus, the influential people near the slum used the state agency for their interests. However, the Gabtali slum had few timely police patrols as well, though they were not as strict and regular as the Sadek Khan slum’s patrol.

The shutdown of tea stalls in Gabtali: In the slum, there are many tea stalls, and most are usually found busy with people. All the tea stalls of the slum remained closed during the lockdown to control the spread of the virus. Sudden police patrols in the slum also helped in closing the tea stalls, at least for a while. A businessman said, “One day the police visited this colony during the lockdown and found many tea stalls open. That made them very angry, and they beat a few of them and took the teapots away.” But after a month, people reopened their business because they saw no COVID-19 patients around them.

Flexibility for house rents in Sadek Khan Slum: Before the pandemic, the house owners were quite strict about the house rents. However, as many of the tenants lost their jobs and many had a decrease in their income due to COVID-19, the tenants could not pay the rent in due time. But the house owners were flexible about it considering the extraordinary circumstances.

ii. Household-Level Interventions

Maintaining isolation: During the early stage of lockdown, people who had a fever, cold, or any COVID-19 symptoms were sent to isolation to keep their family members safe. Maintaining isolation is tough for the slum dwellers since they live in overcrowded spaces. Yet, slum dwellers tried maintaining isolation when needed through various ways, such as sending other COVID-free family members to another house, staying on the rooftop, staying at hospitals, and so on. A service holder of Gabtali said,

“One time during the early lockdown period, I felt a few physical problems, such as fever, vomiting, and headache. I called 999 first and they told me to call 333. They [333] identified me as a potential [COVID-19] patient and suggested that I go for isolation for some days with some medicines. I was scared and I stayed on the rooftop of my house for three days to keep my other family members safe.”

Washing clothes every day and drying them in the sun: People of both slums brought changes in the ways of washing their clothes. They would wash their clothes daily after returning from work at the initial stage of the lockdown, believing that washing will disinfect their clothes. One day labour said, “Before, we never washed clothes every day. After Corona, especially during the lockdown, we washed clothes every day, at times only with water too.”

Usually, the people of both slums used to dry their clothes in their rooms, but after the outbreak of COVID-19, they changed their habits. This was because in April, they came to know that the COVID-19 virus cannot live long in the sun, and thus they began to dry clothes outside, even though the outside was full of dust.

In Gabtali, residents also put their shoes outside their room, fearing that the shoes could bring the virus home. They even disinfected their mobiles with Hexisol after entering the home from work. One female cleaner of Gabtali said, “Coming back from work, we never entered the room or touched our children without freshening up.”

Using the kitchen in turns at Sadek Khan slum: Few changes were made in using the common kitchen after the pandemic. Normally a kitchen is shared by four to five households, and they would use the room without any specific rules or restrictions. The kitchen was always a busy room. Women were noticed to make a schedule for using the kitchen from April. They talked with each other and used the kitchen in turns to reduce gathering.

Use of polythene by Sadek Khan slum residents: This was another innovative way for the slum dwellers to deal with the pandemic during the early days of the lockdown. Since they could not afford personal protective equipment (PPE) or any other safety equipment, they used polythene as gloves and to cover their head.

Having boiled food: People tried their best to have boiled food in the early days of the pandemic until their gas services were cut off completely. One housemaid said, “We always boil water before drinking, but when we stopped having gas services, we could not continue this habit.”

Keeping children at home: Children would go to their neighbour/friend’s house to play before the lockdown. In some cases, children from households with no TV visited other houses to watch TV. But after the lockdown, many parents restricted children from other households to enter due to the risk of COVID-19. Thus, many parents had to buy a TV to keep their children at home and happy. One mother said, “What could we do! Children do not understand Corona, they want to visit other houses to watch TV, but people feel disturbed; so we bought TV to keep them home.”

iii. Religious Interventions

During the lockdown, the slum dwellers took many religious interventions to deal with the pandemic, including performing namaz in the house, reciting the holy Quran, and so on. Afraid of the pandemic, people became more religious. Even when the mosque was closed down, they prayed inside their homes instead and prayed for not only themselves but also for the whole world. One of the respondents of Sadek Khan slum shared,

“I prayed at home and even used to invite others to pray with me. During the pandemic, I started growing a beard for religious purposes and performed prayers five times a day regularly. I have done all these due to the fear of dying of COVID-19.”

As many people lost their jobs and started spending time at home, they would get more time to spend on religious activities like offering prayers, fasting, reading the Quran, hearing *Waz* (religious talks and songs). Since schools and colleges were closed, many parents in the Sadek Khan slum sent their children to learn the holy Quran. Many people even brought the TV from their business shops to watch *Waz* and COVID-related news. One respondent from the Sadek Khan slum explained, “During the lockdown, hearing Islamic *Waz* increased because people tried to be more pious.”

