

TURNING SOCIAL LISTENING DATA INTO ACTION

Barriers and Recommendations Observed through a COVID-19 Rumor Response

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Humanitarian & Health Sector:

- **Accountability to Affected Populations (AAP):** An active commitment by humanitarian organizations to use power responsibly by taking account of, giving account to, and being held to account by the people they seek to assist. (From the Inter Agency Standing Committee)

- **Communications/communicating with Communities (CwC):** A component of humanitarian response that aims to meet the information and communications needs of people affected by crisis, based on the principle that information is a form of aid. (From the United Nations Office for the Coordination of Humanitarian Affairs)

Social Listening:

- **Social Listening:** Capturing conversations that are ongoing in communities about a specific issue (i.e. COVID-19 pandemic) or in a much more general way about anything that is of concern and interest to people. These conversations take place online (social media listening) and offline (face to face focus group discussions, radio, interviews, etc.).

- **Social Media Listening:** Capturing, analyzing, and identifying trends from conversations taking place in social media platforms about a specific issue. Traditionally used by brands or companies to understand their popularity and guide their marketing strategies. However it is increasingly being used by other sectors, including the humanitarian

Methods for Analysis:

- **Trend Analysis:** Qualitative analysis of large volumes of conversational data to identify common themes and popular topics, usually including explanation of when and why the trend started, the key influencers, and its accuracy.

- **Risk Analysis:** For social listening in the humanitarian context, this refers to identifying the potential risks that communities in humanitarian contexts can face in relation to the findings identified in social listening (i.e. mis- and disinformation narratives and trends).

- **Sentiment Analysis:** Automated analysis performed by social listening software of conversational data to determine whether it expresses a positive, negative, or neutral position.

- **Discourse Analysis:** An approach for studying written or spoken language in relation to its social context.

- **Risk Communication and Community Engagement (RCCE):** A component of public health, dealing with the provision of information to populations about health risks and engagement with communities in a public health response.

- **Social and Behavioral Change Communications (SBCC):** The strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs and behaviors. (From the Social Behaviour Change and Communications Toolkit)

sector to better understand the needs and sentiments of the communities they serve.

- **Social Listening Software:** A variety of commercially distributed software that can be used for social media listening relying largely on artificial intelligence-powered technologies to digest large amounts of qualitative social listening data and providing quantitative insights to trends.

- **Keyword Analysis:** Identification of the most common words and phrases related to specific topics of interest by the target population.

- **Natural Language Processing:** The application of computational techniques to the analysis and synthesis of natural language and speech.

- **Knowledge Attitude and Practice models:** An approach to collecting information on what is known, believed, and done in relation to a particular topic by members of a community

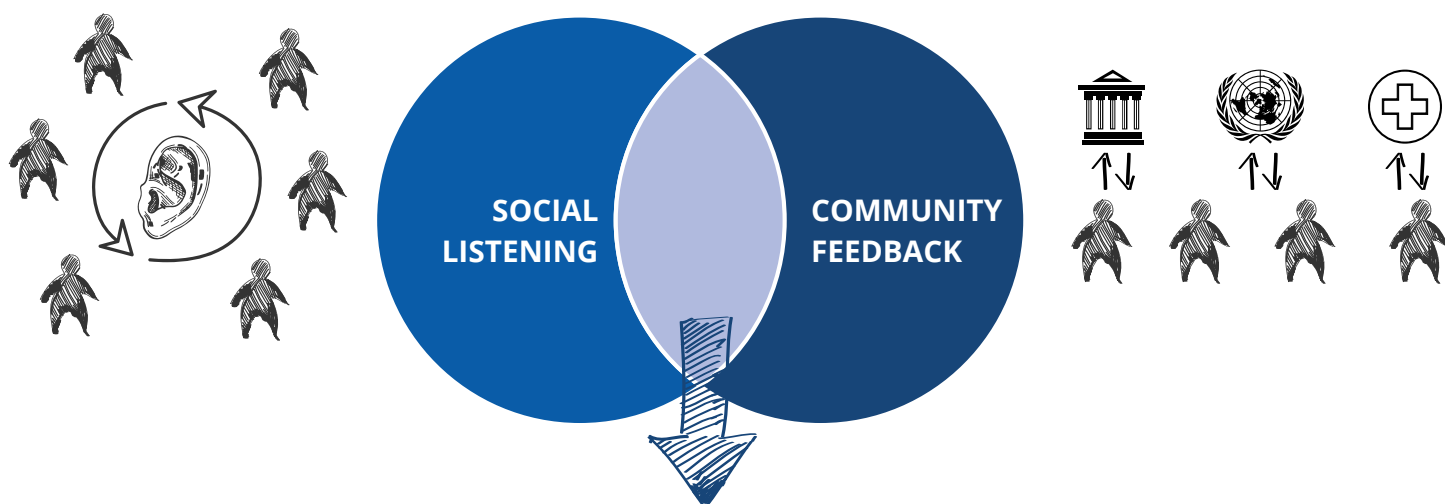
INTRODUCTION

The COVID-19 pandemic has seen an unprecedented increase in the use of social listening methodologies for humanitarian and health response, Risk Communication and Community Engagement (RCCE), and “infodemic” management. While social listening for humanitarian and health purposes is not new, the pandemic has dramatically increased its adoption due to the challenges associated with in-person community engagement when emergency public health and social measures (PHSM) are active. This increased attention has resulted in a variety of social listening outputs that are produced by humanitarian and health organizations and disseminated in various Risk Communication and Community Engagement (RCCE) spaces at the national,

regional, and global level. However, there is a gap in evidence when it comes the actual impacts of its utilization. This research presents an initial review of the potential impacts of, and barriers to, the effective use of social listening data.

The study differentiates social listening from community feedback mechanisms, given that the use and impacts of the former have already been widely studied. This study observes barriers, challenges, and potential impacts for social listening activities both on and offline.

Traditionally, social listening has been a tool used by the private sector to monitor brand popularity and to inform



Community Insights

- Help identify needs and demands for programming adaptation
- Insights on information gaps, concerns, misinformation, rumors
- Guides the production of risk communication products tailored to needs

marketing strategies. The practice focuses on tracking and analyzing real-time social media data to provide insights into the public's perceptions and emotions towards their product. To fill this need, multiple software and applications built on AI social media analytics provide social listening services predominantly for the private sector. This is relevant because, in many cases, humanitarian organizations rely heavily on these same tools, which have not been designed with humanitarian purposes in mind. While there are many benefits to these kinds of software, the humanitarian sector has specific needs that, if overlooked, can result in important barriers to the effective actioning of social listening findings and its expected results. The study explores these limitations in its discussion of barriers.

This research is based on the analysis of seven Key Informant Interviews (KIIs) with organizations that are conducting social listening activities as part of the humanitarian and health response to COVID-19. The interviews included key informants from UNICEF, Africa Infodemic Response Alliance (AIRA), IFRC, Nigeria Centre for Disease Control, Internews and Ground Truth Solutions. In each of those organizations we interviewed informants directly involved in the social listening efforts. The positions held by those interviewed included: social and behavior change specialists, COVID regional response managers, project managers and coordinators, communication officers, RCCE country support officers, and "infodemic" managers.

Much of the discussions focused on the COVID response from March 2020 onwards. However, our questions – and the discussions with interviewees – were not limited exclusively to COVID; many of the tools and methods that have been

strengthened and utilized during the pandemic are now being deployed for other uses and crises. Often these are health emergencies, but other areas of humanitarian intervention are also increasingly using (or planning to use) social listening.

