



DRAFT Tips and Considerations for PEPFAR OVC Remote Case Management in the Context of COVID-19

In the context of COVID-19, PEPFAR OVC programs are adapting existing or adopting new strategies to continue serving children and families affected by HIV. This document aims to help OVC programs consider how they can adapt and prioritize activities to deliver critical services to children and families with highest risk due to HIV and prevent program attrition through the use of remote/virtual case management.

Each country's health system context, epidemiological context, local burden of COVID-19, and national COVID-19 response plans will inform a Remote Case Management Approach. OVC programs should also refer to [PEPFAR COVID-19 FAQs](#) for up-to-date guidance. During COVID-19, case management should continue for currently enrolled children and families, and potential new enrollees. In select cases (e.g. critically ill child/child failing ART, child abuse), in-person case management and/or home visits may be required.

OVC programs should establish prioritization criteria for case managers to triage their existing caseload. Below is an illustrative risk assessment matrix (with related OVC sub-populations) that may be applied or adapted based on program context.

Classify and triage current OVC caseload

Rating	Description	Frequency of (remote) check-ins	Illustrative sub-populations
Red	High risk situation or cases with critical care and protection needs that require intensive support	Weekly (at minimum)	<ul style="list-style-type: none"> Children and adolescents living with HIV with treatment failure or not virally suppressed HEI of mothers at high risk (e.g., adolescent mothers and/or newly diagnosed women) Children of PLHIV parent/caregiver who is non-adherent Known or suspected VAC and GBV cases Children vulnerable to abuse: *Children in child-headed households* Children of sex workers*Children of caregivers in acute emotional distress* Adolescent mothers and their children Children with elderly (e.g. 60+) or disabled caregiver with serious health issue
Yellow	Moderate risk cases with select care and protection needs	Monthly	<ul style="list-style-type: none"> Children and adolescents living with HIV who are adherent to treatment, virally suppressed as well as HEI Children of PLHIV parent/caregiver who is adherent to treatment Children with elderly (e.g. 60+), or disabled caregiver with no other known serious health issue Households facing food insecurity Children of caregivers with mental health and/or substance abuse issues
Green	Relatively stable families	Twice per quarter	<ul style="list-style-type: none"> Other enrolled households not specified above and who have relatively stable status

Prepare to Conduct Remote Case Management Calls

Given the constraints of conducting case management remotely, adequate preparation is essential. The following tips for preparing case workers before calls may be useful. (Note in cases of families who do not have access to phones, case workers should consult with supervisors, community resources persons or others on how to safely and confidentially check in with high risk children and families).

✓ Time-limited check ins	Due to limited airtime, privacy and other constraints, phone-based discussions should be targeted and time limited, prioritizing the most urgent issues.
✓ Consent	Case workers should ensure that informed consent to receive remote case management is obtained verbally and documented in the case file.
✓ Confidentiality	Calls may include sensitive information related to HIV, GBV and/or VAC. Case workers should ensure that the caregiver or child is in a safe and confidential place to talk; verify the person's identity before discussing personal health information; and adhere to confidentiality procedures.
✓ Updated resource/service directories	There is increased demand for basic needs such as food, water, soap, and other urgent supplies. Case workers should have the most up to date information on government, community, or other available resources and service points to facilitate linkage, including for HIV and post-violence care services.
✓ Updated national COVID 19 response policy and resources	Case workers should have easy access to national guidelines, resources, and job aids related to COVID-19 and prevention.
✓ Local service delivery policy at clinics	To reduce COVID 19 transmission, some clinics (in line with national COVID-19 policy), are reducing clinic visits especially for non-essential services and reducing laboratory monitoring. Case workers should consider and plan alternatives to clinic visits for ART or viral load testing and clarify any adjustments to protocols for post-violence care.
✓ MMD availability	Case workers should be aware of updated clinic hours and procedures, especially information on MMD and community-based distribution points.
✓ GBV/VAC protocols	Violence against children (VAC), domestic and community violence can increase during times of elevated stress, social isolation and lack of employment (conditions all present during the COVID-19 pandemic). Case workers should be familiar with and apply updated referral protocols for VAC/GBV for children and family members.

Case workers should trust their instincts. If they sense something is wrong they should seek help.

