

PART III

SOCIO-ECONOMIC CONDITIONS

6. FINANCE, CREDIT AND SAVINGS

6.1 Credit Services

Micro-finance institutions do not target the urban poor in Uganda, because the policy is designed to work for the rural poor and salaried middle class workers who access services against their salary payments or assets as co-lateral. Besides, the protracted bureaucratic procedures of most finance institutions often present insuperable obstacles to the urban poor.⁴⁴ Several innovative methods of saving and credit have emerged such as family members, rotating credit societies and savings clubs that are significantly successful in slum areas. This is due to the fact that they are based on social ties and social capital, hence bridge the gap between incomes and require little or no paperwork. Their major role is to lend money on a revolving fund mechanism, mainly to boost small scale businesses, and in some instances enable people build houses, pay school fees and meet other basic survival needs.

In Kinawataka, group savings and credit are offered by women's NGO's such as Kinawataka Women's Initiative and other CBO's such as Tugezeko Women's Group. These lend their members limited sums of money (50,000/= to 150,000/= equivalent to US\$29-US\$86) to enable them start income generating projects, and pay school fees for their children on revolving fund basis. To supplement such efforts,

Mbuya 1 Cooperative Savings and Credit Society, commenced operations in 2004 to extend loans to its members to complete unfinished housing structures within Kinawataka, at affordable lending rates, though its capital base is small and does not necessarily meet the demand in the community.

In Kagugube, NGO's offering credit services are city centre-based such as Uganda Women's Finance Trust, FINCA, FAULU Uganda, Pride Uganda, and the Diocese of Namirembe. The services offered are not necessarily tailored to slum residents and thus are not friendly. For example, repayments are on a weekly basis, and in order to qualify for credit, one must have evidence of personal savings amounting to 150,000/= (approximately US\$ 80) in a savings account, with a banking institution. In addition, loans are repayable within four months. It is therefore not surprising that the neediest among the urban poor, with no jobs, no security and no collateral, are organizing ways of providing themselves with credit, by taking on the responsibility for making loans and settling repayments and interest rates themselves, rather than depend on credit services from the external.⁴⁵

6.2 Income and Savings

The level of personal saving in Uganda is still low. Savings as a percentage of GDP has not had significant growth; for example in 1993/94 saving constituted 2.5% of GDP, in 1989/1999 there was a slight increment to 4.1%. Such low volumes of savings are not adequate for investment in slum upgrading considering other competing alternatives.⁴⁶ Besides individual income and savings is the most dominant method for slum improvement over a long duration of time. During the Kampala City Council Survey⁴⁷

44 Fewer than 2 per cent of poor people have access to financial services (credit or savings) from sources other than money lenders. (Panos, 1997)

45 <http://www.panos.org.uk/books/books.htm>

46 <http://www.panos.org.uk/books/books.htm>

47 By the Planning Department, 2005

income levels of the residents in Kinawataka and Kagugube parishes were explored to establish whether the community can afford to pay for social services in case they are provided. Findings indicate that, in Kagugube only 28% of the residents work and earn and in Kinawataka only 30.8%. This indicates that majority of the people do not work or earn a define income all the time. However it is possible that some people may not have understood the meaning of work and earning, assuming that it refers to formal employment. Besides, a large number did not give any response on this issue.

On the whole, there are few employment opportunities for residents in both pilot communities of Kinawataka and Kagugube. Findings also show that those who get the opportunity to work and earn, do so by dealing in petty trade such as car washing, food vending, hawking, brewing local potent gins (waragi) and selling second hand cloths in Kagugube. In Kinawataka, they mainly deal in bodaboda riding, fruit vending, fish packing, tailoring, water vending and brewing. Others work as night watchmen (security guards) and casual labourers on construction sites where they are paid less than a dollar par day (1500/= Uganda shillings). This indicates that the population has low income.

The most common method of mobilising savings in both Kinawataka and Kagugube is “gifting circles” locally know as “nigiina”. In such schemes, groups of men and women gift each other (mainly chattels and cash) on a revolving basis based on social relations developed in the group. Each member of the group at his or her discretion decides the amount of money or the value of the gift to be given to a particular individual on a revolving basis. All gifts from members are openly displayed, while an opportunity is also offered for family members, friends and in-laws to contribute to the gifting process. Nigiina is conducted at a party organised for the purpose of gifting and socializing. This method is currently very popular within the com-

munities as a way of mobilising savings, although there is no guarantee that one will receive as much as he or she offered to others in gifts. There have been instances where such groups have collapsed before every member is gifted leading to lose of opportunity to be gifted.