Reciting *dua* of the pandemic: It is said that the Prophet (SW) recited a specific *dua* (prayer of invocation) to be safe from any disaster. When the pandemic started, many residents of the Sadek Khan slum read the same *dua* to be safe from the pandemic. Religious leaders and imams suggested people to recite the *dua* as much as possible. Many even made copies of the written *dua* and placed them on the walls of their house for protection. This was done in Gabtali as well, where leaflets were posted on the doors of the houses by a group of youths so that people could read them daily. Besides, the religious leaders (imams) of the Sadek Khan slum suggested people to recite *Ayatul Kursi* (specific verses from the Holy Quran) 313 times a day. Reciting *Surah Fatiha* was another religious practice performed by the community people. People would recite *Surah Fatiha* 41 times after the completion of the *Fajr* prayer every day. Religious leaders of the Sadek Khan community also gave practical suggestions to people. For example, the imam said,

“People who would come to me for taking pani pora [water blessed with prayer] or other advice, I asked them to be neat and clean, and used the reference of the Prophet (SW) because people trust more when they find something in the tradition of religion.”

3.4.3. Relief Interventions

i. Food Items

Relief interventions were mainly food items in the Sadek Khan slum. Different agencies, institutions, individuals, and groups provided relief to the slum dwellers based on their capacity and resources. The items were provided from the second week of April. Nader Khan (landowner), Sadek Khan (MP of that area), Bangladesh Police, local councillor, local business people, local youth/volunteer, and NGOs AD Sufia, Apan Foundation, and Ananda School were the major agencies that distributed food items. Biddanondo Foundation had a one-taka food program for the slum dwellers during the pandemic. It used to send the food in a truck during lunchtime.

Gabtali residents received rice, lentil, oil, and onion from Nari Maitri, Bangladesh Dalit Nari Forum, local councillor, MP, and some business people who lived in the slum before. All these food items were provided from May to June 2020.

ii. Non-Food Items

The quantity of non-food items as relief was negligible compared to the food items in the Sadek Khan slum. Some individuals and institutions delivered these items along with food items from mid-April 2020. Nader Khan, one of the influential and powerful individuals, brother of Sadek Khan, provided masks and Savlon to 500 households. Ananda School provided soap in the slum twice during the lockdown and Apan Foundation delivered two soaps for each household of the slum.

In Gabtali, for non-food relief items, the slum received face masks and hand sanitizers from the Bangladesh Dalit Nari Forum, and masks, gumboot, and PPE from the city corporation.

3.4.4. Interventions Specific to Gabtali Slum

Since Gabtali residents were working under the government, their workplaces undertook few interventions as well.

Using mask, gloves, and PPE: They started complying with safety measures very early into the pandemic. They used face masks at work. Many organizations, including the city corporation, provided them with cloth masks. Men who collected garbage were also provided PPE from the city corporation. Masks and gloves were always available to the people of the Gabtali slum from work, but they used to use them carelessly before the pandemic; when they did, they used them to prevent dust, not disease. But after the pandemic hit, the use of masks and gloves became a common and regular practice among them as they feared COVID-19.

Starting their day earlier: The people of the slum, especially those who worked for the city corporation, had to start work almost two hours earlier than usual when COVID-19 hit. Since the public transport service was suspended, they had to go to work on foot, which would take a long time. Before leaving for work, they would all gather at one place to make sure that everyone was carrying their safety materials.

Daily instruction: Before beginning their daily work, all the workers go to their local office and sign the register. During COVID-19, they would enter the office after cleaning their hands and feet carefully. At that time, someone would instruct them on how to maintain safety measures so that they would not forget the measures. Usually, the most senior or leader performed it on behalf of the city corporation.

Promise of monetary support from the city corporation: During the pandemic, the slum dwellers who were working under the city corporation had to continue their job with risk. In fact, they had to work harder to keep the city clean and safe. To motivate the workers, the city corporation declared to pay BDT 3,000 per month to each worker. But the promise never materialized.

Transport service: Since public transport was unavailable during that time, the city corporation provided transport service for the colony people to go to work, as per the demand of the residents. The city corporation provided a truck for the colony people that picked them from the colony and dropped them at their working station.

3.4.5. COVID-19 Testing in the Slums

Both the slums did not have any testing booths inside or nearby, and the residents were also not too eager about testing because of social stigma. During the pandemic, many people suffered from fever and cold but none of them went for testing due to the fear of social stigma. The local pharmacy owners of Gabtali explained, “People did catch a cold and fever, but everyone kept it hidden. If everyone was tested here then a lot of COVID-19 positive patients would get detected.”