The findings are not meant to be representative or exhaustive of all social listening efforts in the humanitarian and health sectors, and neither are they presented as an evaluation of the work being carried out by the organizations interviewed. The research did not follow a systematic review of organizations' own monitoring, but rather, was based on anecdotal reflections of key decision makers within each project to observe and capture key lessons learned. The study is meant to serve as a first step towards a community brainstorming about the opportunities and barriers that can be encountered in social listening projects accompanied with potential recommendations and observations. While the study presents overarching barriers, it is important to note that there is a diversity of methodologies and scopes in social listening efforts and that the barriers and recommendations are not always applicable to every project.

Interviews examined the:

- 1 Expected and observed results of utilizing social listening approaches to inform programmatic and information interventions throughout the COVID-19
- 2 Barriers to actioning social listening data.
- 3 Potential solutions and recommendations to enhance the actioning of social listening data.

EXPECTED RESULTS OF SOCIAL LISTENING

When designing this paper, the interviews started by giving participants a chance to reflect on the following questions: *Why and for what purpose did you start using these tools and methods? In an ideal scenario, what are some of the expected results that you are hoping for?* Our objective was to identify the current difference between what organizations had hoped for (expected results) and what appears to be currently happening (observed results) in the use of these approaches and tools.

Interviewees guided us through the process of why they chose to incorporate social listening approaches. Generally, interviewees expressed that social listening was a developing area of work, although not completely new. Two interviewees highlighted the Ebola outbreak response as being a key moment for community engagement and

social listening in humanitarian and health programming that laid the foundations for utilizing social listening and as a key component of the COVID-19 RCCE response. Several of the interviewed organizations had already used some early forms of social listening approaches before 2020, many of which were later improved and adapted for use during COVID-19. However, before the pandemic, social listening was still considered as a complementary component of community feedback systems, whereas the COVID-19 pandemic increased the uptake of social listening approaches as a central (and sometimes sole) component of health information activities due to the remote nature of the response.

Overall, the expected results of social listening expressed by the interviewees can be grouped into four broad categories:

- 1 Improve “Infodemic” management.
- 2 Strengthened community engagement
- 3 Responsive programming and policy design.
- 4 More collaborative coordination

IMPROVED “INFODEMIC” MANAGEMENT (IDENTIFICATION AND DEBUNKING OF PANDEMIC-RELATED MISINFORMATION, TREND ANALYSIS, INFORMING RESPONSES TO COMMON QUESTIONS AND CONCERNS)

The ability to better monitor and respond to rumors, misinformation/disinformation trends, and common questions was a consistent expectation of social listening across all interviewees. This monitoring was expected to improve public engagement by enabling organizations to better select topics for their communications, by being more data-driven, and to support more informed and applicable two-way communication. Some noted that social listening could potentially allow program teams to “stay in front of rumor trends” and be more proactive, while others highlighted that COVID-19 messaging has initially been one-directional and instructional (for example, “wear a mask”), but social listening

data could help shape more engaging, relevant public health campaigns. An interviewee also expressed the aim to help “understand how misinformation affects the COVID-19 response and why communities might believe certain rumors”, which would enable health actors to develop appropriate RCCE strategies and limit the spread of misinformation. There was also a vision for more structural and quantifiable impacts which aimed for changes in the ways in which misinformation and health behaviors are understood and addressed within the health and humanitarian community. The expectation is that this will evolve into responses with a stronger focus on community engagement, acknowledgement of communities’ needs and socio-cultural realities and spaces for dialogue that aim to co-create responses relevant to the context (see following section discussing improved two-way communication).

STRENGTHENED COMMUNITY ENGAGEMENT

(IMPROVED TWO-WAY COMMUNICATION WITH COMMUNITIES, TRANSPARENCY, STRENGTHENING TRUST)

Interviewees were consistent in their expectation that social listening would lead to better understanding of communities' perceptions, concerns, and questions. This capturing of community voices was often described in terms of improved interaction with, and understanding of, communities overall rather than only as a benefit to health programming. Although health may be the entry point for these conversations, humanitarian programming more broadly could benefit from the increased trust and participation of communities. Interviewees described social listening as part of feedback systems and as an additional data point that can be used to drive decision making. They also talked about it being a potentially useful tool for gathering insights on secondary impacts of the pandemic, such as livelihoods, and to gauge opinions of aid provision in general. With this goal to achieve greater accountability, participants felt the findings from social listening could have a purpose beyond better understanding communities and could in fact encourage greater community inclusion in program design and decision-making.

RESPONSIVE PROGRAMMING AND POLICY DESIGN

(INCLUSION OF COMMUNITY PERSPECTIVES IN PROGRAM AND POLICY DESIGN AND DELIVERY, ADAPTATION OF PROGRAMMING BASED ON COMMUNITY INPUT)

The expectation is that accountable community engagement and strengthened listening activities will contribute to more responsive programming and policy design. One organization described how social listening data can feed into wider social and behavioral change approaches

and how evidence from social listening can shape work at the individual, community, and system levels; for example, social listening data may reveal that people struggle to travel to vaccination centers, suggesting that barriers to vaccination are more structural than behavioral, and that a policy change may be required to improve vaccine uptake. Similarly, another interviewee noted that social listening data may reveal related societal issues such as health literacy in general and secondary impacts such as livelihoods challenges during lockdowns. Social listening is expected to strengthen such community insights by generating evidence to inform responsive programs and policies, increasing trust and more widespread acceptance of health interventions by using quantifiable trends and data.

MORE COLLABORATIVE COORDINATION

(DATA SHARING BETWEEN HUMANITARIAN, HEALTH AND GOVERNMENT ACTORS, COLLECTIVE DECISION-MAKING, AND JOINT WORKING)

There is an expectation that the drive for more responsive programming and policy resulting from social listening efforts will encourage some structural changes to the ways in which humanitarian organizations collaborate amongst themselves and with entities in other sectors. A clear consensus between all interviewees was that social listening (as well as RCCE more generally) should be a joint effort between partners, and was unlikely to be effective if a single agency was expected to collect and analyze data, act upon it, and make adaptations to programs. Social listening data was generally expected to deliver insights that touched upon multiple areas of responsibility that require action from various actors.

The expected results are interconnected even if their relationship is not linear. Effective use of social listening findings should result in improved “infodemic” management, strengthen broader accountability efforts, and contribute to responsive programming and policy. However, to truly be effective, this data must be used to inform and build a more collaborative and coordinated emergency response.

OBSERVED RESULTS OF SOCIAL LISTENING

As observed throughout the interviews, expected results on how social listening data could support health and humanitarian responses have not been entirely met, although there have been some significant foundations laid. In part, success requires long term and structural changes paired with adaptive processes, which take time to develop and implement. Given the relatively recent proliferation of social listening activities within humanitarian and health responses, many of the methodologies put in place are still to be evaluated, including identifying documented and proven impacts that can help to further design evidence-based theories of change.

Thus, organizations were asked to reflect upon some of

the initial internal and external results observed from their efforts to conduct and incorporate social listening data into health emergency response and planning.

The findings from our research suggest that despite the challenges identified in implementation, social listening efforts are already having important applications as organizations learn to incorporate and adapt the methodologies to their own programming, slowly considering its value to guide responses. These remain first steps aimed at what is regarded as more solid long-term and structural results.

The existing observed results so far identified by organizations conducting social listening include:

- 1 Improved RCCE.
- 2 Adaptations in programming.
- 3 Proliferation of social listening efforts.
- 4 Missed opportunities to influence public health responses to COVID-19.

IMPROVED RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

The main outcome shared by organizations is the opportunity that social listening data offers to identify misinformation trends or information needs and better shape RCCE efforts. While some organizations operating at the local level were aiming for a broader, community-led approach that can guide open dialogues and communication efforts on issues that are mainly of local concern, others operating at the national level or in capacity support of national or regional response were more focused on shaping messages around public health priorities that could be generally shared. These last ones saw social listening as a relevant source to pinpoint the general 'hotspots' to guide mass campaigns and guidance to main media platforms. While reaching broader audiences, these organizations were however losing the local relevance that community-based organizations highlighted as an asset to guide more meaningful conversations with communities.



