



COVID-19/MIGRATION WHATSAPP BUSINESS LINE

Case study

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1. BACKGROUND

Peru is one of the most affected countries by coronavirus in South America. Even though the state of emergency was declared on 16 March 2020, Peru has not been able to reduce its infection and mortality rates. As of the end of July, there were more than 414,000 confirmed COVID-19 cases¹.

Due to the emergency, borders were closed, health care was suspended in primary health care centres² and people were unable to move freely. These, among other measures, worsened the already poor living conditions of migrant population causing the loss of their sources of income³ and the lack of support networks⁴.

The activities that had been planned by the International Federation of Red Cross and Red Crescent Societies (IFRC) Andean Cluster in Peru were also affected⁵. Within this context, and given the loss of contact with the migrant population caused by the suspension of activities and the need of a new effective feedback tool during the pandemic, the IFRC —through the Americas Region Population Movement implemented a WhatsApp line that provides remote assistance to migrants affected by the COVID-19 crisis. However, in response to the fast and high demand by the Peruvian population, the line started to provide services to a larger population group.

After four months of its implementation, the WhatsApp line has proven to be a great tool to provide key information, creating a reliable two-way communication channel that is easily adaptable (integrating new information needs). The tool has become an effective channel that evolves on the basis of the feedback provided by the target audience.

The guía de implementación de la línea de información y el kit de recursos COVID-19/MIGRACIÓN (Implementation guide and toolkit for the information line COVID-19/MIGRATION) prepared by the IFRC's Americas Regional Office at the onset of the pandemic⁶ were decisive resources to organize the WhatsApp line service operation. Additionally, and within the same implementation process, several documents and communication resources were created *ad-hoc*.

¹ Ministry of Health. (31 July 2020). "Total casos+". *Sala Situacional COVID-19 Perú*. <https://bit.ly/39jNg0v>

² Only category 3 Health Centres were operating.

³ Which mainly come from informal jobs paid on a daily basis in urban areas.

⁴ International Federation of Red Cross and Red Crescent Societies. (2020a). Americas Population Movement - Emergency Appeal MDR42004. Updated 24.03.2020

⁵ For instance, community health and social inclusion activities were cancelled, and health assistance was suspended in the CEBAF in Tumbes and in the PRC hospital in Lima.

⁶ International Federation of Red Cross and Red Crescent Societies. (2020b). *Kit de herramientas para la Línea de información de WhatsApp sobre COVID-19*.

2. WHATSAPP BUSINESS APP FOR COVID-19 RESPONSE

WhatsApp Business is a free to download messaging app for smartphones (available on Android and iOS) where organizations can connect with their customers and send and receive messages via Internet.

With this tool you can create a short business profile including business description, email address, mailing address, and website. It provides smart messaging tools (greetings, fast answers and auto reply messages) and messaging metrics (statistics that illustrate the relation between sent, delivered, and read messages). It also lets you create contact lists of up to 2667 contacts, provided that the administrators and the users have saved their contacts' phone numbers in their cell phone's address book. The account can only be used in one cell phone at a time, but once it has been configured, it can be opened in a computer or laptop through a web search engine and using the QR code. You only need Internet, a smartphone, a SIM card, and computers/laptops to open the app in any web browser.

Follow these steps to build a profile in the WhatsApp Business app ⁷:

1. Download the app free of charge from the Android or the iOS store.
2. Install the app and verify your phone number (you will receive a message or a phone call).
3. Configure your profile: upload a photo (it can be a logo), enter the name, category and description of the organization. You can also add the commercial address, business hours, website, and email address.
4. Configure the greetings, fast answers and auto reply messages, or a catalogue of relevant images that you want to share with the users.
5. Share your profile link or QR code with your target audience.
6. Monitor statistics.



Objectives of the tool

The main objectives of implementing the tool were to provide remote assistance to migrants affected by the COVID-19 crisis, by answering questions or doubts about the pandemic, providing key information to promote protective and preventive behaviour, and identifying, monitoring and addressing rumours or fake news related to the pandemic.

