

Urban VHTs deserve remuneration

THE appeal by more than 500 Village Health Teams (VHTs) in Kampala to the Kampala Capital City Authority for remuneration deserves the attention of the Ministry of Health.

While VHTs across the country work on a voluntary basis, those operating in urban settings face unique and far heavier demands. For them, the question of remuneration is unavoidable.

Kampala's VHTs operate in densely populated neighbourhoods where disease spreads faster, sanitation challenges are more complex and the cost of living is high. They are expected to conduct daily surveillance, promote hygiene, guide households on disease prevention and act as the first point of contact during outbreaks.

In a city where transport alone can consume a day's income, volunteering becomes a personal financial burden.

Urban VHTs are deployed in environments where public health risks are highest. Poor waste management, overcrowding and recurring disease outbreaks demand



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constant vigilance.

KCCA executive director Sharifah Buzeki's acknowledgement of these concerns is welcome, particularly her commitment to provide uniforms and identification. Such tools enhance trust, safety and

effectiveness. However, while uniforms may improve visibility and prevent possible attacks, they do not pay transport fares or medical bills.

The uncomfortable truth that the health ministry must confront is that urban volunteerism may no longer be sustainable. The Ministry of Health has itself admitted that low motivation due to lack of remuneration has limited the impact of VHTs. Kampala VHTs are currently dependent on inconsistent donor allowances that vary from sh5,000 to sh10,000.

If community health workers in other parts of the country are now receiving some form of pay, then urban VHTs should not be left behind. Kampala's context justifies a standardised remuneration framework. This does not necessarily mean a full salary, but it must include a reliable stipend and basic logistical support.

Preventive healthcare saves money, reduces pressure on hospitals and protects lives. Therefore, continuing to rely on unpaid labour to perform this important task to safeguard the health of millions of residents would be courting disaster.