**MONITITO FOR IOA**

Comment: this is a hypothetical example. The information provided does not pertain to an actual country, province, or health zone. It is intended solely to illustrate the MONITITO process and demonstrate how to properly complete a MONITITO.

**EXAMPLE MONITITO: CO-DEVELOPMENT OF ACTIONS WITH MSF HOLLAND, LUMINA, FOR MENINGITIS**

| PresenterName, contact, email | Jane Doe, +243994958845, janedoe@gmail.com  |
| --- | --- |
| Date of Meeting/Presentationyear-month-day  | 2024-06-04 |
| Presenting to Whom? Name of partner(s) | MSF Holland |
| Location of PresentationCountry, province, health zone, health area, etc. (complete address) | Country: NovariaProvince: LuminaHealth Zone: SolaceAddress:  |
| Partner CategoryGovernment: national, provincial, district, etc. and division/sector/cluster (education, gender, environment, etc.); UN Agency; NGO: international, national, and local; Community/civil society group | International NGO |
| Title of the Analysis being Shared during the Co-Development Session | In-depth Investigation of Meningitis Outbreaks in Solace |
| Reason for Presenting to this PartnerExample: planning co-developed actions for response to [specific disease] in [location] | Presenting evidence to collaboratively develop actions for a localized response to meningitis in Solace |
| Sector of activityExamples: risk communication and community engagement (RCCE), protection/GBV, health, food security & nutrition, research, WASH, etc. | Health |

**List of participants by partner/with their contacts**

Names, contacts, and email addresses of participants

* MSF Holland Participants
	+ John Smith: johnsmith@msf-holland.org
	+ Maria Garcia: mariagarcia@msf-holland.org
	+ David Brown: davidbrown@msf-holland.org
* IOA Participants
	+ Emily White: emilywhite@ioa.org
	+ Michael Johnson: michaeljohnson@ioa.org
	+ Sarah Thompson: sarahthompson@ioa.org

**PREPARATION AND DISCUSSION**

**Background and Justification for Co-Developing Actions**

Describe why you are sharing the key risks and observations, contributing factors and/or underlying causes derived from the analysis with the identified partner. Detail how the collaboration will proceed, including objectives, methods, and how you plan to address the key risks and observations identified in the analysis that relate back to the primary issue observed (i.e., trigger question).

If the partner is involved in multiple sectors of the emergency/outbreak response (e.g. vaccination, child protection, education), list these sectors. Clarify how each sector is pertinent to the co-development of actions. Describe how integrating these sectors can enhance the response strategy and address the underlying causes.

This MONITITO will be presented to the MSF Holland team responsible for monitoring meningitis in the Solace Health Zone. This team includes an epidemiologist, an investigator/researcher focused on meningitis in Solace, laboratory technicians, a medical team lead, and a project coordinator.

MSF Holland plays a critical role in detecting suspected meningitis cases at Solace’s healthcare facility after lumbar puncture examinations. They facilitate the registration of cases in the DHIS2 database, administer treatment, and organize investigations into meningitis recurrence.

As a primary healthcare partner in Solace, MSF Holland provides comprehensive support to three health centers and partial support to an additional three out of the total 18 health centers in the health zone.

This collaboration presents evidence from IOA investigations on meningitis recurrence in Solace, aiming to jointly plan actions to address the contributing factors and underlying causes of meningitis. Through this partnership, we intend to align our efforts, leverage each other’s expertise, and develop effective strategies to mitigate the impact of meningitis outbreaks in Solace.

**Key Risks and Observations, Contributing Factors and Underlying Causes from the Analysis:**

List the key risks and observations, contributing factors and underlying causes that were derived from the collaborative analysis. Please note that not all contributing factors and underlying causes may have been identified at this point. The partner may have additional information or insights that could uncover further contributing factors and/or underlying causes during this session. Ensure that the list aligns with the partner’s area of expertise and their level of involvement in the response.

If the partner operates across multiple sectors (e.g., food security & nutrition, WaSH, health, RCCE, tailor the discussion to each specific area of action. This approach ensures the conversation remains focused and fully leverages the partner’s capabilities and resources to effectively co-develop actions.