Target audience

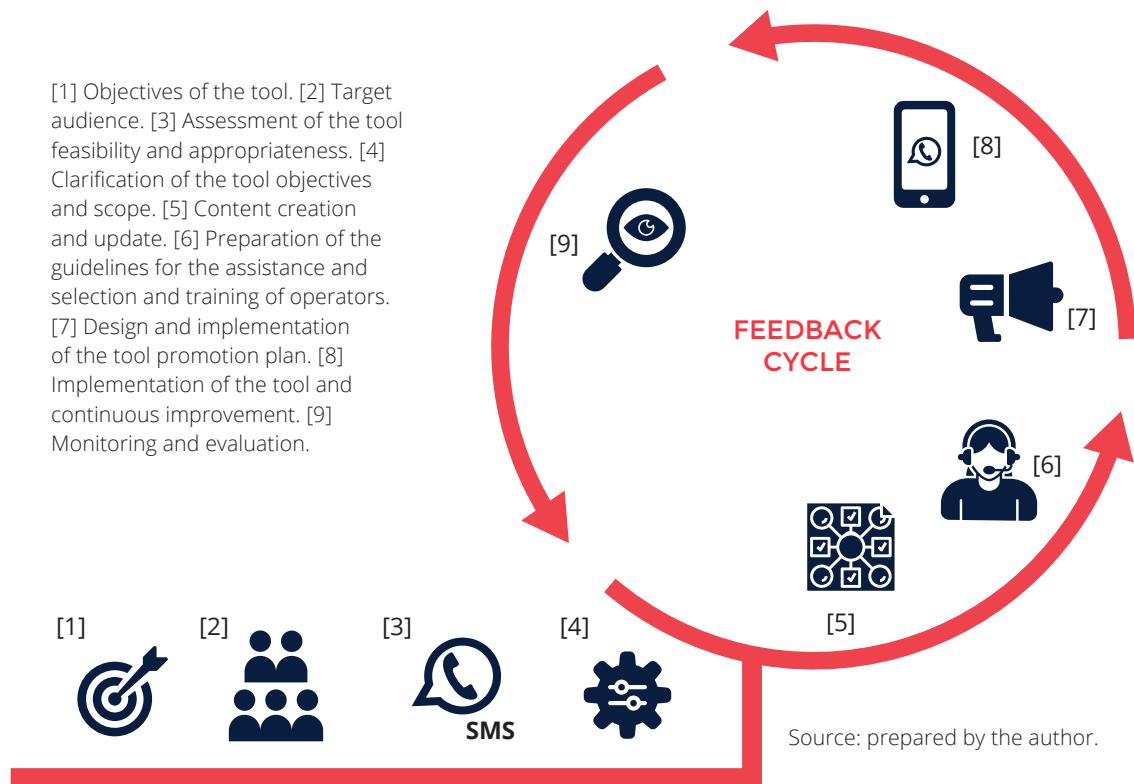
Initially the target audience of the tool consisted of resident or in-transit migrant population with access to cell phones and Internet. This group was selected because the IFRC Andean Cluster Office had the Migration Program database as well as strong links with the migrant population. However, in response to the fast and high demand by the target audience, the line started to provide services to the entire Peruvian population.

⁷ FACEBOOK. (15 July 2020). How to download your WhatsApp Business App. <https://bit.ly/3eJoQP6>; WHATSAPP. (15 July 2020). WhatsApp Business App. <https://bit.ly/2Bj9cMA>

Methodology of implementation

The implementation of the tool involved the development of several key documents and activities to ensure that the tool would function properly and the objectives would be met. The following sections show the development of this process.

Figure 1: Configuration and setup of the WhatsApp COVID-19 line



a. Assessment of the feasibility and appropriateness of using the tool

Assessing the feasibility and appropriateness of using the tool is one of the first activities to be carried out. This helps to verify if the app is one of the channels used by the target audience and to identify the Red Cross National Society's operational capacity in terms of availability of information and human resources for the operation. This step was implemented at the IFRC office in Peru. It was based on a previous reflexion that started some months ago and this was the need to explore a better way to interact with the migrant population, considering that the health services satisfaction surveys that were being conducted were not providing all the necessary information to meet the migrants' needs.