6.3 Housing Finance

Uganda has only two formal housing finance institutions; Housing Finance Company of Uganda (HFCU) and the Development Finance Company of Uganda (DFCU), which extend credit to construction or purchase of housing units located in urban gazetted areas. Housing Finance in Uganda is dogged by three issues that are of relevance to slum upgrading:

- Limited capital to serve the increasing demand for housing development in urban areas, which has forced both institutions (HFCU and DFCU) to tread carefully with strong backup of trading in treasury bills from the central bank as means of keeping afloat and competing favourably with other Commercial Banks.⁴⁸
- Absence of specialised services for slum (dwellers) improvement: both HFCU and DFCU are city centre-based and do not offered any specialised service for housing development targeting slum dwellers. Hence accessing their services implies having all requirements such as land titles or other collaterals to guarantee loans or credit services, which residents of both Kinawataka and Kagugube lack.
- High interest rates: With only these two there is a narrow financial base and a glaring shortage in formal housing finance, the alternative is to access finance at high lending interest rates ranging from 15%-30%, which is not conducive for slum residents or low income earners.

48 Final draft of the National Housing Policy, pg 11

7. SOCIAL SERVICES

The availability of social services in an area affects the quality of life and the socio-economic characteristics. The major social services include; access to water, education, health services, electricity, sanitation and human excreta management. In the sections below the status of these service in Kampala as whole and in the pilot areas of Kagugube and Kinawataka are detailed, in order to appreciate the situation that needs to be handled by the slum upgrading initiative.

(a) Water

Water related Problems in Kinawataka

According to the 2002 Census, about 88% of Kampala's population has access to water. However, a study in 1999 (Sanitation Quality gap), revealed that most of the wells/ springs are being contaminated and put safe water coverage at about 55%⁴⁹. Availability of water in slum areas is being improved by the Kampala Urban Sanitation Project (KUSP), under which water is extended from the National Water and Sewerage Corporation (NWSC) piped water mains to designated water points, stand pipes or tapes. The supply is relatively regular, though shortages do occur. A 20 litre jerri-can is sold at Uganda Shillings 50/= (equivalent to US\$ 0.02). Water bills are paid per consumption levels on a monthly basis directly to (NWSC) on a cash basis.

In both Kinawataka and Kagugube, at least 60% of the households have access to public standpipes, while 40% depend on ground water sources⁵⁰. However, it is the affordability of both piped water and ground water

which is considered to be high by residents. This in Kinawataka is worsened by the disparity between water bills (presented by NWSC) and the actual income from sale of water. Besides, there is a feeling that the water points were politically allocated in the homes of local council officials, as a way of creating income for their households.

Water related Problems in Kagugube

In Kagugube, water supply is guaranteed, with some households affording their own stand pipes or internal connection. Those who cannot afford are supplied by a network of evenly distributed communal community water points or taps in the area (See graph above for details). The alternative of springs and wells is particularly important during the periods of shortage or irregular supply. However, the threats of pollution or contamination of the ground sources and distance make them an expensive alternative. There is general wish to have water availed free of charge at the communal taps or community stand pipes in both communities.

49 Kampala Structure Development Plan, 2004

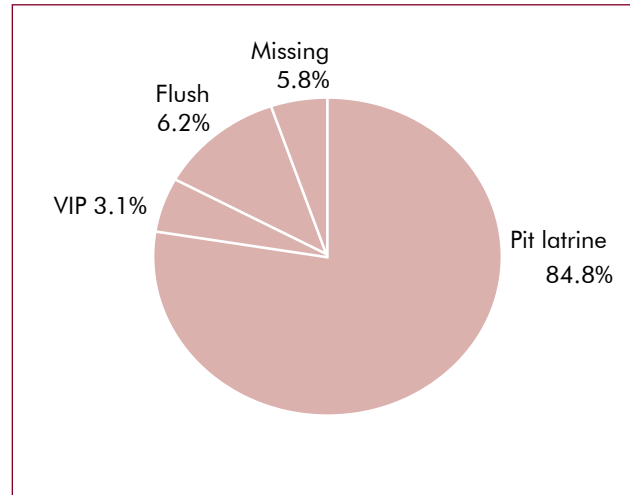
50 Survey by Kampala City Council officials in the pilot sites, 2005

(b) Sanitation and Human Excreta Management

It is acknowledged that sanitation and human waste disposal are poor in Kampala. Under the ‘Kampala Urban Sanitation Project’⁵¹ sanitation and human waste disposal in slum areas is being improved by basically constructing toilets and ensuring that springs water is protected and the springs are working. Some of the slum areas that have benefited include, Kisenyi, Kamwokya, Kagugube, and Bukesa. Kampala City Council is also urging residents to consider the use of ecological sanitation dehydrating / urine diverting dry toilets (under the ECOSAN project) currently on pilot in Kamwokya I-Kifumbura slums and Kyanja Parish in Nakawa division.