"Social listening has led to adjusted messaging and topic focused; it has allowed us to respond to emerging concerns and monitor where the hotspots may be (...) The outputs from these social listening reports are driving the conversations in the media. So when the data shows that there's more demand for information around testing, the focus of the media for that week would be around informing the public around testing, where to get testing, etc"

- National Public Health Institute



"(...) At that time there was a very linear health messaging such as 'wear your mask', 'wash your hands'. We were hoping that our data would change that conversation,... so actors would think of other factors that affect society within the conversations,(...) For example, there were fears of corruption in health centers and increase testing, so we tried to introduce people to what happens behind the testing centers with a video (...) that way the community felt like it was a bit less intimidating (...) they understood what happens behind the white tent in a public hospital "

- INGO

ADAPTATIONS IN PROGRAMMING

Another observed result often mentioned was the ability for more agile adaptation in programming based on social listening data. This ability did not apply solely to RCCE efforts, but rather, social listening data could be used for broad application across the whole program, focusing more on program inception and design, course-correction and even program evaluation and learnings. However, most interviewees highlighted the significant gaps that still exist in systematizing the incorporation of this data into decision-making.

Interviewees from humanitarian organizations involved in direct aid delivery provided examples of social listening that guided programs in their entirety, while other multilateral organizations in a capacity-building role to national structures had more difficulty in identifying direct programming adaptation or data-informed policy adaptations beyond RCCE activities. A contributing factor might have been that the programs within the multilateral organizations participating in the study did not operate at the national level or with implementing partners but rather at the regional level.



"Partners use the data to inform their social mobilization and for the generation of analysis of what is happening in the communities. [The data] also informs their future programs, what should be done and to anticipate in advance future issues, for capacity building amongst their staff. It helps them remain relevant [in the response]"

- Multi Organizational Network

However, multilateral organizations have already started to consider how to make use of this data beyond RCCE, as they aim to influence policy making at other levels within emergency and health system responses. A relevant example provided by an interviewee shows how social listening data is being considered as a

relevant source of information, not only to target individuals' behaviors in health emergencies through Social Behavior Change Communications (SBCC) but also to inform community or system-wide decision-making in other core pillars of the emergency response.



"There was a tendency to think that if people weren't vaccinated, they were against vaccines, but through research we were able to show that the majority are open to it, they just didn't do it yet. And when we looked into the [social listening] data and triangulate it with other qualitative and quantitative data, and together with the experience of our country offices and partners, we realize that most of the barriers are structural (...) social listening contributes to identify and shape recommendations on structural causes"

-Un Agency

Overall, there are clear indications that social listening findings are starting to have an impact for those organizations that use it, for some of them in smaller ways restricted solely to RCCE or SBCC activities, and for others across their portfolios. However, the question remains as to the impacts that it is having on other organizations or government agencies that are exposed to this data through presentations, websites and reports or other sharing initiatives that make analysis more accessible to organizations that might not have the capacity to do it themselves. Several organizations collecting, analyzing, and providing regular recommendations on the data voiced their concerns about whether they were successful in encouraging action by other partners based on their findings. The following section presents some of the barriers to this discussed during the interviews.

PROLIFERATION OF SOCIAL LISTENING EFFORTS

One of the observed results is the increased interest amongst humanitarian and health organizations to incorporate social listening as a core activity of “infodemic” management. The active advocacy by organizations carrying out social listening projects has most likely contributed to this proliferation and means that social listening is slowly being accepted as a necessary activity to better understand communities’ insights beyond COVID-19.



“There are three very successful countries [in the African region], where we have had a huge influence in setting up the [infodemic management] strategy (...) Many countries have adopted our implementation framework”

- Multi Organizational Network

However, despite the rising number of countries and organizations that are establishing social listening activities as part of their “infodemic” management effort, there remains skepticism of the perceived value of the data to drive public health policy or health emergency responses at scale, especially from technical health management levels that are exposed to the findings. While staff belonging to RCCE departments (or similar teams) are convinced of its usefulness for informing programs, other levels of decision-making within the same organizations are still resistant, mainly due to the nature of the data. As shared by some interviewees, the qualitative and non-representative nature of social listening data can make it difficult for organizations to consider it as legitimate as other, more traditional sets of epidemiological data that guide public health and outbreak response decision-making. These include health system information such as patient-medical records and health facility level data, population-wide health outcomes or disease surveillance data, etc. In this regard, social and behavioral data such as those stemming from Knowledge, Attitude and Perception studies are already well-established social data points to inform health interventions, yet these are more considered due to their representative nature and controlled data collection methodologies.

Perhaps one reason for the difficulty or barriers to uptake on a broader, more sectoral level is that systematic, best practice approaches for acting upon social listening data are not yet established. Interviewees also highlighted the need to continue strengthening internal and external advocacy to develop sustainable models that ensure social listening data is systematically incorporated in decision-making both at the organizational and sectoral levels, considering the needs

to bridge siloed efforts and bring a collective approach to data-sharing and action. This inter-sectoral approach would contribute to exploring the possibilities for social listening to strengthen broader humanitarian and health responses beyond RCCE efforts, while reinforcing commitments for broader accountability within the humanitarian system.

MISSED OPPORTUNITIES TO INFLUENCE PUBLIC HEALTH POLICY

Although social listening is being progressively accepted as a key component to informing the RCCE response to the COVID-19 pandemic, it is not universally considered as a reliable source to inform more general programmatic design and decision making by all responders, and there is a clear disconnect between insights informing internal decision making versus the activities of the wider emergency response, mainly at the policy and national health system levels. While some interviewees were able to share concrete examples where national vaccination campaigns had been altered based on insights from social listening data, most of the interviewees highlighted the missed opportunity to incorporate learnings from this data to improve broader planning around health service delivery, logistics or surveillance. Consequently, its impact in broader public health policies is still limited (see the barriers section for discussion on some of the potential reasons behind this).



“We saw from social listening data that there was vaccine hesitancy. We used it to reshape programming and provide more outreach related to vaccines. We saw that certain regions had concerns about some vaccine brands and preferred Janssen; we shifted to target Janssen in these regions”

- National Public Health Institute

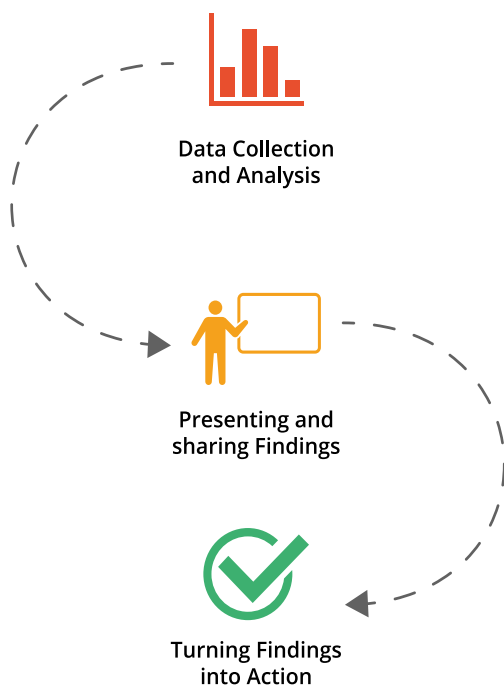
There are some relevant shifts observed related to how decisions are and will be made, such as the incorporation of “infodemic” sub-working groups, as well as allocation of human resources and technical capacities within national health emergency response structures. However, currently the use of social listening data as a cornerstone of policy design remains relatively uncommon and one-off.