A previous baseline study (*Evaluación regional de necesidades de información y comunicación*) was used to learn if the migrants had the means to access the tool, such as access to cell phones and Internet. According to the study, 78% of the Venezuelan migrants that live in Peru have cell phones and 81% have access to Internet. Furthermore, 99% of them prefer to use WhatsApp

and Facebook to receive information⁸. Additionally, the Hootsuite annual report (2019)⁹, was revised to confirm that WhatsApp is the most popular free messaging app in Peru¹⁰.

Benefits of using the tool:

- Easy implementation
- Migrants know how to use it
- It is a two-way communication channel
- It allows monitoring question trends
- It offers a channel for people to have access to reliable and timely information
- It allows sharing information using several formats (videos, photos, audios, etc.)

The feasibility assessment included a ‘Requirements checklist’ that helps Red Cross National Societies to assess the available resources in the country and in the organization. See Table 1.

Table 1: Requirements checklist

Requirements	Met
The WHO does not have a WhatsApp information service that can be used in the country	✓
Good Internet connectivity in the country	✓
A person dedicated full-time to the task (to assist users, register and analyse data, and promote the service)	✓
One or two operators to provide support if needed.	✓
Message bank with key messages (the IFRC can provide assistance in this matter. Specific messages can be added according to the context)	✓
A system for collecting feedback (the model included in the toolkit can also be used)	✓
Capacity to provide multilingual assistance (depending on the context and having in mind not to exclude people)	✓
Technical (medical) staff: in the event a user needs medical guidance	
Budget for a data plan, a cell phone and a laptop or a desktop computer	✓
Emergency budget: to hire more staff, improve technology and customize contents	✓
Equipment: cell phone and computer (1 cell phone and 1 computer for each line operator)	✓

Source: Prepared with information from the ‘Guía de implementación de la Línea de información de WhatsApp sobre COVID-19’.

⁸ R4V. (2019). *Evaluación regional de necesidades de información y comunicación*.

⁹ Hootsuite. (15 July 2020). *The global state of digital in 2019*. <https://bit.ly/2CAvp9B>

¹⁰The Hootsuite annual report is a study that provides information on social media, e-commerce and mobile phones worldwide. The 2020 report can be read in this link: <https://wearesocial.com/digital-2020>

b. Definition of the tool objectives and scope

There were two options to define the objectives and scope of the tool. It could either be only an information line/chat or it could also offer medical guidance and/or psychosocial assistance if needed. An assessment of functions was conducted to make this definition and identify if the tool met the two options (See Table 2). The WhatsApp line began as an information tool, but it progressively started to provide medical advice and psychosocial support in response to the users demands.

Likewise, it was necessary to define the type of interaction that the tool would have with the user, that is, if the information would reach the users via individual chats, distribution lists, or both. The operation started with the first option, and after 4 months of implementation a subscription list is being developed with the migrant subscribers willing to be part of the list, in order to provide them with information beyond COVID-19 and respond to their particular needs of guidance and information.

The first action with the migrant subscribers will be to conduct a survey to learn about their information needs, expectations, concerns, perception of the services, etc. The information collected will help to program the contents according to their demands of information.

Table 2: Assessment of tool functions

Function	Information service	Medical guidance or PSA
It can provide information and key messages on preventive measures	✓	✓
It can provide information on signs and symptoms (in general)	✓	✓
It can provide guidance on the symptoms of a person, taking into account his/her medical record and specific symptoms		✓
It can refer patients to emergency services in the country	✓	✓
It can refer patients to the standard processes of COVID-19 tests		✓
It can advise people on whether to be tested or not, depending on their situation	✓	✓
It collects community opinions, perception, and feedback	✓	✓
It helps control rumours and address false news	✓	✓
It helps to identify people's needs and concerns	✓	✓

Source: *Guía de implementación de la Línea de información de WhatsApp sobre COVID-19.*

c. Content creation and update

Identifying the key information that will be shared in an information service line is an activity that needs to be carried out before launching the operation. In this case, a set of key messages related with preventive and health protective behaviour against COVID-19 was prepared along with a bank of questions and answers (Q&A) classified by topic and built with information from official sources and in coordination with the partners of the Migration national platform. This document serves as a guide for the operators' work. It is weekly updated with new questions from the users and on the basis of new evidence or national provisions on the pandemics.