In Kagugube, the most common method of human waste disposal is pit latrines accounting for 84.8%, though 5.8% of respondents did not mention any specific method of disposal. According to the pie-chart (below), the biggest percentage of the population (90.1%) use pit latrines, followed by flush toilet of (6.2%). Ventilation Improved Pit-latrines is the least used with only (3.1%). 50% of the households that share toilet facilities with over 5 persons for each specific toilet compared with Kinawataka 40% who share with over 5 persons. This indicates shortage of the toilet facilities compared to the users, though 78% in Kagugube and 96% in Kinawataka are constructed using permanent materials⁵² (burnt bricks, cement and iron roof).

Sewage disposal in Kagugube



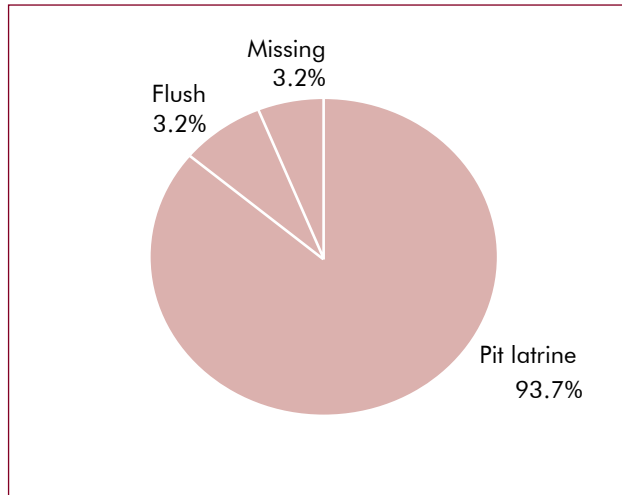
In Kinawataka, 93.7% have pit latrines while 3.2% do not have, these have resorted to practices such as open spaces and polythene bags (flying toilets) disposed off at night along the railway line. The main sewage system is under construction though not yet functional⁵³. A number of individuals have built their own septic tanks to serve their housing units (especially bungalows). Community toilets are often constructed by the City Council or Non-governmental organizations, where by a user has to pay for the service at Uganda shillings 50/= (equivalent to US\$ 0.02) per visit per individual which has proven to be expensive for the residents.

51 funded by the French government, the Central government and Kampala City Council

52 Survey by Kampala City Council officials in the pilot sites, 2005

53 Survey by Kampala City Council officials in the pilot sites, 2005

Sewage disposal in Kinawataka



Source: Survey by KCC in pilot areas

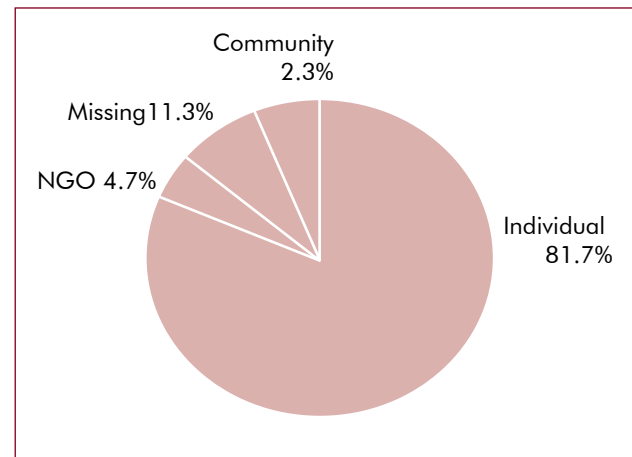
Pit latrines are either privately owned or publicly constructed for the community. The challenge to expand human waste disposal facilities is complicated by the high levels of demand given the average household size of 6 persons, yet the ground space (land) on which to construct such facilities is limited by the small plot sizes that are not standardized. This implies short distances from the housing units to such facilities, which in itself is considered a danger to human health and a threat to ground water sources. Secondly, even for public toilets landlords, tenants and Kibanja⁵⁴ owners are not willing to surrender parts of their land for toilet construction without compensation.

54 Refer to land tenure to understand the various classifications of interests in land and the rights on them that are prevailing in Kinawataka.

(c) *Health Facilities*

The overall government policy in health is the attainment of good health standards to enhance productivity, through prevention and control of disease, rather than treatment of diseases, hence a shift from Curative Health Services which mainly involve providing treatment and catering for reproductive health needs, to Preventive Health Services. Health facilities in both pilot areas of Kinawataka and Kagugube are largely owned on a private basis by individuals with over 81.7%⁵⁵ operated as private clinics without full-time medical personnel, or drug shops without qualified pharmacists resulting in wide spread self medication. Public clinics or hospitals are at a distance and are mainly utilised when referrals arise.