BARRIERS TO ACTIONING SOCIAL LISTENING FINDINGS IN THE PROJECT WORKFLOW

The findings suggest that, for the organizations interviewed, there remains an important difference between the expected results of actioning social listening findings and the observed results. It appears that some of the broader policy implications and applications for social listening methodologies are still to be fully realized - or at least they are not yet being adopted or measured at scale. This section presents some of the external and internal barriers that continue to challenge the actioning of social listening findings.

Throughout the interviews, it became clear that barriers preventing the uptake of social listening methodologies exist at each point in a typical project workflow (data collection, analysis, presentation, dissemination, and action). These barriers likely influence the possibility of effective uptake and utilization of recommendations derived from social listening approaches. Barriers were categorized within three major moments of social listening workflows:

Social Listening Workflows



There are barriers at every stage of the workflow that influence the ability to turn social listening data into action.

Barriers were then sub-categorized into technical and structural barriers. 'Technical' refers to internal barriers related to the tools and methodologies involved in social listening; for example, the software used for data collection. 'Structural', refers to structures and paradigms present in the humanitarian and health world which influence the use and impacts of findings derived from social listening; for example, coordination systems.

There are several basic technical barriers resulting from the novelty of social listening methodologies that should be addressed. Current social listening tools were not originally intended for the humanitarian sector, so adaptations and modifications are often necessary. Similarly, in comparison to the private sector, there are structural differences inherent to the humanitarian and health sectors that may impinge on the fully effective use of social listening data. Using tools designed for companies with different objectives than humanitarian organizations will always present some shortcomings, especially in the absence of tools built specifically with the humanitarian world in mind.

Overall, using social listening methodologies as part of RCCE during a humanitarian and/or health crisis is still a developing area of work and the identified barriers appear to be representative of this. The COVID-19 pandemic, and the inability of organizations to hold face-to-face activities with communities due to public health and social measures, accelerated the adoption of this approach. Although we are now more than two years into the pandemic, and organizations have had time to take stock, the approach is still in its infancy relative to some expected structural results presented in the first section. This is not to say that those results will not be realized but rather that now is a good time to reflect on the barriers to ensuring that the development of this practice is supported by a robust evidence base that may produce refinements and is flexible enough to be deployed in non-COVID contexts.

A systematization of the challenges discussed throughout the interviews led to identification of the following barriers:

BARRIERS: DATA COLLECTION AND ANALYSIS

There is no standardized way of collecting and analyzing social listening data. Organizations employ a variety of online and offline data collection methods, including software (Crowdtangle, SPIKE, Talkwalker, and others), manual social media listening, telephone polling, door to door collection, surveys, and listening groups.

The type of data collected varies widely by project including the tracking of questions, rumors, beliefs, perceptions, information gaps, suggestions, and feedback. The same is true for the analytical strategies which include a mix of qualitative and quantitative methods including sentiment analysis, risk analysis, emerging trends, keyword analysis, and discourse analysis.

It is likely that variations in the collection and analysis methodologies, as well as the type of data, influences the barriers that each organization faces. However, this analysis focused on identifying common barriers that affect the 'actionability' of social listening findings.

TECHNICAL

NATURE OF SOCIAL LISTENING DATA:

Social listening data is generally, by nature, qualitative. Projects regularly collect conversational data online and offline, which tends to be non-numerical. Alongside the traditional challenges of handling qualitative data, teams expressed barriers that are specific to the social listening context; for example, social media data is real-time, qualitative, and abundant. While this has many benefits, some interviewees, especially those that rely heavily on some degree of manual social media collection, expressed that they were sometimes overwhelmed by the volume of continuously generated qualitative data which complicates collection and prioritization. Others, especially those that rely on offline collection, expressed concerns that data quality and coverage are greatly dependent on data collectors' capacity and bias. What is worthy of collection in a conversation or post can be greatly influenced by the collector's understanding of, and relation to, the community where data is being collected.

Interviewees expressed challenges in analyzing qualitative data sets. For example, an interviewee explained that social listening data should be an opportunity to include communities' voices in decision-making processes. However, they argued that, traditionally, many of these processes tend to place greater value on quantitative data resulting in a need to quantify social listening data to gain buy-in. Several social listening software systems do precisely this by capturing large amounts of qualitative data and applying a series of

algorithmic tools, including Natural Language Processing (NLP), that enables quantitative analysis. In fact, many social listening softwares have transformed the use of social media data, especially because they can very quickly generate quantifiable findings.

While there are benefits to analyzing social listening data quantitatively, it can lack some of the depth and rich insights that qualitative analysis provides. Projects also apply qualitative methods of analysis, such as discourse analysis, but these methodologies tend to be time consuming, resource intensive, and susceptible to bias.

Overall, the tension between qualitative and quantitative analysis of social listening data is driven by a variety of factors including practicality, perceived value and potential to secure buy-in, and meaningfulness.



"But it's the communities that are affected. It's their voices that need to be heard. They're the ones that should be driving the response. Ultimately, what we wanted to do, and that whole system that we have about coding is because traditionally the governments and health officials, they'll look at quantitative data ... the way that we code it, we're essentially quantifying qualitative data and bringing it to them in a way that they will understand."

- Multi Organizational Network



"The output is just based on how good I am as an analyst myself...in any qualitative research the biases that I have also bias the lanes that I use to analyze the data"

- UN Agency

LISTENING IN SOCIAL MEDIA:

There are multiple barriers associated with the collection and analysis of social media data, which tends to be the main source of social listening data collection. Some of the interviewees partially mitigate these barriers by complementing social media listening with offline and face-to-face collection.

A key barrier associated with social listening data is representation, particularly when the voices of vulnerable groups might be left out. Even with widespread internet access, there are important population groups that are partially or entirely digitally disconnected. Worldwide, women, the elderly, people living with disabilities, and low-

² Irene Scott, "(Mis)communication? Social Listening and the Exclusion of Marginalized Voices", *The Humanitarian Leader*, (2022)

income groups continue to be underrepresented in social media metrics.² It can also be difficult to know who is really behind a social media conversation, especially with the proliferation of bots and trolls.

Furthermore, relying solely on social media data can overlook the fact that people do not necessarily voice all their concerns and opinions online, particularly for those that might be controversial or sensitive. For example, people may be unlikely to discuss the financial impacts of public health and social measures on their livelihoods out of perceived shame or embarrassment.

Some other barriers are particular to the current social listening tools. Many existing social listening software packages were designed and continue to be largely used for marketing and private sector objectives. Consequently, the algorithms, features, and components have been designed and perfected for the needs of a commercially driven sector. However, the humanitarian sector has specific requirements that were not originally factored into the design of these tools. For example, many sensitive conversations take place in those more private spaces of social media, such as WhatsApp or closed Facebook groups, that are inaccessible to social listening tools, especially for those population groups that fear discrimination when they participate in more public online spaces. For important legal, privacy and ethical reasons, most software is unable to collect data in those private spaces. In addition, although there are efforts to improve the diversity of languages that software can track and understand, for minority language speakers in humanitarian settings this can still be an issue that results in exclusion.

Many of the barriers associated with social media data relate to the fact it is not representative of communities' overall perceptions and concerns. While most interviewees acknowledged this, there was a frequent concern about buy-in and the value that others will place on findings that cannot claim to be completely representative. A recent review of 12 sample social listening reports found that data limitations are being inadequately communicated. Scott argues that limited discussion of social media data limitations can lead to decisions that incorrectly assume representativeness, risking further marginalization of vulnerable groups whose voices are not captured.³ This is not to say that software and technology should be abandoned or discouraged but that it is important to acknowledge limitations when presenting findings derived from social media listening.



"I mean, this data is not representative, and you find that it's more males and more younger people being actively engaging on the platforms. So the validity of the data comes into question"

- UN Agency



"There is no way so far where a structured monitoring system can be used to report what is circulating in closed groups or on these kinds of (private messaging spaces)."