Assess general family well-being/coping and address concerns about COVID-19

It is critical for OVC case workers to gain an initial snapshot of overall family well-being and how individual families are coping in the context of COVID-19. Below are illustrative questions that may be used:

- I know that a lot is different now. How are you feeling?
- How safe do you feel in your home?
- How safe are all of your family members?
- Are there any new health concerns for any family member?
- What is the most important thing you wish to talk about today?

It is also important to use check-ins to **deliver accurate COVID-19 prevention information and dispel myths about COVID-19**, in line with national guidelines, resources, and job aids. Illustrative questions and responses are provided below:

Key Questions	Key Responses
Have you heard about COVID-19?	Address understanding and debunk any myths
What do you know about COVID-19?	Verify accurate knowledge in line with national guidance
What are the three simple actions you can take to protect yourself and your family from infection?	Provide practical behavior change messages per WHO/national guidelines
Do you know why these actions will protect you from COVID-19?	Communicate reasons for behavior change in the simplest of terms
What concerns you the most about COVID-19?	Address child protection, HIV issues, anxiety, positive coping, talking to children about COVID per national guidance for social workers and case workers
Have you talked with your children about COVID-19?	Reinforce the importance of acknowledging children’s fears, communicating openly, and providing reassurance.

In addition, OVC programs can help children to access clear, child-friendly, gender-sensitive messages about COVID-19, including proper handwashing and social distancing. Examples can be found [here](#) and [here](#). Children may be feeling anxious about COVID-19 and finding it difficult to understand. Encouraging parents/caregivers to have an open and supportive discussion about COVID-19 in a child-friendly way can help children to understand and cope. Find tips on talking to children about COVID-19 [here](#).

Conduct rapid assessment of high-risk cases, deliver key information and services, and refer for critical services

The table below includes illustrative tips and considerations for conducting remote case management; delivering OVC services in the domains of healthy, safe, schooled, and stable; and provides links to more detailed tips and/or jobs aids aligned with WHO and/or CDC guidance. Recognizing that calls with families may need to be extremely short, the most urgent questions are noted in bold.

Per PEPFAR FAQ, “any OVC service included in [MER Guidance](#) (Appendix E) that can be delivered or facilitated via remote/virtual support, in line with host country government social distancing policies and guidelines, can be counted. IPs are also encouraged to incorporate COVID-19 prevention messaging per host country MOH guidelines and resources into their virtual support to households.”

TOPIC	ASSESSMENT	ILLUSTRATIVE INFORMATION/SERVICES	REFERRAL PATHWAY
HEALTHY			
Socio-emotional well-being -	<p><i>NOTE: this section is also a rapport-building section. Not all questions are for assessment. Practice active listening and show empathy.</i></p> <ul style="list-style-type: none"> ● <i>I know that a lot is different now. How are you feeling?</i> ● <i>How safe do you feel in your home?</i> ● <i>How safe are all of your family members?</i> ● <i>Are there any new health concerns for any family member?</i> ● <i>What is the most important thing you wish to talk about today?</i> 	<p>Potential home visit for acute cases of stress, or violence in the home.</p> <p>Share tips from PLH on mental health during COVID-19:</p> <ul style="list-style-type: none"> ✓ You are not alone. It can help to find someone to talk to. ✓ Everyone needs a break. Making time, even small amounts, for healthy and relaxing things you like to do will help you cope. ✓ Take a pause for mindful breathing. <p>Note – you know your families. If you know they are at high risk then follow your knowledge or instinct on this. You are the experts here.</p>	<ul style="list-style-type: none"> ❖ Refer to National hotline per host country MOH guidance, protocols ❖ Linkage to specialized PSS services if feasible. ❖ Referral to protection services if needed.
COVID-19 Prevention	<p><i>Can you name three primary ways of preventing COVID-19?</i></p> <p><i>Is the family able to practice physical distancing and frequent handwashing?</i></p> <ul style="list-style-type: none"> ● <i>Is the family able to access any locally available hygiene and protective supplies?</i> 	<p>Counseling with family to address barriers to preventive behaviors. Counseling on COVID-19 prevention using national MOH guidance and job aids. Key messages include:</p> <ol style="list-style-type: none"> 1. Frequently wash hands with soap and running water or alcohol-based rub for at least 20 seconds. 2. Do not touch your eyes, nose and mouth. 	<ul style="list-style-type: none"> ❖ Document referral to resources for locally available hygiene supplies ❖ Document need for hygiene supplies in case plan