Ownership of Education Institutions in Kagugube



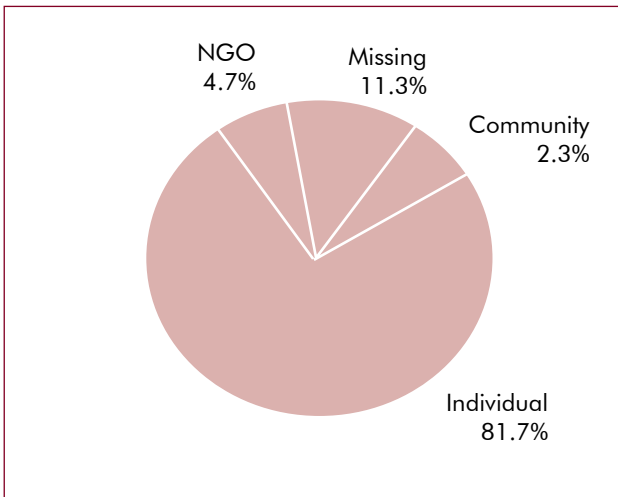
Source: Survey by KCC in pilot areas

55 Survey by Kampala City Council officials in the pilot sites, 2005

Kagugube is adjacent to the Makerere University hospital, from where medical students often on community out-reach programmes, occasionally undertake work in the community and immunize children. Referrals are made to the national referral hospital in Mulago. Kampala City Council runs several clinics in different parts of Kampala at free cost or on cost-sharing basis whose services are affordable even to slum dwellers, although they may be located away from the slum areas. Naguru and Kiswa Clinics (approximately 10-15km from Kinawataka) are an example though the out patients department in Naguru attends to antenatal patients only⁵⁶.

Community based organisations in Kagugube such as Action for Slum Health and Development (ASHD) have out-reached programmes offering counselling services for persons living with HIV/AIDS. The Seventh Day Adventist Church for example has a Sick Bay offering services on a commercial basis although residents complain that these are expensive.

Ownership of Health Institution in Kinawataka



Source: Survey by KCC in pilot areas

There is a clinical out-reach programme for persons livings with HIV/AIDS by the Mbuya Catholic Parish Church that avails anti-retroviral treatment free of charge to the residents of Kinawataka. With plans to extend the service to cover other ailments. Kinawataka has also benefited from the Ministry of Health’s programme on home-based management of malaria that avails mosquito nets for prevention and the malaria home-pack kit for treatment of malaria at home, especially for children.

(d) Education

The education facilities at all levels are privately owned accounting for over 70%. A few government facilities are far and outside the pilot area. Primary school enrollment for Kampala has doubled over the last years because of Universal Primary Education⁵⁷. The increase in enrollment has availed almost every child in the pilot areas of Kagugube and Kinawataka with an opportunity to acquire basic education from Primary 1 to Primary 7, including those from slum areas. However, the concern now is on quality and performance, which is proving to be better in privately owned schools than government aided schools.

This is evidenced by the fact that only a handful of students are able to progress from advanced level to either tertiary or university education. The percentage that makes it to higher institutions of learning is less than 10%⁵⁸ of those who enroll for secondary education and the ratio of teacher: pupil is 1:180⁵⁹ which is relatively high.

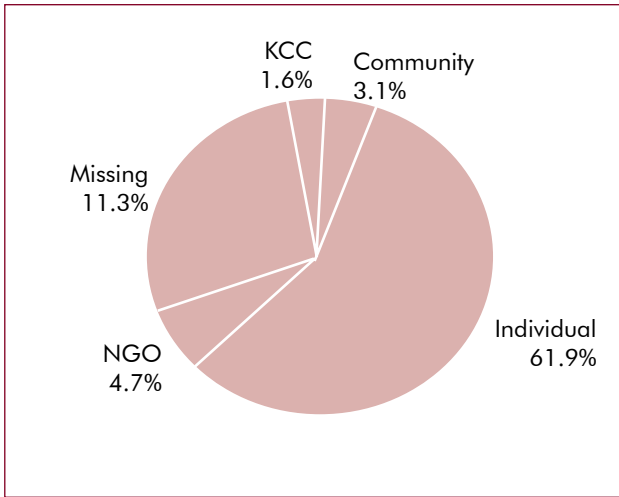
56 During Focus Group Discussions with Community leaders