- Multi Organizational Network

ENGAGEMENT PERFORMANCE VS RISK ANALYSIS:

There are challenges with the ways that trends are traditionally identified in social listening, which can come into conflict with the analysis required in humanitarian contexts. Traditionally, marketing-based social listening identifies dominant trends by measuring engagement performance (likes, comments, reactions, shares, views, etc.). However, as expressed by one of the interviewees, in the humanitarian context, the relevance of a social listening trend is driven by the potential risk that it represents for the vulnerable community of focus. Understanding the particular risk that a vulnerable community might face because of a collected rumor requires an understanding of the cultural and socioeconomic context of that community.

Automated engagement statistics are not necessarily able to capture these nuances and variations of risks for varying demographic groups. For example, a post that is clearly a joke may trend well, but this does not necessarily represent a community risk. Similarly, a particular context's power dynamics might mean that a trend with a lower engagement performance represents a higher risk for that vulnerable population (for example inflammatory hate speech). In this regard, some interviewees suggested that the identification and analysis of findings tend to require a human eye and qualitative analytical skills that can be challenging to acquire.



"We see a very viral trend where everybody is very concerned about a particular issue online, but that's not representative on the ground. So, understanding the kind of offline vs online comparison is difficult.... knowing what trends are important is good but knowing how they're going to impact particular groups is more important."

- Multi Organizational Network

³ Scott, "(Mis)communication? Social Listening and the Exclusion of Marginalized Voices", (2022)

STRUCTURAL

HUMAN AND FINANCIAL RESOURCES:

Interviewees argued that there is a high demand for social listening activities and not enough specialized capacity. There is a particular skillset and experience level required for this type of job that is not easy to find since it includes a combination of public health, communications, data analysis, and humanitarian knowledge. Some interviewees expressed the importance of having a general understanding of “infodemic” management.

Interviewees emphasized that there is often adequate capacity when it comes to data collection; yet there is much less capacity for qualitative data analysis and the production of actionable recommendations. This capacity is necessary not only for communication purposes but also for the broader health and humanitarian systems’ response and adaptation especially in understanding contexts and related-power dynamics.

Additionally, some interviewees mentioned the lack of financial resources dedicated to social listening. For example, the study identified some regional social listening efforts led by limited numbers of staff, unable to bring the level of specificity needed to analyze the impacts for vulnerable populations. A contributing factor to issues with financial resources may also be the underestimation of the budget needed for quality monitoring given a lack of familiarity with implementing social media and offline conversation monitoring. These structural challenges influence the capacity of projects to properly analyze data and to propose localized, actionable recommendations.



“You don’t find many people that can analyze qualitative data... one of the hardest parts that I’ve found is training them to interpret the data. How can you translate this information into action? What is it really telling you? What are the relationships?”

- Multi Organizational Network

COLLABORATIVE DATA COLLECTION:

There was consensus amongst interviewees about the benefits of collaborative data-sharing and analysis. However, several factors make this difficult in practice. A main factor being the lack of standardized approaches to social listening data collection and analysis complicates attempts to work collectively. While there are benefits to having a diversity of approaches that tailor their design to the needs of specific sectors and populations, a degree of standardization of tools may be beneficial.

Additionally, the attitudes from organizations influence the possibility of collaborating; some organizations and donors are naturally collaborative while others have more independent working structures. Finally, short-term project cycles common within humanitarian and emergency response limits the possibilities for collective work, which may take significant time to negotiate, define and implement.

RECOMMENDATIONS: DATA COLLECTION/ANALYSIS

While there is no one solution to the identified barriers, and strategies must adapt according to specific contexts and projects, towards the end of the interviews, participants were asked to reflect on potential solutions.

For donors

► **Invest in health system preparedness by supporting the development of local “infodemic” management capacity:** There is still a significant knowledge gap among broader humanitarian and public health experts on how to manage and respond to an “infodemic”, which impacts national health system resilience and emergency response. Supporting and strengthening technical capacities at country level is essential to bridge this gap; for example, donors may promote “infodemic” management trainings and allocate resources to develop social listening tools, data analysis, and coordination.

For project managers and decision-makers within health and humanitarian organizations

► **Define an adequate data collection scope:** Local, national or regional data defines its usefulness to different organizations or projects. While local data may be useful for local actors who aim to directly tackle specific issues within communities, it may not be relevant for regional organizations looking to analyze population-level responses or inform national policy. Conversely, broad trend analysis will likely lack the specificity required by local or national actors to address individual issues.

As such, it is important to define a clear scope for data collection at the outset; organizations should decide what they want to do with data – for example, will it be used for identifying influencers, for rebutting rumors, or for advocacy? This will allow the tailoring of tools and analysis to generate appropriate data for the purpose.

► **Acknowledge value beyond being representative:** It is naïve to assume that social listening data is representative of entire communities or populations, even when there is online and offline data collection. Several interviewees explained that a lack of representative data can be detrimental to the value that external actors give to the social listening findings. As such, it is important to use social listening data alongside

other forms of research and assessment. Social listening adds rich, useful insights not available through other research tools but it should not be used in isolation; understanding who is and is not represented in social media data will help identify areas for further assessment using other approaches, and to explain its value.

► **Work with local partners:** There are significant benefits to local and community-based organizations leading social listening projects; it decreases the likelihood of introducing Western biases in the collection and analysis of the data and helps set priorities relevant to target communities. This approach taps into local partners' unmatched understanding of linguistic, cultural, social frameworks and values, and risks.

For data collectors/analysts

► **Monitoring information flows – look for key spaces and influencers:** Intending to capture all available social media data can be overwhelming so it is important to define precisely what to look for and where. One approach is to co-create, together with the community, a map of relevant social media spaces and influencers, plus a list of keywords commonly used by the community when talking about the topic of focus. Data collectors can refer to this mapping to navigate the otherwise overwhelming amount of data. Mapping should be updated regularly to capture emerging sources and keywords; it is also useful to include common misspellings of the key words into the regular search.

► **Identify key information gaps and use offline methods:** Identifying information gaps can help navigate the overwhelming amount of information generated by continuous monitoring. Pairing social listening with face-to-face methods such as listening groups or focus groups can help identify the most common concerns and questions. Offline methods also include communities that are digitally disconnected and would not be represented through online-only monitoring.

► **Triangulate findings but set clear distinctions between the origin of the data:** Triangulating social listening data with other established quantitative and qualitative methodologies can increase the validity and perceived value of findings across different external audiences. Interviewees mentioned data sets such as Knowledge Attitude and Practice (KAP) studies, behavior change research, and focus group findings, which are well established and provide complementary data. However, while triangulation can increase the validity and usefulness of social listening data, interviewees did warn that comparing data sources can be complicated and time consuming. In this process it is also important to define what all the different data sources are used for and how they can be used, considering the decision-making weight that they can be given to each one of these data sets.

BARRIERS: DATA PRESENTATION AND DISSEMINATION

The way social listening findings are presented and disseminated influences its usefulness both internally and to other organizations. As with data collection, there is no consistent approach to presenting or sharing social listening findings. A variety of formats were described, including individual and joint trend reports, live dashboards, databases, presentations, videos, infographics, podcasts, radio programs, viral factsheets, and snapshots, amongst others. There was also variation in the frequency (weekly, monthly, quarterly) and scope (hyper-local, national, and regional) of the dissemination. There are varying pros and cons to having different frequencies of dissemination of the findings. For example, a regular (weekly) dissemination of findings could contribute to the real-time adaptation of programming in response to community input, a detailed understanding of developing trends, and even a potential early-warning system of issues that might become problematic. Contrastingly, a sparser dissemination of findings can decrease the likelihood of information fatigue or attrition, provide a big picture analysis of why certain trends are developing and identify the risks associated with them, and allow teams to allocate more time and resources to track actions taken on the findings. Follow up research could document the reasons why organizations choose different formats and frequencies for disseminating their findings. Regardless of the frequency there was a common focus on the importance of regular and timely dissemination of the findings as opposed to one-off presentations.

