



M&E Tips and Considerations for Remote OVC Case Management¹

1. What is the minimum information that case workers (CWs) should capture to report required indicators during periods of remote case management?

- General**
- Date of remote case management session
 - Unique ID for HH and individuals receiving services
- OVC_SERV**
- Eligible services provided during remote sessions to specific households and individuals
 - Referrals provided and confirmation of completed referrals by service provider
- OVC_HIVSTAT**
- HIV risk assessment results, if HIV status is unknown or the CW suspects that a participant's risk situation may have changed
 - Changes in HIV status of OVC (0-17 years old)
 - ART status for each HIV+ OVC (0-17 years old) in the household
 - For projects reporting viral load of HIV+ OVC, determine if this indicator will be feasible to collect. If so, capture viral load of HIV+ OVC and the date of the results

2. How should CWs capture this minimum information?

When feasible, modify tools and limit the data collection to the minimum information needs described above. Ensure that any new forms capture **individual-level data** to document service provision. If access to standard forms is limited, CWs should use a dedicated notebook with a standardized template. CWs should receive remote training on how to complete new forms or notebooks in a standardized manner. If CWs have smartphones, videos can be developed to review how to complete the forms. Supervisors and M&E officers can hold calls with small groups of CWs to go through the forms. If only the minimum data points are collected, it may be necessary to adjust the project's management information system (MIS). For example, it may be necessary to adjust which data points are required to input into the MIS.

3. At a minimum, what do CWs and supervisors need for data collection during remote case management?

- Latest version of case management forms and a dedicated notebook and standardized template
- Folders to maintain notes and forms
- Updated participant lists, including unique-IDs, phone numbers, and critical information about enrolled OVC, such as HIV status, recent Violence Against Children (VAC) experiences and outstanding referrals. **(See question 6 on maintaining participant confidentiality.)**
- List of eligible services for remote case management
- Sufficient airtime to contact OVC households
- Supervisors will need an updated list of the contact information for CWs whom they supervise

4. Can aggregate data be transmitted for required monthly or quarterly reporting?

During periods of remote case management, CWs are still required to capture and eventually report individual-level data for OVC_SERV and OVC_HIVSTAT for SAPR and APR. However, where access to project offices is restricted due to COVID-19, transmission of individual-level data may be difficult. Therefore, for monthly and/or quarterly reporting, check with the PEPFAR USG in-country focal point to determine whether it will be sufficient for CWs to transmit aggregate data rather than individual-level data to their supervisors during periods of remote case management. The reporting of aggregate data to USG is described in question 5

¹ This document is based on guidance developed in response to the COVID-19 pandemic: Catholic Relief Services. (2020). *M&E Guidance for Remote OVC Case Management*. Baltimore, MD. This document was developed by an OVC Task Force working group including representatives from Catholic Relief Services, Palladium, PACT, World Education/Bantwana Initiative, Save the Children, FHI360, USAID/Washington and CDC/Atlanta. The contents are the responsibility of the OVC Task Force and do not necessarily reflect the views of USAID, CDC, or the United States Government.

and would mean that monthly and quarterly reporting (not SAPR and APR) may have some double counting. To capture and report aggregate data across the project, modifications to the existing MIS or a separate spreadsheet will be necessary.

5. How will be data be transmitted during remote case management?

	Case Workers	Supervisors and Data Entry Staff
Data Collected	CW collects individual-level data for services provided to OVC households.	Supervisors will receive data from CW.
Forms used	Existing or modified case management forms and a dedicated notebook with standardized templates.	Supervisors: Form to capture individual-level data from each CW or (with AOR approval) a form to collect aggregate data from each CW. Data entry staff: A form to capture individual-level data from each supervisor or direct entry into the MIS. If aggregate data are reported (with AOR approval), a new form to capture data from each supervisor may be necessary.
Data reported	If aggregate data reported: Each time the data are reported to supervisors by phone (ideally weekly) <u>during a given quarter</u> , the CW reports the <i>number of new households and individuals</i> that received eligible services (for OVC_SERV) or changes in OVC_HIVSTAT disaggregates. If individual-level data reported: CW report all individual-level data to their supervisor.	If aggregate data reported: Each time the data are reported by supervisors to data entry staff by phone <u>during a given quarter</u> , the supervisor reports the total <i>number of new households and individuals</i> that received eligible services (for OVC_SERV) or changes in OVC_HIVSTAT disaggregates to data entry staff. If individual-level data reported: Supervisors report all individual-level data to data entry staff.
Mode of data transmission	Data will likely be transmitted by phone to supervisors. If CWs have smartphones, it may be possible to transmit images of forms via WhatsApp. If a CW and project staff (supervisors, data entry staff) can safely access a project office, forms may be delivered and accessed at the office.	Data will likely be transmitted from supervisors to data entry staff by phone. If supervisors have smartphones, it may be possible to transmit images. If supervisors and data entry staff can safely access a project office, forms may be delivered and accessed at the office and entered at the home of the data entry staff. Alternatively, if project offices are open, data entry staff can enter the data on-site if approved by the organization and following national guidelines.

6. How can projects protect participant confidentiality during periods of remote case management?

- The risk of breaching confidentiality increases with remote case management. CWs will likely conduct remote case management from home, where they will discuss sensitive information by phone and store sensitive documents and information if partner offices are not accessible.
- In most cases, CWs and supervisors should not take case files home because they will be difficult to store securely. If staff take files home, strict SOPs for securely storing the files in locked boxes are necessary.
- Avoid writing names on the forms. Only unique IDs should be used on data collection forms.
- Create lists linking names and unique IDs and store them apart from the complete case management forms.
- Participant lists should “disguise” key background information. Avoid referring directly to HIV status or VAC/Gender Based Violence (GBV) on the lists. For example, for HIV status refer to it as “Requiring treatment services” and refer to VAC/GBV cases as “Requiring response services”. Review these terms with CWs and supervisors to ensure they understand the “hidden meaning” and understand why it is important to protect this information.
- Ideally CWs, supervisors, and data entry/M&E staff will have a locked box to store participant forms. At a minimum the project should provide CWs and supervisors with folders to cover all forms and lists and a plastic or cardboard box to store and protect their materials.
- CWs should conduct case management in a private location. If the session cannot be conducted in private, the CW should avoid directly mentioning the participant’s HIV status or experiences of VAC/GBV.
- CWs should encourage project beneficiaries to engage in calls from a place that they feel secure.