

Singapore

A national risk communication and community engagement campaign for large, closed communities in Singapore

Country and Region: Singapore

Organisation: [My Brother SG](#)

Point person and Role: Dr. Tam Wai Jia, Project Lead of Migrant Worker Risk Communication & Community Engagement Project, My Brother SG, [National University of Singapore](#) and Founder of [Kitesong Global](#)

Population served by the programme: The national RCCE campaign intends to reach all migrant workers in Singapore. We use the term “migrant worker” to refer to male Work Permit holders.[1] Male ‘Work Permit’ holders make up 12.7% of Singapore’s population, are from countries like Bangladesh, India, and China, and perform low-skilled work in sectors like construction, manufacturing, marine, shipyard, process, or service.[1,2] [2] Approximately 323’000 migrant workers reside in one of 43 high-density purpose-built dormitories in Singapore, approved to accommodate up to 25,000 residents, housing 6 to 32 residents per unit.[3-7]

Unique characteristics of the setting: Singapore’s first identified COVID-19 infection case was a Chinese national from Wuhan, tested on 23 January 2020. In March 2020, the first cases of COVID-19 positive migrant workers were identified. On April 14, a “three-pronged strategy” was adopted to curb the spread of the virus, where all dormitories were under lockdown; workers who tested positive and their close contacts were isolated; healthy and essential workers were moved to alternative accommodation such as military camps and empty housing blocks.[8]

By 15 August 2020, Singapore reported over 55’000 laboratory-confirmed cases of COVID-19 in a total of 5.7 million population, the highest number of 975.8 cases per 100 000 in Asia.[3, 9] Migrant workers comprised nearly 95% of the cases, with a prevalence rate of 16.3% compared with 0.04% in the local population.[3, 10] By 7 August 2020, all 323’000 migrant workers residing in dormitories were tested for the virus, in preparation for safe transit back to work.[4] By end August, most workers had returned to work.[8]

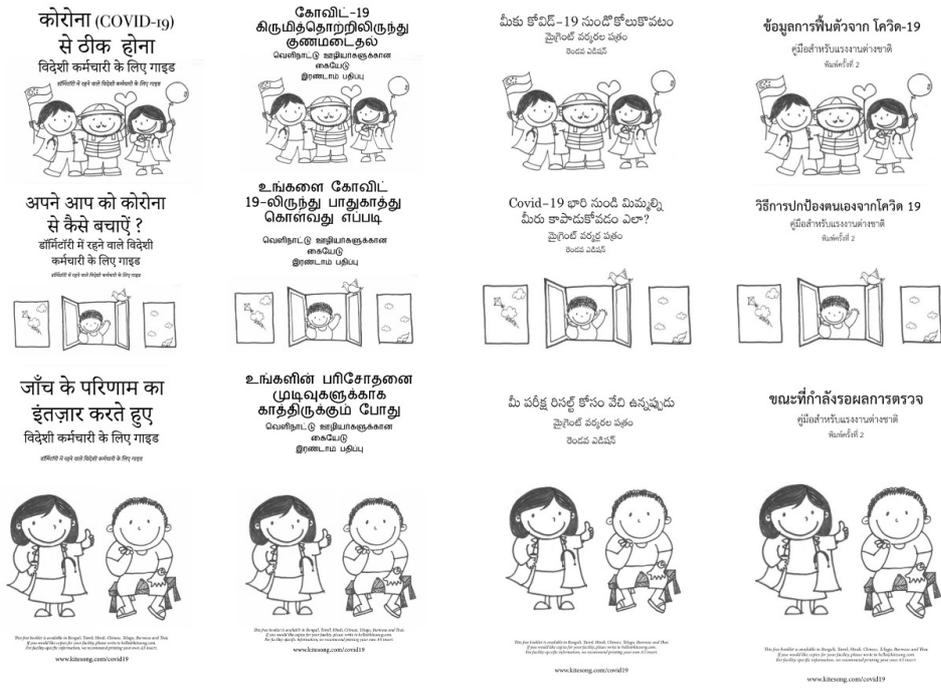
Number of cases and deaths due to COVID-19 at time of publishing: [59’250 total cases, 29 deaths](#)