A common remark identified across interviewees was the importance of accompanying findings with actionable recommendations and tailoring products and dissemination strategies to specific audiences. When asked about how to tailor products directly for communities or local organizations, respondents emphasized the importance of localization, contextualization (the 'why' behind the data), using simple and local language, providing contextually appropriate recommendations, and ensuring the provision of actionable findings.

Despite the diversity of strategies, there are common technical and structural barriers in the presentation and dissemination of social listening data, which end up influencing its usefulness.

TECHNICAL

DATA SENSITIVITY:

Issues of data security and data sensitivity are of paramount importance when collecting data in humanitarian contexts, especially in those cases where data is collected in offline and private channels. The potential risk of a data

breach of social listening data is exacerbated as vulnerable groups may be identifiable. It is important to ensure that dissemination efforts are not putting people at risk. This can be prevented by ensuring that the person or social media user behind the data collected is not identifiable when sharing the findings. Providing demographically identifiable data is particularly risky, even though some data points (Eg: age, platforms, location) might seem harmless individually, together they can end up pinpointing an individual. There are real life risks associated with identification, as those identified could face verbal and physical harassment and abuse. On top of the real-life risks, one of the interviewees explained that exposing the conversations from certain groups or individuals can result in a potential migration of conversations to more private or siloed online spaces due to fears of censorship or exposure. This complicates the possibility of engaging in dialogue with those users and monitoring their information needs or concerns.

In conclusion, issues with data sensitivity sometimes requires providing vague and non-detailed findings which affects how the reports can be used and the ability to provide tailored responses. This is a complicated situation as detailed findings would increase the data's usability, yet it might put people at risk or shift conversations to more private (and less monitorable) platforms, meaning mis- and disinformation can spread with even less monitoring than is occurring now. The recommendations section provides some possible strategies to mitigate this issue.



"And I try to stay away from outing these groups, because I don't want to expose all of this stuff that they're sharing .. and get groups shut down. Because that's not the answer, as soon as you shut down one group, they're just moving to a new place and all that misinformation is still happening. We're just not seeing it anymore. So, I think it's important ... to keep it as low key as possible. 'cause we want to engage with them, not scare them off."

- Multi Organizational Network

NEGATIVE FEEDBACK:

Some of the data collected can be critical of governments, institutions, and humanitarian organizations or interventions. This raises concerns about the potential implications of a wide scale dissemination of critical or negative data. Some organizations are reluctant to openly share data or findings that reflect negatively on their own work and prefer instead to address the issues internally. Similarly, interviewees also expressed concerns with exposing others by disseminating findings that implicate them and may prefer to share negative feedback or rumors bilaterally. This poses a challenge for the dissemination of a diverse range of social listening findings

and reduces the capacity of others to act upon both positive and negative perceptions that might exist in a community.

STRUCTURAL

COORDINATING DISSEMINATION:

Despite interviewees emphasizing the importance of collaborative dissemination of findings, they described various challenges stemming from bureaucracy, concerns over ownership and reputation, data security and privacy that complicate coordination. As one of the interviewees mentioned, a simple decision like whose logo should appear in the response materials, or who should claim ownership of the collection and analysis, can take a long time to be reached. This slowdown in processes can prevent analysis from still being relevant and actionable by the time it is released more widely.

The 'echo-chamber' phenomenon to data sharing is another challenge identified. Much of the data is mainly shared within RCCE coordination platforms– and even within them, it only reaches risk communication staff or equivalent roles. Thus, the capacity to reach management levels or other decision-makers within the broader emergency response is limited. The capacity for the analysis to be translated into action can be greatly dependent on the specific person that is attending the RCCE meeting where this is being shared. Are they experienced and interested? Do they have the capacity to see how the findings impact the activities in their organization? Do they have the power to convince other areas of the organization about the changes that need to be made? All these factors can greatly influence what happens with the findings after they are disseminated.

Additionally, the people analyzing the data, writing reports, and drafting recommendations are often technical experts within RCCE. As a result, the analytical lens that they apply to turning the data into recommendations is directly and indirectly guided by their RCCE sectoral expertise. The interviewee emphasized that this also limits the potential utility of this data for broader health system and humanitarian approaches. They argued that it is important to have staff from different sectors involved in the analysis and dissemination, however this is hard to coordinate.



"We had a big debate on which target group or which target audience this should be aimed for. And we really tried hard to make it for not just RCCE practitioners, but for anyone (...) not just those that know health or CE. But one of the challenges is that people writing it {the reports} are often RCCE practitioners themselves, and for you to be able to make those recommendations for other sectors you need to have their input."

- Multi Organizational Network

RECOMMENDATIONS: DATA PRESENTATION AND DISSEMINATION

Depending on a project's scope and objective, organizations might choose different strategies to mitigate the effects of these barriers. Towards the end of the interviews, participants were asked to reflect on some of the potential solutions they envisioned for the barriers discussed above.

For project managers and decision makers within health and humanitarian organizations

▶ **Assess who you are talking with and what you want from them:** A diverse product dissemination network and strategy increases the reach of your products. This should be done together with local partners with access to a wider range of community-based actors who will be able to act on them. Consider sharing your products in other fora beyond RCCE or CwC groups, such as health clusters, to tap into expertise and decision-making throughout the humanitarian response. Bilateral meetings will help define the value that social listening data can bring to different actors, whether they are project coordinators of local organizations or country-wide sector leads.

▶ **Understanding your audiences' needs :** Understanding your different audiences' needs and interests before developing your products can help tailor specific products to them. Packaging data in tailored formats such as radio, social media, podcasts, and infographics can help you reach new audiences. Identify how different characteristics influence your audience's interest in the data and tailor your products and recommendations based on those.

The type and size of the organization influences how the data is used; according to our findings, grassroots organizations and local NGOs tend to show the most interest in the data and recommendations to support direct engagement with communities. They may have a stronger presence on the ground but less capacity to conduct social listening. In contrast, larger organizations often already have communication structures (such as SBCC, CwC, external comms or RCCE) and internal policies around information sharing. As an interviewee identified, they are more interested in capturing the framework and transforming it into their own structures than taking direct action on the data.

▶ **Acknowledge limitations:** Identify limitations of your social listening methodology, thinking critically about who is represented and whose voices are excluded. Keep in mind that people do not necessarily express the same things in social media as they do in person. Be transparent about your methodology and acknowledge its limitations in your products. This will allow decision makers to make informed decisions on how to use this data.

▶ **Train partners on the value of social listening before sharing data:** Before you share your data and products with sectors that may be unfamiliar with it, communicate the benefits and value of social listening findings and the application that it could have for their sector. Some actors may not realize the benefits without some explanation of how to adapt social listening findings into action.

▶ **Be open about negative feedback that suggests gaps in your programming:** As with any feedback system, it is essential to acknowledge and respond to the needs, risks and concerns raised by communities. A coordinated response from cluster partners should incorporate social listening data as a relevant source for the identification of programmatic priorities.

For data collectors/analysts:

▶ **Consider having private and public data products for partners to act on the findings:** You can have a public database where you filter out sensitive information while keeping a private database with more specific data. This can increase the possibility of sharing the findings with a wider audience while avoiding security concerns.

▶ **Involve different actors and expertise in the write up:** Involve experts from different sectors in the process of defining recommendations. This will help identify follow-up actions beyond risk communication and community engagement, especially if the data is granular enough to drive adaptations to programming. Including this expertise can increase the relevance and interest in your products among different decision-makers.