As important as the Q&A bank is the preparation of a set of communication materials (graphs, audios, videos) to strengthen the response to specific questions and the protection and prevention key messages. Thus, the operator will have these resources at hand and can use them when needed or when indicated by the guidelines.

d. Guidelines for assistance, selection and training of operators

It is as essential to have protocols or guidelines for an effective and timely operation of the WhatsApp line as it is to provide operators with training to interact with the users. In this sense, the following guidelines were progressively appearing as the implementation of the tool was moving forward as well as the need to ensure its well-functioning and the achievement of the expected results.

- **Guidelines for filling out the feedback log sheet:** These guidelines aim to organize how the operators record manually and daily the information of every interaction (operator-user) following the IFRC privacy protocols. The log sheet is an Excel sheet with an integrated dashboard that allows immediate visualization of the data and it is updated every time new data that has been generated in an interaction is entered in the log sheet. Each conversation takes up a cell, with an assigned code, the date, the details of the collector, the personal details of the user (with his/her express consent), the main issues addressed, the type of information provided, and if the conversation was completed, that is, if users provided general information about their profile.

The collected information helps to identify FAQ, information needs, rumours, user profile and if the interaction was completed. The proper filling out of the log sheet ensures reliable information for decision-making.

- **Guidelines for privacy and data protection:** The IFRC Office in Peru based its response protocol on the IFRC global policy on privacy and data protection. This response guideline includes recommendations that help operators to collect data and personal details at the end of the interaction if it is accepted by the user. The requested data include current address, gender, and migrant status, which is entered in the log sheet. All conversations are erased daily, including names and phone numbers.

- **Guidelines for the use of the line by medical operators**

The operators of the line are key actors considering that they are the ones interacting with the users. Initially, the WhatsApp line was implemented by two CEA professionals at the IFRC Americas Regional Office, with the support of the health area to fulfil the demand of technical information. A WhatsApp group was created to coordinate and support the work

of the operators' team and timely respond to the users' technical enquiries. After three months of its implementation, and given the increasing demand of users, it was realised that new health information could be included (such as nutrition, non-communicable diseases, etc.) and the tool could be expanded within the organization. For this reason, the IFRC Office in Peru decided to create a professional team exclusively dedicated to the WhatsApp line (one coordinator with a social profile, and two health technicians). The staff roles and responsibilities and the products to be delivered are specified in their Terms of Reference.

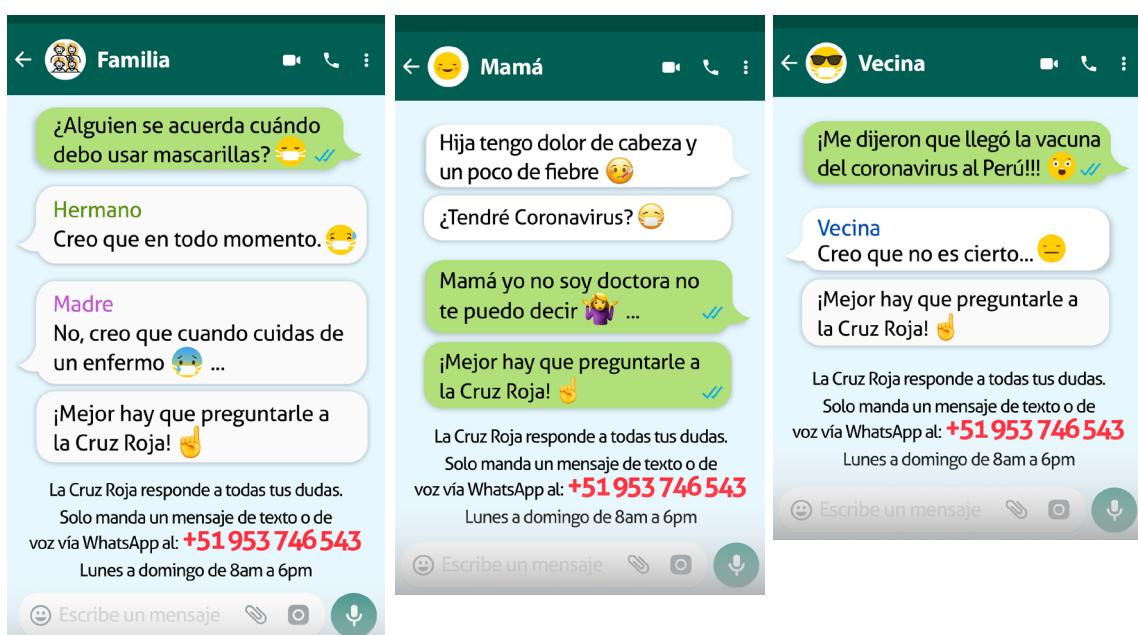
- **Guidelines for psychosocial assistance (PSA)**