However, amidst such speculation, the study found two cases from the Gabtali slum where the people got tested for COVID-19. Both had a similar case of receiving false-positive results. One of the cases is shared below:

Case 3: *Delwar Hossain (38) is a cleaner under the city corporation, and for his secondary income, he works in a private bank as the official messenger. He shared that during the pandemic his brother had a heart operation. For the operation, his brother needed emergency blood donation. Since his blood group matched his brother's, Delwar volunteered to donate. Hence, before the proceedings, Delwar had to go through a COVID-19 test. He went to Selina Hospital (a private clinic) to do his test for BDT 2,000. After the arrival of his COVID-19 test report, he got to know that he was COVID-19 positive. He was shocked to know the results because he did not have any of the symptoms—fever, cough, or cold. So he immediately went to another hospital, Shawrawardi Hospital, to do his COVID-19 test again. After four days, he received his report and got tested negative. He shared that he was very scared and concerned these four days, which is why he only stayed home and away from all family members.*

3.5. Narratives of the Slums Regarding COVID-19

3.5.1. Sadek Khan Slum

A State Made Weapon to Destroy the Poor

Most of the slum dwellers were not happy with the role of the government during the pandemic. This negative perspective was prevalent because of the continuous disconnection of gas service in the slum, no relief from the state, aggressive role of the police, etc. One slum dweller said, “There is nothing called the Corona, it is just a weapon of Sheikh Hasina to destroy the poor.”

Disconnection of gas service: According to the slum dwellers, they have always had a gas connection, even when it was illegal, and they paid for it every month. However, during the pandemic, the authorities cut off their gas service with no prior notice. In a time when boiling water and heating food was deemed as a preventive measure, a gas connection was a necessity. It was expensive and troublesome for them to buy fuel for cooking with their limited income. A house owner said, “If this is not a weapon, then why did they cut off the gas line when we needed it the most? We know the gas line is unauthorized, but we would pay for it anyway.”

Unequal relief service: Relief did not reach everyone in the slum. Relief was mainly provided to those who were registered as voters. Since most slum dwellers were not registered as voters in the city, they were deprived of relief and were unhappy.

Aggressive role of the police: In the early stage of lockdown, the police behaved aggressively with the slum dwellers to establish a stringent lockdown. They could not go out for work due to the fear of the police. This aggressive nature gave them a negative idea that the police wanted to abolish the slum.

Role of opposition leaders: Many local leaders of the opposition party also played a key role in developing the current perception of the slum dwellers about COVID-19. They used the unstable situation of the slum to benefit their political interests. They were the ones who

spread the notion that the current government planned to abolish the slums by cutting the gas line and deploying the police around the slum with strict rules.

A Means of Selling Medicines at a Higher Price

Many slum dwellers took advantage of the pandemic to sell medicines at a higher price. During the early lockdown period, the price of necessary tablets, such as Napa or Paracetamol, skyrocketed. There was a shortage of supply as well, but the demand kept on increasing. Even with no regular income source, the people were buying these medicines at a higher price.

3.5.2. Gabtali Slum

Corona left the country: People started believing that COVID-19 no longer worked in the country due to the strong immunity of the people. One of the slum dwellers shared the following story:

He once heard an audio playing where there were two actors, one acting to be a Bangladeshi Corona and the other a Chinese Corona. The Chinese Corona said to the Bangladeshi one that it cannot enter the country because of the people. Since people in Bangladesh are highly habituated to having cigarettes, alcohol, shots, etc., Corona cannot defeat their immunity system (suggesting that the exposure to stresses like cigarettes strengthened the immunity of Bangladeshis). One elderly person said, “How can Corona survive here? The people in Bangladesh are so accustomed to akij biri, 90% of people here are addicted.”

Many even thought that the virus could not live in Bangladesh’s polluted environment; the environment of Bangladesh is so dirty that viruses like Corona fear it.

It is a curable disease: The slum dwellers started growing a narrative that this is an alternative name for the common cold. People catch it through coughs. To many people, it is nothing but a curable disease.

COVID-19 is a God-given curse: This statement was believed by both the slums. One of the respondents of the Sadek Khan slum shared that they believed that COVID-19 mostly affects the richer community people, such as government employees, MPs, ministers, mayors, doctors, and so on. They derived this from the TV news because they only saw them dying from COVID-

19. They believed that richer people died from Corona because they betrayed people. One of the residents of the Gabtali slum explained that viruses might not understand people, but Allah knows everyone and punishes the bad people with the disease because they steal the rights of the poor. He further said, “Corona is a God-given curse. It will affect only those Allah wants it to affect and not anyone else.”

