



Good Participatory Practice Tools

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# Listing, Scoring, Ranking

February 2014

## Background

The Microbicides Development Programme (MDP) Phase III trial (MDP 301) of the candidate vaginal microbicide PRO2000<sup>1,2</sup> used innovative participatory community engagement<sup>3,4,5,6</sup> strategies to ensure that the study would be conducted in partnership with local communities.

All six MDP 301 trial sites had dedicated resources for community liaison, with site-level community liaison officers, annual workshops and in-country training for researchers and community representatives, and international scientific and technical oversight through a central MDP-based coordinating mechanism.

At the MDP 301 trial site in Mwanza, Tanzania, tools adapted from participatory learning and action techniques (PLA)—such as listing, scoring, ranking, community mapping, and circles diagrams—were used to foster effective and open dialogue, shared understanding, and a working partnership between researchers and communities. Examples of how these tools have been applied are presented in this tool kit and can readily be adapted to facilitate implementation of the GPP guidelines in a variety of settings.

## Acknowledgements

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## References and Further Reading

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## INTRODUCTION: LISTING, SCORING, RANKING

This tool enables participants to **identify, compare, and rank priority issues related to good participatory practices.**

**This tool can be used to:**

- » Identify key issues, concerns, and perceptions about proposed HIV prevention research
- » Facilitate community participation in the design of HIV prevention studies
- » Survey and monitor community perceptions and experiences of ongoing research

**This tool is designed to help research teams put several elements of GPP into practice, particularly from the following sections of the guidelines:**

- » Formative research
- » Stakeholder advisory mechanisms and engagement
- » Protocol development
- » Informed consent
- » Standards of prevention and care
- » Study accrual and follow-up
- » Dissemination of trial results



## LISTING

### MATERIALS REQUIRED

- Flip-chart paper
- Pens

Alternately: Use a sheet of cardboard or a chalkboard and chalk—any writing tools that are available locally will do.

- Dried seeds, small stones, beans, shells, beads—any small objects available locally, and plentifully, at minimal cost will do

### TIP

**Encourage storytelling and examples.** They can make it easier to discuss sensitive topics.



1

#### Step 1

Explain to participants that this tool will help the group identify, score, and rank key issues and priorities.

2

#### Step 2

Encourage participants to describe their perceptions, concerns, and experiences related to the study that you have come together to discuss (it may be a completed, ongoing, or planned study).

3

#### Step 3

As the discussion proceeds, write a sentence describing each issue on flip-chart paper. Ensure that the group agrees with each summary sentence before moving on to the next topic or issue.

## SCORING

### TIP

**Encourage participants to vote at the same time.** Allowing the process to become a little chaotic can be a good thing, making it more fun for participants and helping to prevent early scoring patterns from influencing individuals' responses.



4

### Step 4

Once the list is complete, place the sheet (or sheets) of paper on the floor, and draw a box next to each topic or issue.

5

### Step 5

Give each participant 10 to 15 dried seeds, small stones, or beans.

6

### Step 6

Ask participants to indicate which issues they feel are most important by placing their seeds in the corresponding boxes. Explain that participants may use their seeds however they wish; e.g., they can place all of them on one or two topics only or place a few on multiple topics.



## RANKING

### TIPS

**Encourage participants to challenge and debate.**

Analyzing how issues have been ranked in relation to one another will help prepare the group for more focused, in-depth discussion using other tools such as diagramming and pair-wise matrices.

**Compare and contrast.** Use the Listing, Scoring, Ranking tool with different stakeholder and community groups, and compare the results. Look for potentially valuable contrasts, such as differences in perceptions between men and women or older people and youth. Organize a community meeting, allowing members of all groups to take part in a discussion about their priorities.

7

#### Step 7

Once everyone has voted, ask participants to add up and record the number of seeds next to each topic.

8

#### Step 8

Draw up a new list, beginning with the highest scoring topic and working down the list in order of priority. Discuss the rankings with the group, exploring whether participants think the results are on target, whether they are surprised by any aspect of the outcome, and the reasons for their perception.