These guidelines were developed to provide assistance related to Psychosocial Support issues (self-care, psychological first aid, and psychosocial support). This included a colour classification of the questions (green, yellow, and red, as in traffic lights) to help identify the level of need of the person making the enquiry. In this sense, in the WhatsApp chat we only address those enquiries that have been classified as 'green', that is, the ones that need a first level of support or advice. If a more complex case is identified, it is referred to specialist staff through an appointment system.

e. Designing and implementing the promotion of the tool

This step is key to ensure that the tool will be disseminated as widely as possible and that it will be properly positioned among its target audience. For so doing, a promotion plan was designed and implemented, including a set of ad hoc promotion materials(03 illustrations, 3 press releases and 1 radio spot).

The WhatsApp line was implemented gradually and cautiously because it was necessary to see the progressive response of the users and if the internal organization was working properly. For this reason, the initial promotion was done through the organizations of the Grupo de Trabajo de Respuesta a la Migración (GTRM). They promoted the tool among the migrant networks that take part in their activities. The results allowed the service to begin with many enquiries,



which proved that the tool was actually helping to fill a gap in the information needs about the pandemics, not only among the migrant population, but also among the general Peruvian population. Consequently, the promotion tasks were intensified, using several resources such as interviews mentioning the tool and its benefits in national and regional mass media.

The promotion plan included digital media and involved the support of *women influencers*, specifically migrant mothers who promoted the line in their own social media accounts. The line was also promoted in *Facebook* and *WhatsApp* migrant closed groups.

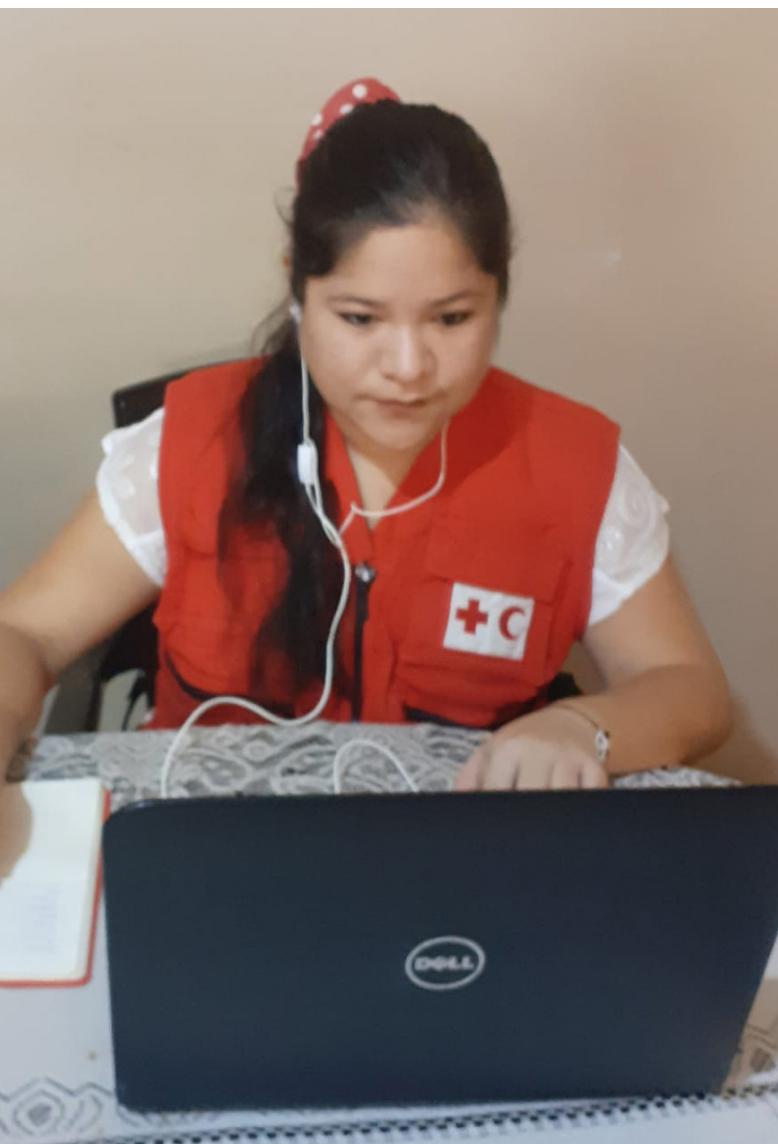
Weekly assessments of current statistics reveal that the number of enquires is now decreasing, therefore there is a need to strengthen promotion actions.