In the same line, many people of the Sadek Khan slum thought people who do not work hard and live in air-conditioned rooms are prone to the Coronavirus. One respondent of the Sadek Khan slum said, “People who betray the poor and live in the air-conditioned room have suffered much with Corona. They don’t understand that it is a type of curse for them.”

Consequently, people in both slums became fearful and started to convince God through praying at the mosque, temple, and at home. One respondent from Gabtali said, “The whole world is filled with bad things and bad people. So Allah has sent it to scare the people.”

3.6. Problem Ranking of the Slums

3.6.1. Sadek Khan Slum

The problems mentioned in Figure 2 were listed by the respondents of the Sadek Khan slum. They were asked to list down their top 10 problems. The graph shows the most common problems.

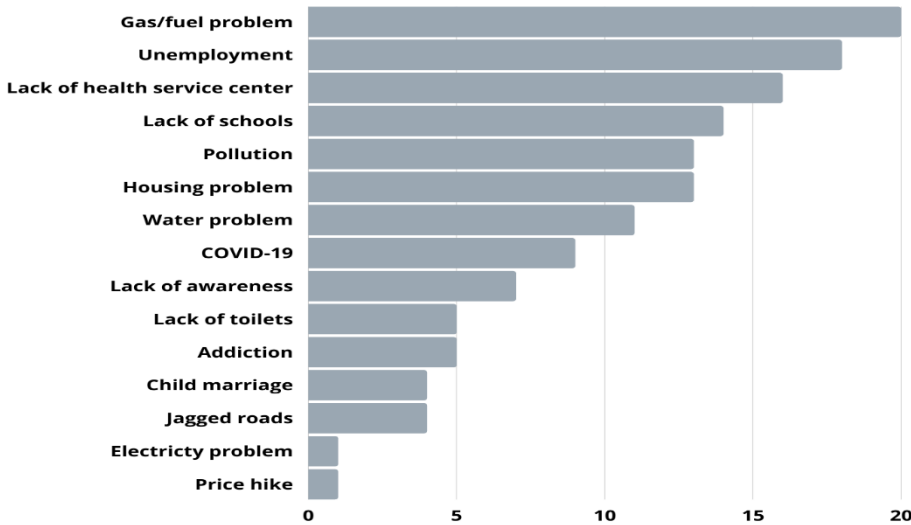


Figure 2: Most Common Problems in the Sadek Khan Slum, Listed by Its Residents

As seen in Figure 2, the slum dwellers were most troubled with the gas/fuel problem, unemployment, and lack of health service centres. Some respondents mentioned COVID-19 as a problem, but not as a disease. They considered it as a problem only because of the disasters it brought with it. The study found the presence of COVID-19 both as a disease and a disaster. It is, of course, a disease but it is a disaster for the COVID-induced livelihood impact. One respondent said, “We are facing problems in everything. We don’t have any work now and we cannot feed ourselves.”

They elaborated the following problems that COVID-19 created for them:

Hit on employment: Many people lost their jobs due to COVID-19. For example, people who worked as housemaids were not allowed to go to their employers’ houses to work anymore. Garments and other industries were also shut down following government instructions. Rickshaw pullers also faced trouble moving freely because of police restrictions. According to the slum dwellers, police had to send back the rickshaw pullers a couple of times forcibly to maintain the lockdown. One of the day labourers of Sadek Khan slum shared,

“Due to a shortfall caused by the pandemic, we had to sell our furniture. We even sold our bed by the end of March for BDT 5,000. With the money, we

survived for a few days. Later we started selling our other furniture. Now we sleep on a mattress placed in the middle of the empty room with our two children.”

Degradation of the standard of life: People of the slums felt that COVID-19 degraded their standard of living. Before the lockdown, most had jobs and many were satisfied with their jobs and had security. Because of the pandemic, many slum dwellers lost their regular job and they had to get involved in anything they could find for survival, which was a degradation from their previous employment.

They thought COVID-19 increased the inequality between the rich and the poor. It is because the city dwellers believed that slum people would get infected by COVID-19 the most as they live in dirty and unhygienic environments. A tea seller said, “When a city dweller sees me around them, they tell us to go away and stand far away. It seems we are not people.”

3.6.2. Gabtali Slum

As seen from Figure 3, according to the residents of the Gabtali slum, their major concerns were lack of proper bathroom facilities, lack of government schools in the area, and pollution.