▶ **Discuss with relevant members of communities – they can also suggest next steps:** Communities can advise on appropriate and relevant recommendations. It is essential to include their voices and local expertise before sharing with humanitarian decision-makers.

BARRIERS: ACTIONING DATA

After identifying the barriers associated with the collection, analysis, presentation, and dissemination of findings, organizations were asked about challenges to acting upon the findings and recommendations derived from social listening data. The interview asked both about the internal (within their own organization) and external (those exposed to the findings outside their organization) barriers to acting on the data. Particular focus was given to how organizations are tracking and monitoring the impacts and uses of their social listening products. The main objective was to identify some of those overarching barriers that are driving the difference between expected results (section 1) and observed results (section 2).

TECHNICAL

LIMITED M&E AND OUTCOMES TRACKING:

The findings showed that there is limited monitoring and evaluation (M&E) and outcome tracking on the uses and impacts of social listening findings. From a technical standpoint, various interviewees mentioned that traditional M&E frameworks fall short of capturing some of the more abstract and structural impacts of using social listening findings. Traditional M&E approaches, usually based on logical frameworks, which assume a linear and predictable development of outcomes based on inputs and activities, are unlikely to capture changes that were not explicitly defined at the outset. Complexity-aware M&E methods, based on systems thinking or emergence, would remedy this absence of outcomes tracking. These methods are still very rarely used, as they are perceived to be more time intensive and are often badly understood, particularly by donors who prefer logical frameworks for their simplicity. For example, tracking the number of places in which your findings are cited can give you a general idea of their reach.

However, this metric fails to show us how those findings or citations influence the design of more responsive programming and policies as well as how they influence the way in which organizations collaborate and coordinate in humanitarian contexts. Tracking these complex and nuanced changes using quantitative indicators is likely to produce very limited insight. To fully understand the extent in which research findings are used, applied first in minds and conversations and then in practice, would require a qualitative research project on its own. While methods such as process tracing or contribution analysis have been part of the M&E toolkit for years, M&E functions are not commonly mandated or resourced to fulfil that role. Similarly, another interviewee emphasized the importance of assigning and monitoring roles and responsibilities to action the recommendations derived from social listening findings. However, this is all time consuming and costly as well as hard to coordinate.

Without this monitoring effort, the use of the findings and implementation of the recommendations can lose momentum, and our capacity to understand the impacts is also affected. This contributes to a vicious cycle; without a proper understanding of the impacts and benefits of social listening findings, it is hard to convince others outside the RCCE realm about their value, which in turn has a detrimental effect on the impacts of the findings.



"The biggest gap that we had, and we found. (...) If you don't assign roles and responsibilities, who is going to follow up with this action? It never really gets done. And if there isn't someone that is following up and making sure you know that it's being tracked, it's very easy to [forget]"

- Multi Organizational Network



"The fact that we don't really have a framework to prove that we have an impact that we are not creating more noise (...) the social listening data it's kind of useless if you don't take action (...) otherwise donors are going to stop investing in that {social listening} (...) Some will be losing interest at some point if we cannot prove that we are changing something"

- Multi Organizational Network

STRUCTURAL

SILOED ORGANIZATIONAL CULTURE:

The silo culture and internal politics of the humanitarian and development sectors influence the capacity to act upon the findings derived from social listening. Coordinating response and acting upon the recommendations requires a collaborative conversation about who should do what. However, those conversations are driven by each organization's mandate, existing programming, and internal politics which make them cumbersome. Additionally, it is hard for others to feel ownership of the findings derived from data that they did not collect, especially when those findings suggest the need for major changes in their programming or functioning. Some interviewees emphasized the challenge of social listening being perceived as a standalone effort usually under RCCE health and communications clusters. This contributes to the exclusion of other important sectors from the conversation which affects the ability to have a more integral response. It was mentioned that ideally, social listening should also gain importance in the work of other sectors and that increasingly there should be focal points designated for this role across sectors.

RIGID PROGRAMMING:

The structure and workflow of humanitarian and development program design also complicates the ability to routinely act upon the findings derived from social listening data. Projects tend to have pre-approved plans with committed deliverables which, depending on the donor's flexibility, can make shifting away from those complicated. Of course, some recommendations that are more communication based and require the provision of certain information are easier to fit within existing programming. However, social listening data can also result in more structural recommendations that challenge or require significant changes to existing programming. These types of recommendations are the ones that can be harder to act upon as they depend on the project's flexibility and the additional costs resulting from the more structural changes. Similarly, an interviewee mentioned that the short cycle of humanitarian projects affect the capacity of acting upon those more structural changes that take longer and are more difficult to monitor.



“The programming {in humanitarian sector at large} is not very adaptive. You’ve got a mandate that you’re you’ve been endowed with from your donor, and you should roll that out in a specific way. And that plan has been pre-approved a year before and here comes data and information {that challenges those} (...) So I think in general that is a major challenge, just the lack of dynamism in development”

- INGO

POLITICS OF RECOMMENDATION AND ACTION:

The recommendations derived from social listening findings are also affected by a country’s politics and existing power dynamics. In some countries the existing legislation limits the freedom to propose recommendations that respond solely to what the data is suggesting, meaning that there is strong editorial control. Similarly, some of the organizations carrying out social listening projects work directly with, and depend on their relationship with, the current government, which also adds a limit to what changes to public health messaging or interventions can be recommended. Even when there is the freedom to suggest any recommendations the ability of others to act on them can be influenced by politics. For example, an interviewee mentioned that many organizations had a mandate to only reproduce messaging based on government or WHO recommendations. The same interviewee explained that in their country the government was quite slow in sharing vaccine data, and, even though the social listening data was showing that communities wanted more information about this topic, other organizations were concerned about the implications of overstepping the government by sharing the information before them. The main lesson here is that recommendations don’t exist in a vacuum and that their design as well as the capacity to act upon them can also be greatly influenced by the political dynamics of the context.



“All organizations can’t be as flexible, for example, in terms of RCCE information, a lot of stations will reproduce data from the government. Because it’s their communication mandate or the donor would prefer CDC or WHO data to be reproduced”

- INGO

SINGLE-ISSUE SOCIAL LISTENING:

In a health emergency the level of attention and the sense of urgency fluctuate over time. This phenomenon

is exacerbated in a humanitarian context where there is a higher likelihood of multiple and simultaneous crises, which makes it harder to keep the attention of decision makers and encourage them to continually adapt programming and approaches based on community data.

The main barrier is that the fluctuation of interest across time means that the impact of social listening findings can be negatively affected when they are restricted to a single topic. For example, interviewees that are carrying out social listening exclusively on COVID-19 expressed that with time it has become increasingly hard to keep organizations and sectors focused on the pandemic response. The shift in attention and pandemic fatigue means that the interest in COVID-19 findings and recommendations wanes over time, further isolating findings to the relatively contained RCCE realm.

Having a broader focus that enables more general social listening paired with specific listening would enable teams to track the specific topic as well as how it is situated within the larger information ecosystem. Furthermore, the fluctuation of interest also means that there are variations of topics within the various stages of an emergency health response. Having a broad collection can allow projects to capture the change in topics which can also drive interest. For example, multiple interviewees explained that organizations would often pick and choose what topics they had an interest in and engage more or less depending on the topics being covered in the report. For example, certain actors would be more interested in vaccine hesitancy related content while others would pay more attention to political tensions caused by public health measures.



“Yeah, they’re focusing on other things as well. So keeping them focused on the COVID-19 response, you know, after two years has been quite a challenge”

- Multi Organizational Network

RECOMMENDATIONS : ACTIONING DATA

There is no straightforward or single solution to each of the barriers identified. Depending on a project’s scope and objective, the organization might choose different strategies to mitigate the effects of these barriers. Towards the end of the interviews, participants were asked to briefly reflect on some of the potential solutions they envisioned for the barriers discussed above.