f. Implementing the tool and continuous improvement

The experience of implementing the tool in Peru has been a learning and continuous improvement process that can be divided into three phases.

First phase (*first month of implementation*): The tool was launched with two CEA operators working full-time and providing simultaneous assistance at the IFRC Regional Office. During the process, some difficulties were identified, and decisions were made to solve them. To avoid answers to be duplicated due to the simultaneous work of both operators, each operator was identified with a colour using an option of the tool. This helped to organize the process. On the other hand, given that some enquiries required medical opinions, the IFRC office in Peru had the support of two medical staff working in the operator's team. The elaboration of the "Guidelines for the use of the line by medical operators", helped to organize their participation, and both medical operators were given a proper training to become familiar with the tool.





In addition, a WhatsApp group was created among the operators to bring mutual support and help to answer the user enquiries. This group also helped to identify that at that moment either there were no answers for some of the questions, or the operators did not know some of the answers and more research needed to be done in order to provide the most accurate information.

Second phase (*three following months*): In this phase, the operators were working half day because the initial message flow started to stabilise. During these months, the added value, and the potential of the tool confirmed that it was effective not only to answer questions about COVID-19 but also about other key issues related to key programmes such as PSS, CTP, etc. This led the IFRC office in Peru to evaluate the tool and decide to have a dedicated team working exclusively on the line. This decision was based on a report showing evidence, findings, profiles and roles of the required staff and the Terms of Reference.

Third phase (*Since the fourth month of implementation*): This phase started with the hiring of a coordinator with a social profile (sociology or communications) and two new medical operators (doctors, nurses or health technicians). In addition to the immediate response to the user, their role included:

- Weekly update of the FAQ document.
- Delivery of a weekly report on the situation of the linea¹¹.
- Preparation of specific reports per area of focus, upon request.
- Analysis of results and areas of opportunity for the progress of line.
- Identification of new themes to be addressed.
- Meetings with the areas involved, delivery of reports and creation of new content.

It is interesting to note that during the implementation process some opportunities of coordination with other programmes were identified. For instance, some of the most common questions of the migrant users are related with economic aid because many of them have lost their jobs. This fact was identified as an opportunity (with the authorization of the user) to prepare a list of potential beneficiaries of the Cash Transfer Programme (CTP).

¹¹ A document that informs about sent messages, people assisted (total, age, gender, vulnerable or not); demographic information (countries, regions); main topics of inquiry; feedback and other relevant information.

As it has been shown, the line has included feedback in its implementation and has evolved improving both the operation and the response to the needs of the users.

g. Monitoring and evaluation

The tool did not have specific monitoring and evaluation indicators because the initial objective was to reach as many users as possible in order to meet their pandemic information needs. During the process, some interaction and scope indicators have been identified from the daily monitoring carried out by the operators and the weekly results reports. This has allowed to monitor the progress of the implementation process and make decisions during the same process. Likewise, through a weekly review of the contents, a close relation between the most common topics commented by the users and the epidemiologic behaviour of the disease was identified, which verified that useful and timely information was being delivered in the pandemic context.