57 Kampala Development Plan, 2005-2008

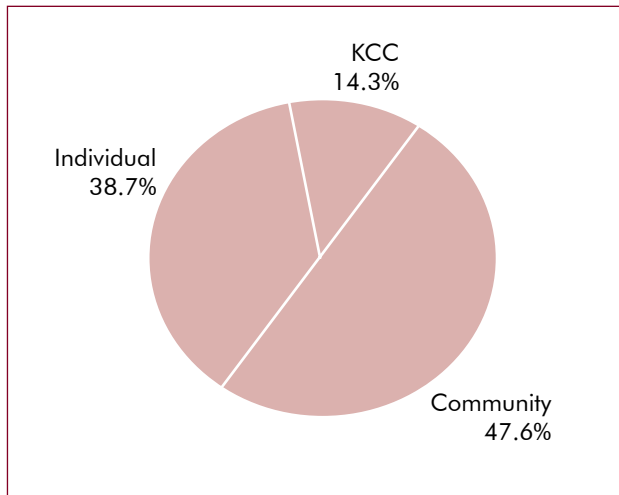
58 According to the Secretary for Education LC1

59 Key Informant Interview with Secretary for Education

Ownership in Kagugube



Ownership in Kinawataka



Source: Survey by KCC in pilot areas

In Kagugube and Kinawataka (see graphs above), majority of the schools (primary and secondary) are privately owned by individuals and in other instances by NGO’s that facilitate the community by paying fees for a few disabled or disadvantaged children such as orphans. In Kinawataka, there are two Universal Primary Education (UPE) primary schools (army and Catholic Church) and one secondary school.

(e) Electricity and other Energy

There are five major categories of energy sources in Uganda used by households for lighting and cooking; firewood, charcoal, paraffin, gas and electricity. Amongst these, charcoal is the most common source, followed by paraffin and electricity as shown in the diagram below on energy sources in Kagugube⁶⁰. Gas is not an option of energy use for slum residents.

In terms of lighting, a fair number of residents (both in Kinawataka and Kagugube) can’t afford electricity because, it is very expensive per unit cost, even for the average middle income earner, the cost involved in connection fees are also high. Majority of the residents though use wax candles or tabooda (paraffin candle manufactured in a metal tin, with a cloth wicket for burning) as means of lighting at night. It is common to find houses without electricity during the day lighting up at night by tapping from neighbours or other households⁶¹ or where a connection to the house exists, then it is used in a rationing manner, where by during the day the fuse is removed to minimize on the cost of

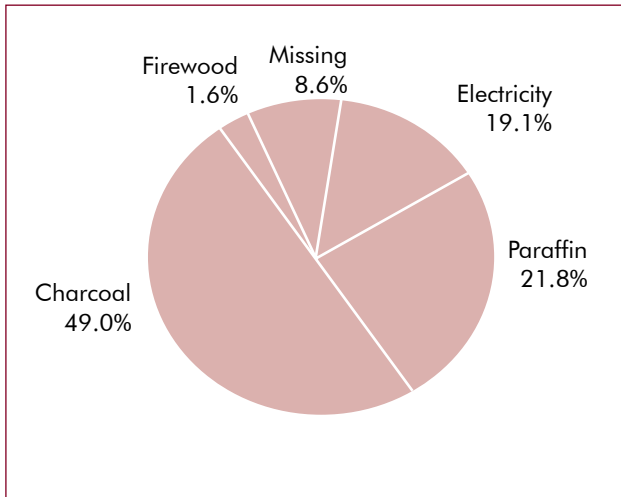
⁶⁰ Survey by Kampala City Council officials in the pilot sites, 2005

⁶¹ This fact emerged from focus group discussions, although it was disputed during validation meetings with the community because they argued, it would portray them as thieves.

electricity and returned at night when electrical lighting is mostly needed.

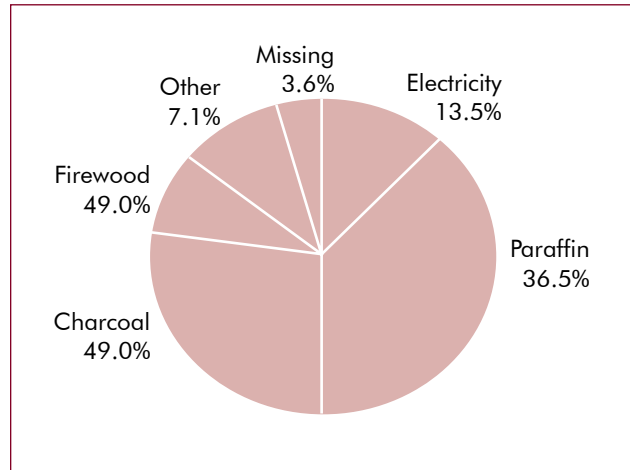
This has made electricity a reserve of landlords, Kibanja owners and a few house owners who can afford to pay for it. Electricity is therefore mainly used for lighting, refrigeration and ironing on a smaller scale. As a coping mechanism the use of “Kamyuufu” or trained electricians with ability to tamper with the metering and consumption detection instruments, to reduce the amount of electricity actually paid for even though the consumption is higher, is common (see diagram below for Kagugube).