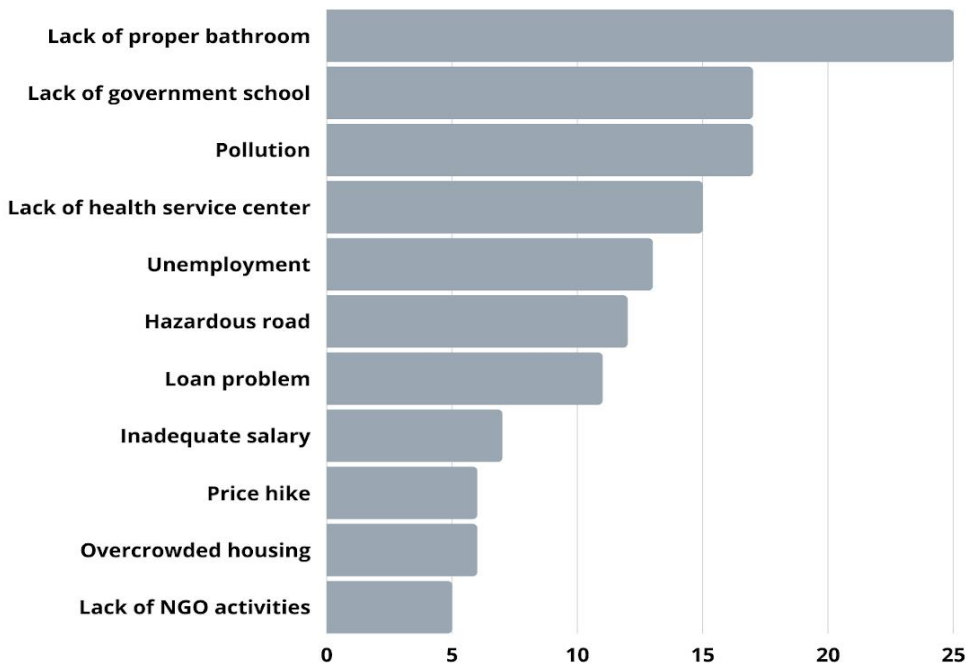


Figure 3: Most Common Problems in the Gabtali Slum, Listed by Its Residents

Most problems listed were related to the lack of proper services, not the complete absence of service. And this is related to the history of Gabtali slums, not with COVID-19. People in the Gabtali slum were moved from slums in Gulshan and Mohammadpur, where they had better services. Hence, moving to Gabtali degraded most of their services and they felt the lack of these services deeply. One respondent said, “When we lived in Gulshan, we had medical services, foreign doctors would visit us regularly, but now we have to pay a lot for just medical treatment.”

None mentioned COVID-19 as a problem. Even if COVID-19 was not a major problem to them, they faced other problems because of COVID-19. For example, the supply of vegetables decreased, the shutdown of schools and colleges disrupted the education of children, monthly income decreased for those who had secondary businesses. Regarding income loss, one respondent shared,

“My mother had a cake shop with a good customer base. She even had customers coming from outside the colony. During the lockdown, the shop had to be closed but even after the lockdown was lifted, people from the outside were scared to enter. People were scared that the slum had COVID-19 inside and their foods were not safe, that’s why her sales fell more than ever.”

Why COVID-19 Is Not a Problem in Gabtali Slum

It is evident from the problem ranking that the slum dwellers did not think of COVID-19 as a problem. One pharmacy owner said, “They don’t care about COVID, they think it’s something as casual as having a cup of tea.” To most of the colony people, COVID-19 was not a big problem for various reasons. Though initially, the slum owners took various measures to prevent the pandemic, gradually life in slums became normal. The tea stalls and shops in the slums were back to business, busy with customers. The study finds two main reasons why the pandemic was not a problem to them.

It did not hit their primary income source: The pandemic did not hit their primary income source, as they were working under the city corporation. During the pandemic, they worked regularly and received monthly salaries on time, unlike many others living in other slums. Moreover, they were finally provided with an extra financial package that was due long before and was promised another financial package due to the pandemic. One respondent expressed, “By the grace of Allah, we have no problem. We work and eat three times a day, and we do not need to ask for help from others.”

Rather, they took pride in their job, since in this pandemic, they were the ones who went out and took the risk to clean the city. Their work was one of the riskiest, as they would have to come in direct contact with used masks, saliva, disposed syringes, and dirt and dust. They mentioned that they kept working in a moment when the rest of the city dwellers were locked in their houses due to the fear of COVID-19. They thought of themselves as heroes who kept the city clean, sanitized, and safe for everyone. One of the cleaners exclaimed,

“We have saved everyone in Dhaka city. We’ve cleaned the city, worked on removing mosquitoes and dirt from the city. In this pandemic, we did not stop

our work. In this risky situation, we've cleaned the garbage of the city, households, and hospitals."