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	<ul style="list-style-type: none"> Is the family facing any other barriers to practicing COVID-19 prevention? 	<ol style="list-style-type: none"> Keep at least 1 meter of distance from other people. Do not attend large gatherings. Follow national guidelines about staying home. Follow national guidelines on masks or face coverings. 	
ART supply	<p>How many days' supply of ART does the child and/or caregiver have available right now?</p> <p>Has the child and/or caregiver been assessed for MMD?</p> <ul style="list-style-type: none"> Has the parent/caregiver asked the provider for multiple months ART supply for the child? Does the caregiver know how, where, and when they will pick up or receive the next supply of ART for children or for themselves? 	<ul style="list-style-type: none"> ✓ Reinforce the importance of availability of regular ART supply ✓ Review related community OR clinic ART distribution points/schedule ✓ Review COVID prevention precautions for pick-up of ART at clinic or community level ✓ Explore a family approach for same day consultations and ART pickup to reduce costs and time spent at clinics ✓ Establish time/day for next check in call 	<ul style="list-style-type: none"> ❖ Document referral of client to transport support for pick up at clinic or community distribution point
Adherence	<p>Has the child missed any ART doses in the last 7 days?</p> <p>When is the child supposed to take her/his medication? (check Right Drug, Right Dose, Right Time)</p> <ul style="list-style-type: none"> Can you share with me what you think caused the child to miss her/his medication? (e.g. clinical, food/nutrition, etc.) What are you most concerned about related to your child's adherence? If age appropriate and safe, the case worker should also speak with the child/adolescent. For caregivers of children newly initiated on ART (LVP/r): Could you describe how 	<ul style="list-style-type: none"> ✓ Provide basic adherence counseling and ART treatment literacy, as needed ✓ Reinforce the importance of continuing to take ART and not missing any doses due to fears of COVID exposure at a health facility or in the community. ✓ Provide psychosocial support related to adherence challenges ✓ Set up and plans next check in with caregivers/children 	<ul style="list-style-type: none"> ❖ Document referral for remote or in person consultation with appropriate person for adherence-related clinical and/or child protection issues

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	<p><i>you are giving this medication and if you are having any challenges administering it?</i></p>		
Viral suppression	<p><i>Has the child had a viral load test in the last 12 months?</i></p> <ul style="list-style-type: none"> ● <i>Do you have the results of that test?</i> ● <i>Can you share the results of the test with me?</i> 	<ul style="list-style-type: none"> ✓ Provide basic adherence counseling, as needed. Reaffirm the importance of adherence and viral load testing for HEI and C/ALHIV. Ask and address concerns of caregivers related to VLT; share information on availability. ✓ If VLT is available, explore and address barriers to VLT ✓ If appropriate, set up the next VLT clinic appointment ✓ Document date for appointment of next VLT in case plan 	<ul style="list-style-type: none"> ❖ Document test result if available ❖ Document referral to clinic or community based VLT services ❖ Document in case plan if VLT is NOT available in your locale. Plan for follow up with family when services are available.
HIV risk screening	<ul style="list-style-type: none"> ● <i>Do all children (0-18 years) in the household have a known HIV status?</i> ● <i>Has any child with unknown status been assessed for HIV risk?</i> 	<ul style="list-style-type: none"> ✓ If feasible, conduct risk screening for any child with unknown status. ✓ Maintain a list of children with HIV risk* and biological children of HIV+ mothers* to be referred for HIV testing as soon as safely possible. ✓ *Referrals for HIV testing should be made if the child is critically ill 	<ul style="list-style-type: none"> ❖ SOP for HTS referral (if the child is critically ill), in collaboration with clinical partners.
SAFE			
Positive Parenting	<ul style="list-style-type: none"> ● <i>This situation is making families very stressed.</i> ● <i>Could you tell me how stressful you find parenting is now?</i> <i>0 – absolutely fine – 10 unable to cope</i> ● <i>A lot of families are having arguments in lockdown, or feeling like their</i> 	<ul style="list-style-type: none"> ✓ All parents should receive at least one counseling message appropriate to their situation. Responses of 5 or higher indicate high risk; should receive weekly follow up and counseling, and possible referral to protection services. 	<ul style="list-style-type: none"> ❖ Documented referral to mental health hotline if needed, if available. ❖ Documented referral to protection services, in case of violence.

