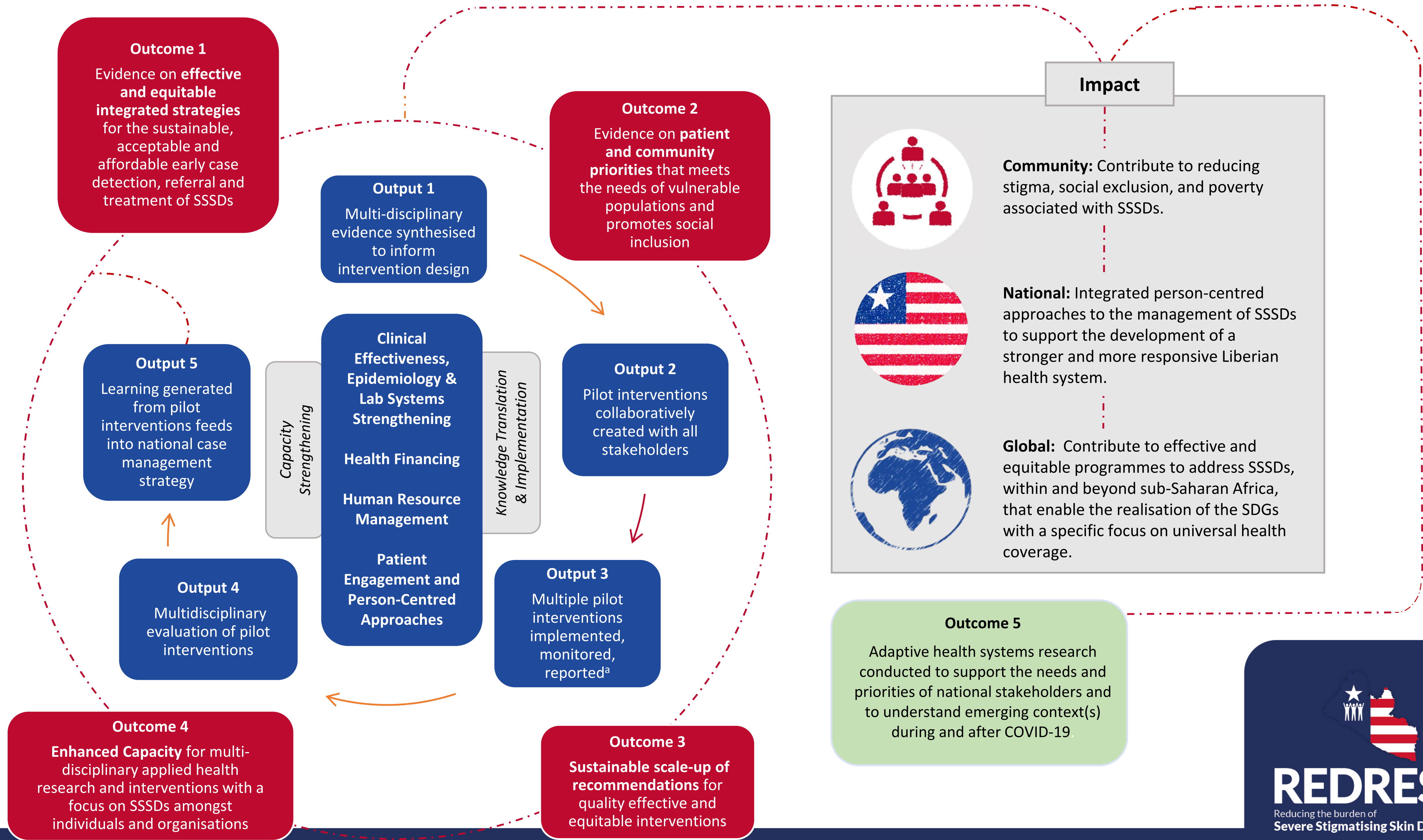
REDRESS: *Reducing the Burden of Severe Stigmatising Skin Diseases through equitable person-centred approaches to health systems strengthening*



Key Assumptions

1. Ministry of Health in Liberia remain committed to addressing SSSDs and NTD programme; other relevant departments within the Ministry remain well staffed, committed and appropriately financed.
2. Continued interest in the Liberia approach to integration, lesson learning and engagement within the Mano River Union, West and sub-Saharan Africa and beyond
3. Research progresses according to plan without major contextual disturbances, and the studies produce evidence of effective, equitable, quality and scalable innovations
4. Partner institutions and processes facilitate multidisciplinary working to inform policy and equitable processes

Key Enablers

Positive change for quality services and scale-up happens with: research programmes embedded within and responding to MoH and NTD programme realities; research methods and approaches that facilitate engagement of patients, affected communities and health services providers at different levels of the system. We will be able to work within and strengthen mechanisms to share best practice

[a] Pilot interventions to focus on quality improvement and scale-up of existing approaches.

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Theory of change Summary

"We intend to bring smiles, restore hope and improve the living conditions for the poorest of the poor affected by SSSDs" (Mohammed Dunbar, Research Unit, Ministry of Health, Liberia).

Our approach to impact is guided by our REDRESS Theory of Change which will be regularly reviewed at consortium meetings to reflect any changes in context. We aim for REDRESS **impacts** at 3 levels:

Community: Contribute to reducing stigma, social exclusion, and poverty associated with SSSDs.
National: Integrated person-centred approaches to the management of SSSDs embedded within a stronger and more responsive Liberian health system.
Global: Effective and equitable programmes to address SSSDs, within and beyond sub-Saharan Africa, that contribute to the realisation of the SDGs with a specific focus on universal health coverage.

Impacts will be realised through achieving the following **outcomes:**
Outcome 1: Evidence on effective integrated strategies for the sustainable, acceptable and affordable early case detection, referral and treatment of SSSDs leading to uptake of services by patients, communities, and health system stakeholders in Liberia.
Outcome 2: Evidence on patient and community priorities to ensure equitable management of SSSDs that meets the needs of vulnerable populations and promotes social inclusion.
Outcome 3: Sustainable scale up of recommendations for quality effective interventions within existing health systems infrastructure.
Outcome 4: Improved capacity amongst stakeholders to identify and address research gaps and apply evidence to strengthen the management of SSSDs through the establishment of a local centre of research excellence.
We will achieve our outcomes through the following key **outputs** from each of the 5 phases of REDRESS. Table Two summarises the key **research deliverables** to produce our outputs.

Our theory of change outlines the impacts we aim to achieve, and success will be measured against key milestones and deliverables as detailed in the MD1 template. We will review success and progress through our management committee meetings and we will regularly and collaboratively update the theory of change with all partners to reflect changes in the context.

Key barriers to our proposed work are outlined in the theory of change (see key assumptions). Throughout project development and implementation we have prioritised engagement of stakeholders from beyond Liberia to consider how adaption of our 'intervention bundle' will ensure its relevance in other contexts in the Mano River Union, West and sub-Saharan Africa. Through implementation of our 'intervention bundle' we may face challenges in the workload, capacity and retention of health systems staff given ongoing staff shortages in Liberia. However, we aim to mitigate this through ensuring careful consideration to the best approaches to support staff in delivering their core work. Finally, low literacy levels amongst persons affected by SSSDs and their families who we hope to engage as data collectors and active participants in study design and delivery, may result in challenges with them being able to engage with different methodologies. We have given this careful consideration through proposal development and adapted methodologies accordingly to focus on participatory approaches that prioritise the use of accessible visual methods.

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