It did not affect them despite working in risky surroundings: Their primary job was cleaning the city. Hence, they all had to work in unsanitary environments and touch used masks and syringes almost every day. With such exposure, they had a greater risk of being affected by COVID-19; however, none of them was infected. Hence, they started believing that COVID-19 could not affect them. One Gabtali slum dweller remarked, "What is Corona? What is a mask? Don't ask me to wear a mask. I have been collecting thousands of used masks from the road with my two hands, but I still did not get the Corona."

3.7. Slums Resuming Normal Activities

Since COVID-19 had no specific cure or vaccine at that time, people were concerned about the uncertainties. However, they stayed strong by taking necessary interventions for around two months continuously. After that, they returned to their normal life. A shop owner in Gabtali said, "At first, everybody was confused and fearful of dying. Soon they saw nothing was happening, so people resumed their normal life."

The following factors also played a key role in reopening their normal activities:

Loss of income and livelihoods: People were more concerned with their livelihood during the pandemic. The primary income source of Sadek Khan slum residents and the secondary income source of Gabtali residents were severely affected by the pandemic. Therefore, they were eagerly waiting to resume their normal businesses. Many fought for subsistence in many ways, such as working amid the awful situation, secretly going out for work, selling furniture, leaving slums, and so on. Many even tried reopening their business in secret.

Shortage of food in the Sadek Khan slum: To the slum dwellers, managing food for their families was the priority at that time. So, they tried to restart their normal life, maintaining possible safety measures. A hotel worker in the Sadek Khan slum said, "The poor only fear hunger, they don't fear Corona; hunger's pain is the most painful experience for them."

They stayed at home till they had food and money. When the food stock and cash ran out, they started coming out to earn. They used face masks and went out for work. They could not move freely due to the strong police patrol. The police did not allow long-distance movements. As a result, they would try to go out secretly to avoid the police. One respondent said, “Many worked secretly, selling their products at low prices. The shops used to shut down by one o'clock in the afternoon which is why even after opening their business secretly, they could not buy food.”

No COVID-19 cases among the slum residents: Gradually the number of people going out for work increased, and they continued working amid the fear of COVID-19. However, none of them had any COVID-19 symptoms or was infected with COVID-19. However, a few misrepresented positive cases were found in the Gabtali slum. Lack of infection gave them the confidence to restart their normal life. On the other hand, they saw rich people and public figures dying of COVID-19 every day. This made them believe that the virus was only for the rich, and they did not have to worry about it. An elderly person said, “Corona is nothing to be concerned about for us; it is only a problem to those who are rich, for the poor it is not a problem.”

The youths of Gabtali were tired: Outsiders, such as the street hawkers and workers from the nearby workplace and Gabtali Bus terminal, would want to enter the community to have their meals from the hotels inside the slums. A group of local youths monitored the gates/entry points of the slum so that no outsiders could enter. However, at a point, they grew tired of the role and stopped guarding the gates.

Deprioritizing COVID-19 news: A few months into the crisis, the mass media gradually started to deprioritize the news about the pandemic in Bangladesh. Almost all the households of the Gabtali slum had a TV which is the most dominant means of news. By June, the people of the colony noticed that the media was not providing much emphasis on COVID-19 compared to the beginning in March. One respondent of Gabtali said, “Before, the media used to portray COVID news with great importance, but now it's not the same. Since the situation is more relaxed now, COVID doesn't seem that concerning anymore.”

4. Discussion

Sadek Khan, Gabtali, and Korail, the three distinctive slums of the capital, Dhaka, had various similarities and dissimilarities. These differences and similarities were manifested in their interventions, governance, testing, and even how they reacted to the pandemic. In this section, a comparative analysis is done between the three slums.

The panic and disorder created by the pandemic were felt by all. It created terror among all classes of people, and almost everyone was perplexed about the situation. Likewise, the early impact of the pandemic was the same in all three slums. The fear was also common; however, each had different factors behind their fear. The fear of job loss was intense among the residents of both Korail and Sadek Khan slums. Sadek Khan residents were also terrorized by the TV news coverage of the dead bodies on the streets. Some Korail and the Sadek Khan slum dwellers left the city for their village homes in fear. On the other hand, Gabtali residents were mainly scared about the risk of infection on the job. Since their primary job included working with the garbage of the city, most of them believed that working in an unhygienic environment would increase the possibilities of COVID-19 spread.

