INTRODUCTION
In South Africa where approximately 5 million people are living with HIV (UNAIDS, 2006), it is estimated that 400,000 HIV-positive people are receiving antiretroviral treatment (ART), including 23,000 in the Cape Town metropolitan area (Department of Health, 2008). A recent study has revealed that, of HIV-positive people initiating antiretroviral (ARV) treatment in public health clinics in Cape Town, 44.7% had not had protected sex at last sex (Dienie et al., 2008). In collaboration with the Provincial and City Departments of Health, we intend to implement a sexual risk reduction intervention called Options for Health in ARV clinics across the Cape Town metropolitan area.

The Options for Health Intervention
Options for Health is an HIV risk reduction intervention that has been designed specifically for people living with HIV (PLHIV) attending clinical care. This counseling intervention is based on the information, motivation, and behavioral (IMB) model of behavior change and uses Motivational Interviewing (MI) techniques to deliver HIV risk reduction information, motivation, and behavioral skills content (Fisher et al., 2008).

The Options for Health Counseling Protocol
The Options for Health counseling protocol for a first Options meeting consists of 8 steps in which the counselor:
- assesses the participants' sexual risk behavior;
- assesses the participants' readiness to change;
- identifies barriers to consistently practicing safer behaviors;
- elicits strategies from the participant for overcoming these barriers and
- negotiates an individually tailored risk reduction goal or "action plan."

Details of each session are recorded by the counselor on a patient record form.

OBJECTIVE OF THE PILOT STUDY
Our objective was to investigate the feasibility of incorporating Options into routine clinical care at an ARV clinic with a high patient load in the Western Cape.

FINDINGS
Implementing Options: Facilitating Factors
- Clinic Staff were supportive of the idea of a Sexual Risk Reduction Intervention.
- Options Did Not Interfere with Other ARV Clinic Staff Members' Daily Work.
- Options Was Implemented with Fidelity to the Counseling Protocol - the Options counselor implemented at least 7 of the 8 protocol steps in all but two counseling sessions.

Implementing Options: Barriers
- Barriers Increased Counseling Time
  Observational data was collected over 6 days. The time spent counseling patients who received Options (n=8) and those who didn't (n=20) is compared below.

Table 1. Time Spent During Standard of Care (SOC) Adherence Counseling vs Options Counseling

<table>
<thead>
<tr>
<th>Counseling</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC Adherence Counseling</td>
<td>3 minutes</td>
<td>19 minutes</td>
<td>11 minutes</td>
</tr>
<tr>
<td>Options Counseling</td>
<td>13 minutes</td>
<td>27 minutes</td>
<td>18 minutes</td>
</tr>
</tbody>
</table>

CONCLUSION
The barriers to implementation as identified in this study are not insurmountable, and we are confident that the implementation of Options for Health in a local ARV clinics is indeed feasible. We have revised the Options training program so that the Options protocol is presented as a generic counseling tool that can be applied to a variety of health behavior problems including ARV non-adherence and sexual risk behaviors. In this way, counselors should adopt Options as a counseling style, instead of using the 8 step protocol for dealing with specific issues where it is likely to be "forgotten" or ignored due to lack of time. A process evaluation will be conducted in the next phase of the roll-out in order to determine the best way to train adherence counselors to the level of skill required to implement Options effectively, what kind of support they require after their initial training, and what change occurs in their level of skill as they actually implement Options over a period of time.

ACKNOWLEDGEMENTS
This study has been conducted in close collaboration with the Provincial Government of the Western Cape, Metro District Health Services and the City of Cape Town. Our sincere thanks also go to Ms Nontobeko Mluleke for her work in the field and to the adherence counselors who provided invaluable input in to the study.

REFERENCES