* KEY RISK/OBSERVATION: Children are not being vaccinated.
	+ CONTRIBUTING FACTOR: January through May 2024 there was a lack of DTP vaccine supply, meningitis vaccine, and other antigens.
	+ CONTRIBUTING FACTOR: socio-economic and physical barriers limit access to essential health services, resulting in higher home deliveries and lower postnatal service use, including vaccination, compared to the provincial average.
* KEY RISK/OBSERVATION: Delayed diagnosis and treatment.
	+ CONTRIBUTING FACTOR: healthcare workers have a limited understanding of meningitis symptoms which leads to delayed diagnosis and treatment, often waiting for negative malaria tests or specific symptoms such as a stiff neck (present in only 3% of suspected cases).
	+ CONTRIBUTING FACTOR: Lack of transport for suspected meningitis cases, especially in poor communities with long distances and difficult-to-access roads, worsens during the rainy season. This delays timely healthcare access, leading to self-medication, reliance on alternative care, and increased community transmission.
	+ CONTRIBUTING FACTOR: discrepancies between the linear referral list at the healthcare facility and the ESS hinder effective tracking and confirmation of referred suspected cases.
	+ CONTRIBUTING FACTOR: limited equipment and high transportation costs impede the transportation of samples to public health laboratories for meningitis confirmation, affecting diagnosis accuracy and timeliness.

**Key Risks and Observations, Contributing Factors and Underlying Causes Considered Most Relevant by the Partner:**

While discussing the key risks, observations, contributing factors, and underlying causes from the analysis, list here the validated contributing factors and underlying causes that the partner has identified and is interested in or capable of addressing. Keep in mind that the partner may only focus on one or a few contributing factors, and/or underlying causes mentioned above.

* KEY RISK/OBSERVATION: Children are not being vaccinated.
	+ CONTRIBUTING FACTOR: January through May 2024 there was a lack of DTP vaccine supply, meningitis vaccine, and other antigens.
		- VALIDATED BY PARTNER: Disruptions to vaccine supply/availability result in parents being sent home from healthcare facilities without their children being vaccinated, leading to increased non-vaccination and infection risks. DHIS2 data reveals a 100% decrease in DTP vaccinations per birth in Solace since April 2024, with rates already 53% lower than the provincial average.
	+ CONTRIBUTING FACTOR: socio-economic and physical barriers limit access to essential health services, resulting in higher home deliveries and lower postnatal service use, including vaccination, compared to the provincial average.
		- VALIDATED BY PARTNER: Families face challenges accessing postnatal and child services due to socio-economic and environmental barriers. Over 80% of health centers do not offer free care, with costs dependent on diagnosis (which is not known), hindering access to essential services. When services are not free, there is a low rate of use of curative care and greater reliance on alternative care.
* KEY RISK/OBSERVATION: Delayed diagnosis and treatment.
	+ CONTRIBUTING FACTOR: healthcare workers have a limited understanding of meningitis symptoms which leads to delayed diagnosis and treatment, often waiting for negative malaria tests or specific symptoms such as a stiff neck (present in only 3% of suspected cases).
		- VALIDATED BY PARTNER: Insufficient training and awareness among healthcare workers regarding the early signs and broader symptomology of meningitis.
			* UNDERLYING CAUSE: Training programs do not sufficiently emphasize the varied and early symptoms of meningitis and the symptoms used to confirm a suspected case remain unclear in the printed documents made available to healthcare workers.
			* UNDERLYING CAUSE: The established protocols prioritize ruling out other diseases such as malaria before considering meningitis, leading to delays in diagnosis and treatment of meningitis.
	+ CONTRIBUTING FACTOR: limited equipment and high transportation costs impede the transportation of samples to public health laboratories for meningitis confirmation, affecting diagnosis accuracy and timeliness.
		- VALIDATED BY PARTNER: Limited availability of Transisolate, the main transport medium for meningitis samples. WHO is the sole supplier in the country, providing Transisolate only upon request and if it is in stock. Additionally, there is a scarcity of specific reagents for PCR or other analyses, further complicating sample transportation and diagnostic processes.