In the three slums, residents were noticed to maintain basic precautions as much as possible. Staying indoors, wearing masks, and maintaining hygiene were practised at the beginning of the pandemic. The practice was primarily induced due to fear of the virus and its implication on livelihoods and the possible eviction. Both Gabtali and Sadek Khan slums took measures from an early stage of the lockdown, just like Korail. In addition, interventions taken in the two slums were similar to Korail's, which were medical, communal, and relief-based interventions. People of Gabtali and the Sadek Khan slums were more dependent on allopathic and herbal medicines for any physical illness as medical interventions. Pain relief medicines like Napa and Paracetamol were popular in all the slums. Slum residents avoided hospitals because of the high cost and the fear of being forced into isolation for testing COVID-19 positive. They preferred consulting the pharmacies instead. When people got sick, they would contact their familiar pharmacies for prescriptions and request them to keep their sickness a secret.

Alongside, herbal measures were a common practice—the use of thankuni leaves and having hot tea and black tea with spices. However, in Korail, a specific homoeopathic medicine became popular following the guidance of a doctor from Germany, this information was shared to all by one of the residents of the slum, who claimed the doctor was his relative.

All three slums had restrictions for entering the mosque for a certain period of the pandemic; people were noticed to pray more during this time and were encouraged to pray inside their homes. Gabtali slum had people of different religions and they, too, were noticed to be more religious than before. A dua for the pandemic was also circulated and in Gabtali slum, it was distributed as a printed leaflet. In the Sadek Khan slum, leaflets with the dua were pasted on doors and walls, and the imams and religious leaders also spoke about it. Most people of the three slums believed that the virus was given by Almighty and can only be taken by him.

In terms of relief, the distribution was not the same in the three slums. Korail slum dwellers received a good amount of both food and non-food items as reliefs. Similarly, Gabtali slum residents received relief from different organizations. Sadek Khan residents witnessed a different scenario—even if they received relief from different institutions, it was not distributed in an organized way. Everyone did not get it; only the ones who had a voter ID received it.

In the case of communal interventions, households in both Gabtali and Sadek Khan slums practised many rules similar to Korail, such as maintaining isolation for the first few weeks of the lockdown, blocking the gates for outsiders, establishing handwashing stations, spraying disinfectants, washing clothes every day, and so on.

The residents of Gabtali and Sadek Khan slums took many initiatives based on their available resources. Keeping soap in front of the house, washing hands before eating, taking bath before entering the home, and washing clothes every day were some common practices in both places. Most people of the Sadek Khan slum had a common kitchen, so they used it by rotation to avoid gathering. Dwellers of the Gabtali slum had to go outside for their job, which is why they washed their clothes whenever they returned home from their workplace.

The primary interventions taken in the three slums were more or less similar, as most of these measures were advised in media or through word of mouth. However, Gabtali had different

interventions taken by the city corporation, their employer, which provided them with safety guidelines and precautions every morning before work, making them more conscious about the virus.

Apart from the individual- and household-level interventions, community-led interventions were noticed in the slums as well. Such as, in terms of similarities, all the slums had strict regulations regarding not letting outsiders enter the slum at the beginning. The gates of the slums were closed with bamboo, and volunteers guarded them. In addition, handwashing devices for public use were installed in different places of the slum, especially in front of the gates. These interventions were close enough in all three of the slums.

However, in terms of the sense of unity in the community, the Sadek Khan slum had a different scenario than Gabtali and Korail slums. As seen from the study in Korail, all kinds of people from all sectors and ages were seen active in tackling the situation. They all performed collectively from their position to save their slum.

This, however, was not the case in the Sadek Khan slum; here communal actions were relatively lower than in the other slums. The slum consisted of people from different areas who had no obligation or right over the houses or the slum. Hence, the residents were not as eager as the other two slums. Moreover, in the Sadek Khan slum, poorer residents (i.e., tenants) live side by side with the elites (i.e., politicians and other socially influential people). The two groups had different priorities. Hence, the community lacked unity while trying to govern the pandemic, which may explain the difference in intervention between the Sadek Khan slum and the other two slums. The sense of belonging, i.e., attachment towards their community, shaped many interventions in the other two slums. Both Korail and Gabtali slums were built on government lands. Additionally, Gabtali residents knew that the slum was exclusively theirs, and thus took ownership in maintaining its safety. Thus, residents in both slums had a sense of belonging towards their community. On the other hand, the Sadek Khan slum was built on private land, where renters were always on the run and shifting places. Hence, they lacked the sense of belonging towards their community.

The presence of police also differed. Sadek Khan slum had to witness a more aggressive side of the police than the other two slums. This was due to the demand of the elite class, who lived right beside the slum in Mohammadpur, and were frightened that the slum would be an epicentre of COVID-19 and that they would be affected if they were not careful.