### Example from the MDP 301 Trial – Mwanza, Tanzania

- » During the preparatory feasibility study and the MDP 301 Phase III trial, Listing, Scoring, Ranking was used to investigate and prioritize research-related issues and concerns raised by study participants and community representatives in Mwanza.
- » The participatory community liaison system in Mwanza enabled priority issues to be recorded in “real time” and facilitated locally appropriate responses. For example, in an effort to address concerns that blood was being collected and sold for witchcraft purposes by the research team, community representatives were invited to the research laboratory during the feasibility study to see how blood and genital specimens were processed and tested. Similarly, expressed concerns about clinic waiting times, reporting of key laboratory test results, and participant reimbursement levels led to important changes in the way the MDP 301 trial was ultimately conducted in Mwanza.
- » This priority-setting process was instrumental in the development of locally appropriate standards of clinical care in Mwanza.
- » Periodic use of Listing, Scoring, Ranking during the feasibility study and MDP 301 trial enabled the Mwanza team to stay apprised of and respond to priority issues and concerns throughout the trial and to document changing patterns of perceived priorities.



Feasibility Study, Mwanza		MDP 301 Clinical Trial, Mwanza	
Issue (ranked in order of priority)	Comments by workshop participants	Issue (ranked in order of priority)	Comments by workshop participants
1. <b>Blood taking</b>	<p>“Why do you take so much blood every time?”</p> <p>“Blood might fall into the wrong hands and be sold for witchcraft purposes.”</p>	1. <b>Allowances or reimbursement for study participation</b>	<p>“Life is becoming expensive and allowances are not enough—why can’t they be raised?”</p> <p>“We are supposed to get a soda and a snack when we arrive at the clinic but sometimes we are not given.”</p>
2. <b>Allowances or reimbursement for study participation</b>	<p>“We are losing money when we come to clinic.”</p>	2. <b>Range and quality of services provided</b>	<p>“Clinics start late and are taking too long—we spend the whole day there.”</p> <p>“We want to bring our children when they are sick.”</p> <p>“Why can’t you treat simple things like malaria?”</p> <p>“Are the lab tests trustworthy? Why are [HIV] tests not in little envelopes like before?”</p> <p>“Why are some lab results not available when we come back to clinic?”</p> <p>“What will happen once I finish [the trial]—can I still get service at the study clinic?”</p>
3. <b>Speculum examinations</b>	<p>“How do we know the speculum is safe [clean]?”</p>		
4. <b>Range and quality of clinical services provided</b>	<p>“Why can’t we bring our children to the clinic when they are sick?”</p> <p>“You should treat malaria and fever in children.”</p> <p>“Our men don’t like to go to hospital [for STI treatment]—why can’t we bring them to the</p>	3. <b>Blood taking</b>	<p>“They are taking too much blood—every time two bottles.”</p> <p>“After the blood test my heart was irregular for one week.”</p> <p>“One time after blood was taken I had pain in</p>





Feasibility Study, Mwanza		MDP 301 Clinical Trial, Mwanza	
	<p>clinic.”</p> <p>“Sometimes we wait a long time to be seen.”</p> <p>“Some tests take a long time to come back.”</p> <p>“I went [to another clinic] and got my result straight away after I had already waited a long time for my result from your clinic.”</p> <p>“How can you help me if I am/become HIV positive?”</p>		<p>my arm for three days.”</p>
<p><b>5. Stigma and confidentiality</b></p>	<p>“People think that clinics are only for people who are HIV positive.”</p> <p>“My photograph might appear in the newspaper with my HIV result.”</p>	<p><b>4. Stigma</b></p>	<p>“People think that the bags [given to all participants at screening] used to collect gel must be for ARVs and that we must be positive.”</p> <p>“The community is doubting that all those who join the project are HIV negative ... we guess at least 40% should be positive.”</p>
		<p><b>5. Issues related to study gel</b></p>	<p>“The gel increases wetness ... makes men think there is some abnormality.”</p> <p>“The project needs to provide information to men ... to educate them about gel.”</p> <p>“What will happen if gel is effective; will study volunteers get a supply?”</p>