At the beginning of the quarantine, users were most concerned about requesting information on the virus, its symptoms and how to prevent it. But as the response was moving forward, users started to ask which symptoms would help them detect whether they had the disease or not. Later on, users started to ask for information about how to mitigate the symptoms. In the third month, questions about mental health started to arrive. For this reason, PSA was integrated to the service and the referral of PSA cases started to be managed through the tool.

h. Results

In four months of implementation, the following results have been achieved:

- The line has provided remote assistance to 1254 users affected by the COVID-19¹²; around 100 to 200 users monthly¹³.
- 41% women and 31% men have been assisted¹⁴.
- 33% of the users that accepted to share their personal data identified themselves as migrants. This group was provided with answers to their questions and doubts on the pandemic but also on enquiries about economic aid¹⁵.
- Generally, the main enquiries are related to COVID-19 symptoms and economic aid. Every week messages vary according to the events in the country and the effects of the pandemic. For example, the first delivered messages were about preventive measures, quarantine, and social distancing measures, because the community needed to know what the virus was about, what its symptoms were and how to prevent it. Now, on month four, questions revolve around tests: people want to know in which health centres/points

¹² IFRC PERU. (2020e). Línea de información sobre COVID-19. Peru partial results as of 20 July 2020

¹³ IFRC PERU. (2020b). Línea de información sobre COVID-19. Peru partial results as of 18 June 2020

¹⁴ IFRC PERU. (2020e). Línea de información sobre COVID-19. Peru partial results as of 20 July 2020

¹⁵ IFRC PERU. (2020a). Línea de información sobre COVID-19. Peru partial results as of 11 June 2020; IFRC PERU. (2020b). Línea de información sobre COVID-19. Peru partial results as of 18 June 2020; IFRC PERU. (2020c). Línea de información sobre COVID-19. Peru partial results as of 28 June 2020; IFRC PERU. (2020d). Línea de información sobre COVID-19. Peru partial results as of 12 July 2020; IFRC PERU. (2020e). Línea de información sobre COVID-19. Peru partial results as of 20 July 2020

tests are provided or how to interpret the results. In addition, there are enquiries about economic aid and the CTP (use of the ATM, withdraw of the whole amount, etc).

- While the line has provided answers to enquiries, it has also identified and addressed rumours (2.5%).
- Finally, during its first four months, 25,000 messages were sent, mostly via WhatsApp. A small proportion of messages was sent via SMS (12% approximately), this result was not planned, but SMS were used to answer to those people who do not have Internet access.

3. LESSONS LEARNED

The lessons learned have been organized in this section in the following order: pre-implementation (design and conditions for its implementation), implementation, institutionalization y and scalability.

Pre-Implementation

- *Don't be afraid of new digital tools.* Given its expertise on the field, the IFRC Andean Cluster Office, in support of the Peruvian Red Cross, took several months assessing the importance of using a digital tool and exploring new ways of interacting with the people and listening to them. There were initial doubts about it, such as the digital gap in the country, data protection in social media, and having strong traditional community work methods that were effective at reaching the target audience. However, the pandemics and its restrictions accelerated the decision of implementing the WhatsApp tool following the guidance prepared by the IFRC Americas Regional Office at the onset of the pandemic: [Guía de implementación de la línea de información y el kit de recursos](#).
- *Start cautiously with the audience you know the most.* Another positive decision was the initial selection of the target audience. The group of migrants was selected because the organization had been working closely with this group and a previous database already existed. This facilitated the first steps of the tool implementation.
- *Having staff with the right social/technical profile dedicated to the line.* Having the right staff dedicated to the management and assistance of the line is essential and must be evaluated and included in the planning process. The profile of the staff in charge of the line will depend on the topics to be covered, the users' demand and the projections around institutionalizing the line. It should be noted that the priority must always be to ensure a quality and timely assistance that meets the users' needs.
- *Provide regular training to operators and establish protocols and guidelines for an organized operation.* It is true that using some existing regional guides was important, but actually the implementation of the tool was key to identify the need to create protocols, guidelines and complementary guides which are essential for its operation. Likewise, the regular training of the operators ensures that the guidelines and protocols are being applied.
- *Define the internal route to be followed for using the weekly reports and support decision-making.* It is key to define this internal route from the same moment of planning because it helps to ensure that the information being collected from the interactions with the users will be internally socialised in the relevant programmes, and this will help to make timely decisions.
- *The involvement of the programmes and emergency operations in the implementation of the line is of uttermost importance.* The Health Programme technical leadership is essential to provide technical information to the contents, to train operators, to establish new protocols and guidelines, to update the FAQ, etc. Depending on the objective that has been established for the WhatsApp line in the country, the programmes involved need to join the team and help to define the line together with the CEA staff.

