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Assessment of voluntary counseling and testing (VCT) services in Ekurhuleni Metropolitan Municipality

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CHAPTER SIX CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

- The majority of VCT sites had a closed area for counseling and testing but not all provided the necessary privacy.
- Lay counselors constituted the majority of all trained counselors.
- Not all VCT sites evaluated the quality of counseling.
- All the VCT sites relied almost exclusively on health promotion to market VCT services.
- All sites kept VCT registers which had different data elements and a lot of gaps.
- Reading materials were lacking in many of the sites.
- Posters were mainly in English.
- The schedule for debriefings was irregular and focused mainly on lay counselors.
- No formal guidelines on relationships with community structures.

6.2 Recommendations

- Ensure that counseling and testing space provide the necessary privacy in all VCT sites.
- All sites need to regularly evaluate the quality of counseling.
- Expand VCT marketing strategies beyond health promotion.
- Standardize data elements in the VCT register and put in measures to ensure the completeness and integrity of the data.
- Studies of factors influencing VCT uptake be carried out.
- Provide posters and reading material in languages, predominantly used by nearby communities.
- Ensure that debriefings are regular and include all categories of counselors.
- Establish guidelines that regulate formal relationship between VCT sites and community based structures.