Most Used Energy in Kagugube



Source: Survey by KCC in pilot areas

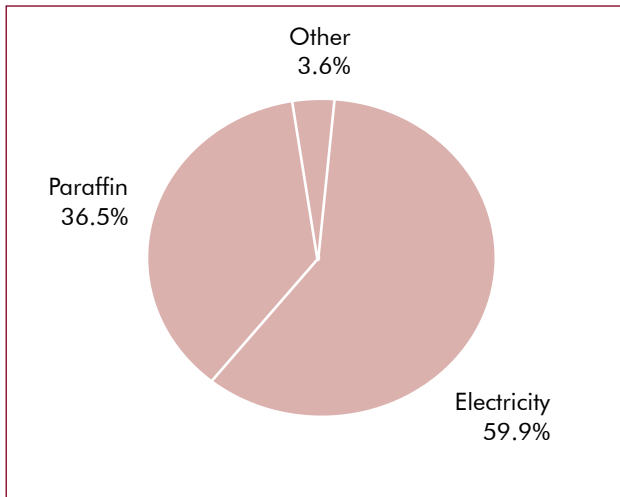
Most Used Energy in Kinawataka



Source: Survey by KCC in pilot areas

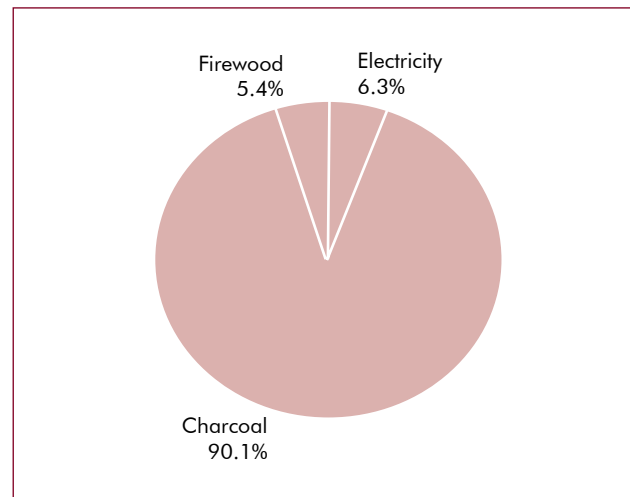
Energy for cooking and lighting is differentiate and consumed in different amounts amongst the different residents in pilot areas. For cooking, firewood and charcoal are most commonly used sources of energy. Paraffin (Kerosene) and electricity are used on a limited scale see diagram below for Kagugube.