- *Ensure the proper collection and analysis of the information generated in the interaction with the users to inform decision-making.* Documenting daily interactions and creating weekly internal reports to inform about the progress of the services is important to make continuous improvement decisions.

Implementation

- *Respond all users' enquiries.* The first days the service received many messages, even from other countries (Mexico, Ecuador, Venezuela). All the enquiries were addressed following the same assistance guidelines to safeguard the positioning of the service and the reputation of the IFRC.
- *Having an internal support group to help with complex enquiries.* It was of great help to have an internal WhatsApp group where the same operators can share questions and support each other on technical matters to provide more complex answers. Thanks to this group it was possible to provide faster answers to more diverse enquiries.
- *Including people at risk of being excluded.* A group of people contacted the WhatsApp line via SMS, because they might not have Internet access. These people received their answers through the same channel and protocols.
- *Programme-related decision-making to meet the users' needs.* This vision has made possible to coordinate through the WhatsApp line several services offered by the organization as a response to the users' needs, and always taking into consideration the IFRC mandate framework.
- *Two-way communication to promote changes and not only provide information.* Personal interactions with the users allow customized answers to their enquiries. In this sense, an online dialog can strengthen the key messages linked to the question that is being asked by the user and can also help strengthening preventive and protective behaviours.
- *Operators with a clear knowledge of IFCR's values.* The technical training received by the line operators is as important as the training in institutional values. This helps them reach a better understanding of their role and the quality to be ensured in every interaction with a user.
- *Log Sheet of interactions programmed with the support of Information Management (IM).* It is essential that the information that was decided to be recorded in each of the Log Sheet interactions, which is articulated with the dashboard, is programmed from the beginning of the process with the support of IM to ensure the safety of the information, its proper storage and periodical reports.

Institutionalization and scalability

- *Strategic planning for the operation of the line.* The operation of the line requires a plan to collect the voice of the users, facilitate the delivery of assistance and generate interactions to answer to questions and doubts. It needs to be a clear plan in terms of objectives, scope, target audience, phases of the operation, key topics and sub-topics, key staff, contents

differentiated by themes (key messages, questions and answers), internal decision-making route from progressive reports, positioning and promotion, training of operators, and monitoring and evaluation indicators.

- ***Progress monitoring and evaluation to support the continuity or the discontinuation of the line.*** The continuous analysis of results provided by the service and a vision for the permanent evolution of the tool will contribute to management decision-making that will strengthen the service line and its coordination with other programmes, which will make the service more sustainable.
- ***Progressive coordination with other programmes.*** The line may start meeting the urgent information needs related to COVID-19 as it happened in Peru. However, it could also be a two-way communication mechanism for priority issues in key programmes of National Societies, such as CTP, emotional first aid, emergency response preparedness, etc. This requires that decision makers and technical teams in Red Cross and Red Crescent National Societies are aware of the benefits and potential of the tool, to provide a coordinated response to the dialogue demanded by the users.
- ***Creation of distribution lists to meet specific needs.*** Depending on the themes being addressed and the interests of the users, distribution lists may be created to be able to reach certain population groups with more customized information. For instance, now a distribution list is being created aimed at the migrants using the WhatsApp service and other people interested. This will make possible to open a dialogue with this target audience addressing their specific needs.

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THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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