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the whc is a brief, four-session, gender-specific intervention to improve adherence to art and prevention of hiv transmission among women living with hiv. the whc has been shown to increase hiv testing uptake, art adherence, and sti testing among women living with hiv in the usa and zimbabwe. however, in the usa, the whc demonstrated efficacy when combined with a brief counseling intervention. in zimbabwe, the whc was shown to reduce substance use and improve maternal mental health and art adherence. in south africa, the whc demonstrated efficacy when implemented in one-third of clinics and was effective when offered in the context of other maternal and child health interventions in one clinic. the feasibility and acceptability of the whc among participants has been assessed in zimbabwe and south africa. this implementation science project will assess the acceptability and feasibility of the whc in south africa. in addition, we will assess the impact of the whc on hiv-testing uptake, engagement in art, and uptake of sti testing. we will also assess the costs associated with the implementation of the whc. the secondary outcomes will also include substance use, aod use, and violence. paired t-tests and wilcoxon rank-sum will be used to examine differences in absolute alcohol use between the two groups. mean and median differences will be reported with 95% confidence intervals (95% cis). we will use mixed effects models to examine changes in alcohol use from baseline to 6-month follow-up within each group. we will assume that the correlation matrix is exchangeable. the models will control for other covariates identified in bivariate analyses or hypothesized a priori (e.g., condom use is correlated with substance use). one of the most important covariates in the model will be measures of patient satisfaction.

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the project has already commenced implementing the whc in two pilot sites with the goals of demonstrating the feasibility, acceptability and initial outcomes of the whc in an integrated setting. the sites are the family health clinic in khayelitsha and the phc outpatient department in khayelitsha. the project is funded by the united states agency for international development (usaid) through the alliance for ahf program. participants are able to withdraw from the study at any time, for any reason, without penalty. the data collected from participants are completely anonymous, and are made available to researchers and data managers only for the purposes of this study. we used the previous pilot data to calculate the sample size to calculate power and detect potential changes in the whc program. we calculated the power of our previous pilot to detect a difference in hiv transmission from baseline to 6-months post-intervention. the results of the pilot showed that the whc significantly reduced the rate of hiv transmission among the participants in the intervention group. in particular, the whc had a significant impact on hiv incidence over the entire 6-month follow-up period (rr=0.36, 95% ci, 0.16 to 0.84, p=0.01) [ 30 ]. thus, using the results of the pilot study, we estimated that 17 girls would need to be in the intervention group to have 80% power to detect a similar reduction in hiv incidence. based on the sampling frame from the previous pilot study, we recruited 19 women who were living with hiv who were using substances and who met the eligibility criteria for the pilot study. the baseline demographic characteristics of the participants are presented in table 1. the majority of the women were unemployed or students and were between the ages of 20 and 25 years. almost 90% of the women had a baseline vl of 5,000 copies/ml or more and almost half of the women had been diagnosed with tb during the previous year. the mean duration of substance use was over 6 years. the majority of the women had a history of injection drug use. the mean length of time since their last hiv test was over 8 years. the mean number of sex partners over the previous 6 months was over 3.

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