Energy for Lighting in Kinawataka



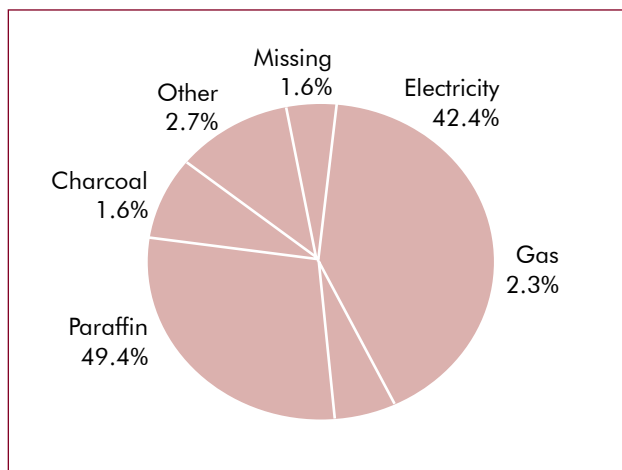
Source: Survey by KCC in pilot areas

Energy for Cooking in Kinawataka



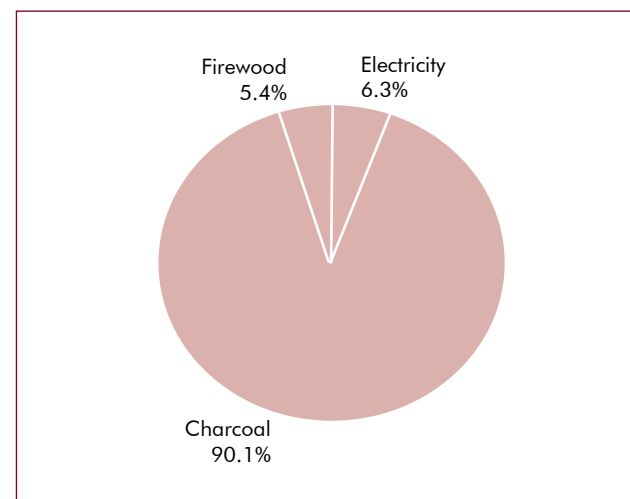
Source: Survey by KCC in pilot areas

Energy for Lighting in Kagugube



Source: Survey by KCC in pilot areas

Energy for Cooking in Kagugube



Source: Survey by KCC in pilot areas

(f) Telecommunication

The telecommunications sector in Uganda has been liberalized resulting in the private telecommunications companies as major operators. The telephone density has doubled from 0.25% in 1997 to 0.5% in 2001⁶². A good number of residents in both Kinawataka and Kagugube have mobile calling and receiving services, text messages and image transmission, though few are keen or familiar with costing of the services. Land-line telephones are used as income generating activities and a few people have them along the roads, others are located within households. Public pay phones are used for commercial purposes. However, there are no internet services in the area. There are other operators who provide value-added services e.g. email internet, paging, private data lines, and terminal equipment.

The liberalization of the sector has resulted in a large number of private radios licensed (18 in total) with the highest concentration in Kampala and 6 television stations are in operation. Each household (in both Kinawataka and Kagugube) has access to radio especially small handsets that access FM stations. Almost $\frac{1}{2}$ of all households in Kinawataka and $\frac{3}{4}$ of all households in Kagugube have access either to television⁶³. Postal services are dominated by Uganda Posts Ltd, a government parastatal, with other small private operators.

⁶² *Istanbul +5 year Report, 2001*

⁶³ *Chairman LC1, Kagugube*

8. GENDER AND HIV/AIDS

VIEWS OF KINAWATAKA WOMEN'S INITIATIVE ON SLUM UPGRADING:

ACCOMPLISHMENTS AND CHALLENGES

Kinawataka has been left out of development completely. If they (Kampala City Council) tarmac the roads, the slum will disappear. As a priority, the roads must be tarmacked, because they are very dusty. As a women's group, we mobilised the community and collected 20 million Uganda shillings (equivalent to US\$11,450), lay a murrum surface on Robert Mugabe Road (an access road within Kinawataka), we are in the process of further mobilising funds from households. We contacted Kampala City Council to supplement our collections. As a group together with the Parish Development Committee, the Local Council 1 and the community at large, we sit every fortnight to discuss this project.

As a women's group, we mobilised ourselves, and collected some money and built a public toilet in the trading centre near the market, although currently, it needs rehabilitation. We do general cleaning once in a while, where we mainly collect polythene papers, dip them in jik (a disinfectant) and make ropes which we later sell out. If Council contracts us as a women's group using the funds at the parish to clean the community, it will be an opening for employment. When you mobilise women to do such activities, at the end of the day they expect you to give them something for appreciation, which we do not have. We have sensitised women on how to manage water waste and solid waste so as to improve on hygiene in the area. It is generally hard to promote cleanliness in this community because we lack equipment like gloves, soap, rakes etc. as much as we are willing to do it. Above all, we are the ones who look after the home, if this is not done, it is impossible to keep our area clean.

We don't offer savings and credit services, giving entandikwa (start up capital) is very difficult, the conditions and requirements of the bank are so difficult for us to meet, but we educate the women on various activities like making cakes, ropes and even wine making among others. You (the upgrading programme) provide us with initial capital to set up self help projects, so that we mobilise ourselves into groups of five people, to rear chicken and sell eggs, trade in things like charcoal, tomatoes and fish. Some of us brew liqueur (waragi) and malwa (local brew) to enable use earn some money for home upkeep.

Gender Considerations

Women and the youth in Uganda are faced with culturally rooted disadvantages, which hinder their effective participation in national development. The Government of Uganda has adopted various enabling policies (such as gender mainstreaming and formulation of gender policy) geared specifically towards promoting women's empowerment and active role in the development of their families and communities. These policies operate, within the context of persistent systemic socio-cultural barriers that operate to deny women and other socially marginalized groups their full rights of access to and control over resources especially land and housing which are key in slum upgrading. The Constitution enshrines the rights of women in Article 33. Article 33(6) nullifies all laws, cultures, customs or traditions that impede the dignity, welfare, or interest of women, or which undermine the status of women. Nonetheless, discriminatory treatment against women abounds, despite the existence of such proactive laws and policies.

In Kampala, women and youth are of significant numerical strength.⁶⁴ Of the 1.2 million people in Kampala, 51.2% (620,000) are females and 49.8% (588,000) are males (male to female sex ratio is 95:100). 30% of the city's population stays in female-headed households and 30% of the city's population depends on women for livelihood. This percentage could be greater given the fact that women contribute substantially or wholly (financially) to male-headed households. Kinawataka has a total population of 8,727 people of whom 4,750 are male and 3,977 are female. 46% of Kampala's population is youth (10 – 34 years).