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	<p><i>children are trying to make them angry. Are either of these things happening in your home? 0 – never – 10 all the time</i></p> <ul style="list-style-type: none"> • <i>What parts of parenting are most difficult right now?</i> • <i>Are you finding any ways to cope? What are they?</i> 	<ul style="list-style-type: none"> ✓ Choose among Parenting for Lifelong Health (PLH) messages COVID-19 Parenting Tips for Caseworkers Messages in over 50 languages here. ✓ Keeping it Positive ✓ One-on-one time ✓ Structure up ✓ Bad Behavior ✓ Learning through play ✓ Family Harmony at Home ✓ When we get angry ✓ Parenting in crowded homes and communities ✓ Keeping Children Safe Online ✓ Family Budgeting in Times of Financial Stress ✓ Keep Calm and Manage Stress ✓ Talking about COVID-19 	
<p>GBV/VAC risk screening and response</p>	<p><u>For caregivers:</u></p> <ul style="list-style-type: none"> • <i>Do you feel safe in your home?</i> • <i>Are you afraid that your partner or someone else will cause you or your children harm?</i> • <i>If you needed to leave your home in a hurry, where could you go?</i> • <i>If you have children, will you take them with you?</i> • <i>Have you thought of harming yourself recently? If yes, assess for intent to act, create a safety plan and refer.</i> • <i>Have you noticed any unusual behavior by your child (e.g. having nightmares,</i> 	<p>Home visit may be required in order to ensure safety and linkage to comprehensive post-violence care (use program SOP/ statutory pathway).</p> <p>Support, listen, validate and believe the client (per WHO LIVES approach). This may be the most you can do for a victim(s) of violence.</p> <p>Tools for screening for GBV/VAC and Suicide Ideation:</p> <ul style="list-style-type: none"> ✓ Gender Based Violence Screening Tool ✓ Integrating Violence Against Children Prevention and Response into HIV Services ✓ Assessing Children of KP for Adverse Situations ✓ Identifying & Mitigating GBV Risks Within the COVID-19 Response 	<ul style="list-style-type: none"> ❖ Assure joint safety planning with the child/adolescent/care giver. ❖ Refer for follow up support depending on degree of severity: defilement, rape, physical abuse self-harm, suicide - using existing protocols and pathways. Document completed referral. ❖ Facilitate referral for to obtain post-violence medical care (including PEP) within 72 hours. Document referral ❖ Refer to post-violence, post crisis, trauma-informed counseling from a trained provider. Document completed referral.

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	<p><i>reluctant to play, unusually quiet, bed wetting, etc.)?</i></p> <p>For Children/Adolescents:</p> <ul style="list-style-type: none"> ● Do you feel safe in your home? Are you currently afraid? ● <i>What happens when people in your home get angry? Does anyone ever hit in your home?</i> ● Has anyone ever touched you in a way you don't like? ● Have you thought about hurting yourself recently? if yes, assess for intent to act, create a safety plan and refer for home visit 	<ul style="list-style-type: none"> ✓ Pocket Guide to Supporting Survivors of GBV <ul style="list-style-type: none"> ➤ Remote GBV Case Management series in the COVID-19 response ➤ Sample script pg. 48 of Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery 	
Care Planning	<ul style="list-style-type: none"> ● Do you have a plan for someone you trust to take care of your child if you are sick or are not there to take care of them? ● <i>Have you spoken about your plan with this person?</i> ● <i>Is this someone your children know and trust?</i> 	<ul style="list-style-type: none"> ✓ Counseling on the importance of having a plan for a trusted adult who will care for your child if you become sick or are not there to take care of them. ✓ Help caregiver identify a trusted adult who can step in their place, and make a plan to discuss this with the trusted adult, and their children. 	❖ Referral to social worker if caregiver is unable to identify a caregiver and create a care plan for the child or children.
SCHOOLED			
Stimulation for Young Children (0-5 years)	<ul style="list-style-type: none"> ● Are you making time at least once per day for 10-20 minutes to play or talk with your child? ● <i>How frequently in the last week have you told stories to your children or talked to/sang songs to your baby?</i> 	<ul style="list-style-type: none"> ✓ Basic messages regarding the importance of play and stimulation, see Learning through play ✓ Provide counseling on tips for early childhood stimulation 	❖ Refer HEI with red flags for developmental delay