For donors:

▶ **Be flexible:** Donors must allow space for unforeseen adaptations amidst evolving dynamics and priorities. Implementing structural or programmatic shifts in humanitarian and health projects may require additional flexibility and support from donors, as teams react to community needs and concerns captured by social listening.

▶ **Support the institutionalization of social listening across sectors and programs:** Advocate for the mainstreaming of social listening across all sectors of the humanitarian response. The COVID-19 crisis has demonstrated the usefulness of social listening in a health emergency but it supports many other non-health components of emergency response as well.

For cluster leads steering collective and coordinated responses:

▶ **Develop a collective action tracker shared among members of the coordination group:** Develop an action tracker with assigned roles and responsibilities based on the recommendations emerging from the social listening data. This can increase the utilization of the data by different organizations, the collective ownership of the findings, and capacity to monitor impacts.

▶ **Support collaborative recommendations:** It may be challenging to convince external actors of turning social listening findings into action when they were not involved in data collection. However, collaborative approaches with a diversity of actors involved in the design of recommendations can strengthen ownership and commitment across partners and sectors. Some successful models of this approach were observed throughout the first year of the pandemic in the ESAR and WCAR RCCE coordination mechanisms, as partners had an active role co-creating, sharing and coordinating resources for the response.

▶ **Centralize resources when relevant:** In some contexts, it might make sense to centralize resources such as tools, data and expertise for “infodemic” management. An advisory board that represents the interests of each member organization may be useful; for example, in some contexts there might only be local capacity for data collection while data analysis or M&E efforts can be centralized.

For project managers and decision makers within health and humanitarian organizations:

▶ **Dedicate more resources to outcome and impact tracking:** Consider allocating more resources to tracking who is using your data (internally and externally) and developing indicators that can monitor the impact of social listening. These could include tracking direct actions derived from social listening data, tracking how decision-making and adaptations in broader programming are influenced by the data, and

tracking the impacts on communities. It is essential to consider how shifts in programming support other stakeholders, such as local and national authorities, humanitarian and health actors, and community-based organizations and media.

▶ **Listen to the secondary impacts of humanitarian crises:** The secondary impacts of humanitarian crises tend to linger and affect communities and information ecosystems in humanitarian crises. Monitoring secondary impacts can help you remain relevant and useful through the pandemic fatigue. For example, looking at the effects of the pandemic on issues concerning livelihoods, mental health, political instability etc.

▶ **Consider designing and continuously feeding an internal action tracker, sharing responsibility across different expertise:** Having an action tracker with assigned roles and responsibilities within your team can support efforts to follow up on the recommendations emerging from social listening data. These recommendations to guide programming adjustment must be collectively defined by different expertise levels within the organization, as social listening data can provide timely and relevant information on needed adaptations beyond risk communication or communication engagement plans. For example, listening to conversations among mothers in rural areas can inform us about the obstacles they face to go to health centers in the opening hours as they need to attend to house chores and bring children to school at the same time. This may point at a need for health centers to open for longer hours in a specific location. Listening to online conversations among people with disabilities could also inform us about the challenges faced by people to reach clinics for vaccination without the proper transport support. This can guide adaptations in terms of increased vaccination outreach teams or strengthened community health teams who can support these community members to get to their vaccine appointment in time.

CONCLUSION

Humanitarian actors are increasingly using social listening tools and methods as part of their “infodemic” management, health emergency response, and overall humanitarian response. However, there is a lack of research examining how social listening findings are being operationalized.

To address this gap, seven key informant interviews were conducted with humanitarian organizations that have been at the forefront of social listening projects throughout the COVID-19 pandemic. Although we anchored the research in the COVID-19 response, our findings suggest that the uses and impacts of social listening are applicable across all elements of humanitarian response besides COVID-19 and even beyond health.

The paper is structured around three components: (1) the differences between what organizations are hoping for (expected results) and what they have observed so far (observed results) in relation to the impacts of social listening, (2) the major barriers affecting the utilization of findings derived from social listening, (3) a preliminary brainstorm around recommendations that could mitigate the effects of the barriers identified and contribute to a realization of the expected results.

Interviewees expressed expectations for long-term and structural benefits from the ongoing use of social listening findings. The most common expected results include contributions to improved infodemic management that is receptive to community concerns, stronger community engagement, more responsive programming and policy design, and more collaboration between humanitarian and health actors.

Our findings suggest that, although some of these structural promises have not yet been realized, significant foundations have been laid. Organizations have observed that social listening findings are already contributing to improvements in RCCE, internal adaptations of program design, growth and acceptance of social listening throughout organizations, and a growing influence on public health policy.

Despite these important results, there are still major challenges preventing the realization of social listening as a transformational tool for humanitarian response.

Thirteen major barriers were identified, which exist at every stage of the traditional social listening project workflow. For data collection and analysis, the study found that the qualitative nature of the data, the predominance of a social media-only listening approach without an offline component, a reliance on traditional engagement statistics, limited qualified human resources, and issues around collaboration all hamper the effective use of social listening findings.

For the presentation and dissemination of findings, the study found that issues around data sensitivity, fears of sharing negative feedback, and limited coordinated dissemination obstruct the usefulness of social listening findings.

Finally, when it comes to using social listening insights to inform response, the study found that limited capacity to track structural impacts, inflexible programme design, siloed organizational cultures, single-issue focus, and political contexts all constrain effective responses to social listening data.

All of these barriers negatively affect the ability to turn social listening data into action. It is critical that different actors including cluster leads, project managers, data collectors, data analysts, donors, and decision-makers implement solutions to mitigate these challenges. The study presents over twenty recommendations for a variety of actors that may help dealing with the barriers to making use of social listening data.

ANNEX 1 – INTERVIEW QUESTIONS

RATIONALE

1. Why and for what purpose does your organization carry out social listening? What are the expected impacts for your programming and for RCCE partners involved in the health response?

DATA COLLECTION

2. What kind of data are you collecting?

3. What methodology are you using?

4. What are the main barriers that you face in the process of collecting, analyzing, and systematizing social listening data? (i.e. are there any groups you struggle to represent in your data?)

PRODUCTS

5. Which kind of outputs/products are you developing from this data?

6. What factors do you consider when shaping the elements and information to include in these reports and how to present it? (i.e language, visualizations, public vs private information, demographic breakdown, recommendations, discussions of limitations)

7. Do you incorporate feedback from other organizations in the design and delivery of your social listening products?

DISSEMINATION STRATEGY

8. Where do you share your products/data and with whom? What type of actors tend to show the biggest interest?

9. Do you share your findings with organizations working specifically at the community/grassroots level? If so, how do adapt them to their needs?

10. What are the main barriers that prevent you from sharing your social listening outputs/reports more widely?

CLOSING THE LOOP

INTERNAL IMPACT

11. So far what have been the impacts of social listening in your programming?

12. How do you track and monitor the use of social listening data and the actions taken upon it in your own programming?

13. Are there any barriers preventing your organization from acting upon social listening data and findings? Which ones?

EXTERNAL IMPACT

14. How are other RCCE partners using your social listening findings? Have you noticed any programmatic impact on their work or on the way in which they serve the community?

15. How do you track or monitor the use of your social listening data by RCCE partners and the actions taken upon?

16. Have you identified any barriers that prevent other organizations from acting upon the findings derived from your social listening activities?

WAY FORWARD

17. How can these barriers or challenges be mitigated? What short- and long-term changes/adaptations need to take place to ensure that findings from social listening can be properly acted upon?

18. What recommendations do you have in terms of enhanced coordination among partners to act upon social listening data?