The youth have demonstrated their ability by engaging in activities that improve the general welfare of their communities. In Kinawataka for example, the youth organised themselves into a registered community based organisation, undertaking de-silting of drainage and drainage pipes, as well as road maintenance. The Parish Development Committee was very supportive of this development and recommended that, Kampala City Council at the Division devolves the maintenance of Kinawataka access road to this group whose costs were affordable and had reliable services. In principle, the Division accepted, but never implemented the noble idea. Having no work or activity to rally around, the youth group collapsed. This example illustrates the ability of youth to get organised and involved in slum upgrading processes if their skills (which are mainly manual) are recognised and harnessed. Better still, one has to begin with realigning them to the slum upgrading programme and imparting skills that will enable them to effectively participate.

Gender roles in society determine the roles of men and women in slum upgrading. Women are the main providers of labour for ensuring cleanliness, cooking, washing and other domestic chores in the household. As mothers, women are in charge of children's health, household's nutrition and general welfare. In the process of fulfilling these roles, women define their strategic position as regards slum upgrading, by demonstrating their capacity to trigger change within the slum settlements as mothers, caretakers, housekeepers and income earners. In both communities of Kinawataka and Kagugube, women have benefited from the numerous capacity building programmes ranging from health, income generation, nutrition and hygiene. Majority are confident that they have sufficient skill to improve social-economic welfare of their surrounding,

⁶⁴ As per the 2000 Census report and the Kampala District Development Plan, 2004/2007

but however lack the financial inputs to kick start them off.

In Kinawataka, particular skills were applied to waste solid management with outcomes such as ropes for income generation as detailed in the narration above. One key area of need for women is a credit and savings scheme to input capital for their programmes. If the upgrading initiative does not address the issues of opportunities for income, then it will not have catered for their special interests. In, the story above, Kinawataka Women’s Initiative⁶⁵ (Community Based Organisation) illustrates the roles of women in slum upgrading by demonstrating skills, knowledge and ability that can trigger change in slums through;

- Mobilization within groups and the community
- Undertaking hygiene and sanitation,
- Counseling and care for the sick,
- Income generation for household
- Nutrition and health care.

It was stressed that the youth need to be involved in the upgrading programme in a manner that enhances their skills through employment opportunities, undertaking the provision of labour where appropriate and undertaking skills training, where gaps exist. On the other hand women’s groups were emphatic on the need to enlarge income generation opportunities in the upgrading scheme, and availing opportunities for utilization of their labour, mobilization skills and other

traditional roles related to home keeping, nutrition and health.

HIV/AIDS

In Uganda, women and girls succumb to AIDS related illness and death in larger numbers than men and boys. Factors that contribute to the high rates of HIV/AIDS among African women are wide-ranging and include: informal enforcement of cultural practices that require women to submit to the sexual advances of husbands notwithstanding the HIV status of the husband; domestic violence; and, physical and sexual violence against women and girls. The problem is made worse by the presence of a draft national HIV/AIDS policy that has no backing legislation prohibiting discriminatory treatment of those infected with HIV/AIDS.

The overall government health policy is the attainment of good health standards to enhance productivity. The strategic focus is the prevention and control of disease, rather than treatment of diseases, thus a shift from Curative Health Services which mainly involve providing treatment and catering for reproductive health needs, to Preventive Health Services. The scourge of HIV/ AIDS continues to impact negatively on productivity, the urban prevalence of 7 – 13% is considered higher than that of rural settings. An estimated 132,000 people in Kampala are infected with HIV/AIDS. The current and expected impacts of this epidemic are widespread and devastating. Aside from these demographic impacts, HIV/AIDS is also exerting a devastating economic impact on Kampala City.

65 In Focus Group Discussions

The slum upgrading programme will have to consider the effects of the scourge in terms of labour costs, productivity and household expenditure on health services. In Kinawataka, one of the pilot areas, the toll is already being felt. It was asserted⁶⁶ that the spread of HIV/AIDS has been accelerated by over consumption of alcohol in the area, which residents feel needs to be regulated through a bye-law by the council. In response to the scourge, a clinical out-reach programme for persons living with HIV/AIDS by the Mbuya Catholic Parish Church, avails anti-retroviral treatment free of charge to residents, this is the only intervention at the moment.

In Kagugube, out-reach programmes offering counselling services to persons living with HIV/AIDS are offered by Action for Slum Health and Development (ASHD) a community based organisation. Occasionally Makerere University hospital located in the vicinity undertakes work in the community, immunizing children and providing counselling services to persons living with HIV/AIDS. This area needs further exploration on how the slum upgrading initiative should handle it, because it impacts on livelihood.

⁶⁶ During Focus Group Discussions with Community leaders