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	<ul style="list-style-type: none"> Do you have any concerns about your child's development? 		
Learning opportunities for school-age children (6-17 years)	<ul style="list-style-type: none"> Are school-age children accessing distance or other learning opportunities? Are school age children having any challenges participating in the distance learning opportunities provided? Are children encouraged to use their imagination and play in their free time? 	<ul style="list-style-type: none"> ✓ See Education in Emergencies resources for distance learning, alternative education, and psychosocial support: EIE resources ✓ Provide counseling on tips for continued remote learning 	<ul style="list-style-type: none"> ❖ Facilitate linkage to distance learning opportunities per national MOE and/or provision of materials for self-led learning.
STABLE			
Food security and nutrition	<ul style="list-style-type: none"> Ask the caregiver of the household: In the past week, how many meals per day have you had? Has this number reduced from the previous week? Is there any child in the home that is severely malnourished? Has your HH had to sell any animals or other assets within the past week? 	<ul style="list-style-type: none"> ✓ Refer for local food supplementation/food parcels ✓ Refer for therapeutic feeding for any case of severe malnutrition ✓ Tailor assistance to the needs of the entire household, not just the individual beneficiary, given that food is a shared resource 	<ul style="list-style-type: none"> ❖ Provide information on available local food supplementation services/food parcels supplied by govt. and/or civil society. Document referral to food supplementation. ❖ Provide counseling and problem solving on safe ways of getting food, storage. ❖ Provide nutrition counseling for better utilization of locally available food.
Social protection	<ul style="list-style-type: none"> Assess household eligibility for local/national social protection grants, cash, and/or voucher assistance (per local criteria) If eligible, did you access a social grant in the last month? 	<p>IF AVAILABLE: Counsel on availability of social protection grants or cash and voucher assistance [insert specific information on available programs and how to access.] Could include:</p> <ul style="list-style-type: none"> ✓ Cash transfer or another social grant/assistance ✓ Short-term emergency cash support 	<ul style="list-style-type: none"> ❖ Document referral for enrollment of newly eligible households; emergency cash transfer ❖ Document need for social protection grant or cash/voucher assistance in case plan

Other programmatic considerations for operational planning in context of COVID-19

Programs may also consider the development and/or adaptation of existing job aids, SOPs, in-service trainings, and M&E tools for application and implementation in the COVID context, for example:

Job aids related to:

- Supportive supervision of case workers: remote individual supervision and case management meetings, for example by phone ([see remote supervision guidance](#)), Skype, WhatsApp, Teams etc. Provide the tools, training and coaching to support peer-to-peer supervision for case workers working in the same location.
- Self-care, managing stress and psychosocial support for case workers and staff
- Conducting calls, tips, and scripts for remote case management and skills-building

SOPs related to:

- Referral pathways (with updated community mapping and service directories)
- Determining if a home visit is needed (per PEPFAR FAQ), who is best placed to make home visits, and required precautions
- Use of phone trees, airtime supplements for case workers, and reaching beneficiaries without phones
- Talking directly with children and adolescents as appropriate
- Informed consent of families to receive remote case management and confidentiality procedures
- OVC beneficiaries (children or caregivers) who test positive for COVID

Training/skills-building for:

- Orientation of case workers on remote case management
- Knowledge and skills-building on IEC materials, tips, and scripts to be used
- Train case workers on COVID-19: basic facts including symptoms, modes of transmission, so that they can combat myths that may stigmatize children and their families.
- Procedures on COVID-19-related illnesses that may affect the case worker or the families they support
- Privacy and confidentiality requirements (OVC case files and phones, computers, tablets, etc.)
- Positive parenting, stress reduction and coping skills for staff
- Enhanced VAC/GBV screening

M&E:

- Use of virtual monitoring tools, schedules for routine check-ins, and reporting forms
- Consider digitizing case management tools
- Application of *M&E Tips and Considerations for Remote OVC Case Management* (companion document)

This document was developed by a working group including Janet Barry (World Education/Bantwana Initiative), Jessica Tabler-Mullis (Save the Children), Lauren Oleykowski (Catholic Relief Services), Sarah Dastur (USAID/Washington), Viva Combs-Thorsen (CDC/Atlanta) and Sally Bjornholm (USAID/Washington). 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. The document is a working draft and may evolve in response to feedback from users.