The livelihood struggles of the slum residents during the pandemic were also different. Gabtali slum was occupied by only the city corporation employees. Thus, the residents of the Gabtali slum received many benefits that Korail and Sadek Khan slum residents did not have. Many residents of Korail and Sadek Kahn slums faced joblessness, and the ones who had jobs had to risk their lives and hide from the police to go to their job. But Gabtali slum residents had job security and thus the pandemic did not hamper the lives of the residents of Gabtali much. Rather the slum dwellers of Gabtali took great pride in being able to work for the country during a pandemic.

According to most people of the Gabtali slum, COVID-19 did not exist in Bangladesh. They believed it is a God-given curse and is only meant for the immoral people. Gabtali residents were the cleaners of the city corporation, so they had to come in contact with used masks, syringes, etc. every day. So, when they remained free of COVID-19 despite the high risk in jobs, they started believing that it did not exist in Bangladesh. On the other hand, while a lot of people of the Sadek Khan slum believed COVID-19 was a rumour, a few others thought the government started this rumour to eradicate the slum. This thought was induced in them by the opposition party. During the lockdown, the Sadek Khan slum had recurring issues of disconnection of gas lines. They did not receive enough relief from the state. Hence, these causes were used against the government by the opposition leader to make the slum dwellers believe that the government wanted to abolish the slum and remove the people from the Sadek Khan slum.

In terms of problem ranking, we also found similarities and dissimilarities. Dwellers of Gabtali and Sadek Khan slums have different kinds of problems in their life. For example, for the people of Gabtali, COVID-19 is not one of their top-listed problems. It is because COVID-19 did not hit their primary income source. They were more concerned with their problems that included housing, bathrooms, sound pollution, and drug addiction. The people of the Sadek Khan slum

listed a different set of problems, which were related to their livelihood. COVID-19 was only listed as a problem because it brought some changes to their livelihood.

5. Conclusion

Through our primary study on Korail, we wanted to understand the community's narratives of the COVID-19 pandemic and how they tackled it. Gabtali and Sadek Khan slums were chosen because they were distinct from each other and also from Korail. The present study wanted to analyze the findings through reviewing the circumstances in three different slums of distinctive natures.

The overall scenario of the slums during the pandemic was quite similar. Starting from their initial fear of the pandemic, taking measures themselves to tackle it, building up narratives of COVID-19, and even in listing their top problems, all were quite similar to one another.

However, even when the overall scenario of the slums was similar, there were few experiences that were quite different among the slums. These differences could be drawn back to the distinctive community nature of the slums. For example, the Sadek Khan slum had an absence of a sense of community, whereas Gabtali, similar to Korail, had a strong presence of communal feeling. Since these two slums were living in government land, they had a sense of ownership working towards the community. On the other hand, Sadek Khan residents were mostly renters and had lesser ownership of the houses or land they resided in. Hence most of their goals were individualistic and their activities as a community were negligible compared to the other slums.

It is visible from the findings that all three of the slums, irrespective of their distinctive communities, stood strong against the pandemic. For instance, the Gabtali slum residents had the advantage of residing in government land and having a secured government job, which provided them better economic stability than their counterparts. The other government-owned land, Korail, also had the ownership advantage of living in a stable community, which helped its residents in working towards a common goal of saving their slum. This communal feeling was, however, absent in the privately owned land, which is why the actions of the residents of the

Sadek Khan slum were more individually driven. Hence, even with these differences in the degree of economic stratification and social solidarity from slum to slum, the adaptive response to the crisis was prominent in all of the slums.

Although to different degrees, both Gabtali and Sadek Khan slums confirm our argument about community governance, which was seen in Korail. Totikidis, Armstrong, and Francis (2005) define 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 presence of community governance in all three slums played a key role in tackling the pandemic. Their power of community governance through informal and adaptive response to the crisis could be related to what Bayat (2013) called “quiet encroachment” or “non-movement.” “Non-movement” refers to the collective actions of non-collective actors. When non-collective actors take on minor and casual steps towards a change, the presence of collective power drives the social change. Bayat elaborates that the shared spaces and needs associated with the place of residence induce spatial solidarity among the people, despite the differences in income, status, occupation, etc. Hence, even with differences, the people embody the shared practices which assist in making significant social changes when required, even when the changes are rarely driven by any recognizable administration.

The slums are always overlooked and viewed from a certain perspective of vulnerability. However, through this experience of the COVID-19, they illustrated a different perspective of themselves for the world. They defied all the speculations reported in the media and provided us with a completely different story, a narrative built through their governance and resilience.

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