**CO-DEVELOP ACTIONS**

| Key Risk or Observation from the Analysis(Problem) | Contributing Factors | Underlying Causes | Actions/ Activities Proposed | Objective of Action | Actor/ Implementing Partner | Contact | Implementation Indicator / Source of Verification | Date of Implementation by Partner | Date of Follow Up |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Healthcare workers face difficulties in properly understanding meningitis symptoms and often wait for either negative malaria tests or specific symptoms such as a stiff neck (present in only 3% of suspected cases) to diagnose a suspected case. | Insufficient training and awareness among healthcare workers regarding the early signs and broader symptomology of meningitis. | Training programs do not sufficiently emphasize the varied and early symptoms of meningitis and the symptoms used to confirm a suspected case remain unclear in the printed documents made available to healthcare workers. | **Organize trainings for healthcare providers across the 18 areas of Solace focusing on early symptom identification and provide updated printed documents for healthcare providers to reference.****Specific**: Conduct training sessions for healthcare providers in the 18 areas of Solace on early symptom identification of meningitis and distribute updated reference documents.**Measurable**: Train 90% of healthcare providers in the targeted areas and ensure each receives updated printed documents.**Achievable**: Utilize existing training infrastructure and materials and collaborate with local health authorities for coordination.**Realistic**: Align training sessions with healthcare providers' schedules and utilize local facilities.**Time-bound**: Complete the training sessions and distribution of documents within the next 6 months. | Enhance the diagnostic capabilities of healthcare providers by improving their ability to recognize early symptoms of meningitis. This training aims to decrease delays in diagnosis and ensure that providers have easy access to the most current information through reference materials. | Solace Health Zone Coordination | Name, contact, email | Meeting minutes and activity report | Year-month-date | Year-month-date |
| **Improve the referral process for suspected meningitis cases.****Specific**: Develop and implement a standardized referral protocol for suspected meningitis cases.**Measurable**: Achieve a 50% reduction in referral delays for suspected cases within 3 months.**Achievable**: Collaborate with healthcare facilities to streamline the referral process and provide necessary training.**Realistic**: Leverage existing communication channels and transportation resources.**Time-bound**: Implement the improved referral process within 3 months and review its effectiveness quarterly. | Streamline and speed up referring patients with suspected meningitis to appropriate care facilities. This aims to shorten the time from initial suspicion to definitive diagnosis and treatment, thereby improving patient outcomes. |
| The established protocols prioritize ruling out other diseases such as malaria before considering meningitis, leading to delays in diagnosis and treatment of meningitis. | **Engage other departments within the Solace primary hospital to participate in sample collection, particularly for paediatric cases, to ensure comprehensive and accurate data collection during lumbar punctures.****Specific**: Involve additional hospital departments in the sample collection process for paediatric meningitis cases to ensure thorough data collection.**Measurable**: Increase the participation rate of other departments in sample collection by 75% within the first 6 months.**Achievable**: Organize interdisciplinary meetings and training sessions to emphasize the importance of comprehensive sample collection.**Realistic**: Utilize existing hospital staff and resources to support the expanded sample collection efforts.**Time-bound**: Begin the initiative within 1 month and achieve the target participation rate within 6 months. | Broaden the involvement of various medical departments in the process of collecting diagnostic samples, especially for sensitive procedures like lumbar punctures in paediatric patients. This multi-departmental approach ensures that the procedure is conducted accurately and efficiently, leading to better diagnostic data and patient care. | MSF Holland | Name, contact, email | Activity report | Year-month-date | Year-month-date |
| **Update the existing medical protocols to include simultaneous testing for meningitis when symptoms consistent with the disease are present, even before malaria is ruled out.****Specific**: Revise medical protocols to mandate simultaneous testing for meningitis when patients present with symptoms consistent with the disease.**Measurable**: Ensure 100% compliance with the new protocol within 3 months of implementation.**Achievable**: Provide training sessions and updated guidelines to healthcare providers on the new protocol.**Realistic**: Integrate the new testing requirements into current diagnostic procedures without significant disruption.**Time-bound**: Implement the updated protocols within 2 months and monitor compliance for the following 3 months. | Revise medical protocols to allow for the concurrent testing of meningitis alongside other conditions such as malaria, particularly when initial symptoms align with meningitis. This change aims to reduce diagnostic delays and ensure timely and appropriate treatment, enhancing patient survival rates and outcomes. |

Prior to sharing this table with the partner, fill out the columns for Key Risks and Observations, Contributing Factors, and Underlying Causes to the best of your ability. It is acceptable if some contributing factors and underlying causes are identified during the session with the partner. As a group, complete the columns above. Note that actions are co-developed to address the identified contributing factors and underlying causes. Additionally, the co-developed actions should be SMART (i.e., specific, measurable, achievable, realistic, and time-bound).