Briefly describe the key components of your COVID-19 response programme

Our COVID-19 response comprises several activities:

- Delivery of RCCE via tailored provision of information products (multilingual booklets, posters, webinars, comics, short films/videos, sound bite/podcasts etc.) and face-to-face participatory workshops
- Setting up an RCCE team from scratch, comprising volunteers (many of whom were/are medical students) and staff
- Capacity building through a migrant worker ambassador programme, training of mobilisers

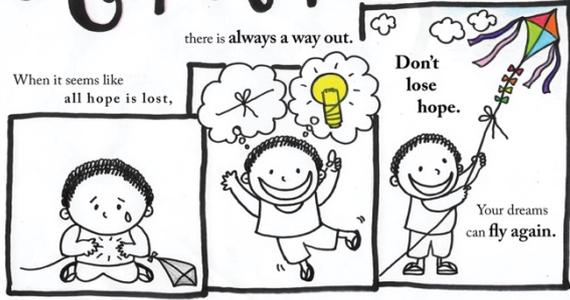
- Governance through the set-up of [My Brother SG](#), a growing and evolving network comprising of a local steering committee comprising healthcare providers and migrant worker NGO partners with RCCE experience, a technical advisory group comprising international RCCE experts and local and international partners
- Advocacy activities through physical outreach to dormitories, attending closed-door ministerial feedback sessions, research papers, reports and publications produced



An example of multilingual health booklets featuring pictorial messages, tailored for different facilities- dormitories, community isolation facilities housing COVID-19 positive patients, and swab isolation facilities

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আপনার কথা ও গল্পগুলো হেলথসার্ভ এর মাধ্যমে, এই হোয়াটসঅপ +65 31384443 নম্বরে অথবা bit.ly/hstok2mc এ বলুন বা সেয়ার করুন।



An example of a comic which was translated into seven other languages, produced twice a week at the peak of the crisis

সাহস রাখুন, দ্রুত টেস্ট করুন!

সাহস রাখুন, দ্রুত টেস্ট করুন!

00:00 / 02:36

starting from food, the menu was shared with us, and I could choose whatever I liked to eat.

Be Brave, Get Tested Early!

An example of a short video of a migrant worker sharing his positive experience of being quarantined after being tested positive, in response to ground feedback that migrant workers were afraid of presenting to the medical post in view of fears of the unknown if tested positive



An example of a mobilizer training video that was created in the early part of the crisis



An example of a face-to-face engagement at a dormitory site, where floor leads of each block were gathered with their health booklets, socially-distanced, and invited to participate in sharing their feedback with health providers, teach one another exercises to do while in quarantine and learn handwashing steps according to culturally relevant songs

What process did you use when designing your COVID-19 response programme?

The uncontrolled spread of the outbreak among migrant worker communities meant needing to produce critical outputs before processes.

The immediate need was to provide information. However, no team, leadership structure or funding was in place so we improvised in the following way: volunteers from the local medical school and general public were recruited through a small local non-profit organization ([Kitesong Global](#)) to translate and develop the health resources, with input from infectious disease specialists and healthcare providers serving at the community isolation facilities.

The system was thus put in place through the doing.

To develop our initiative, these steps were crucial:

1. Conducting a SWOT analysis
2. Undertaking KAP research to establish baselines
3. Curating and developing content, with two-way feedback from migrant workers and healthcare providers
4. Establishing distribution channels and communication modalities to use
5. Engaging key stakeholders from other non-profit organizations, healthcare clusters, and high-level ministries (i.e. Ministry of Health, Ministry of Manpower)
6. Recruiting manpower to form a team comprising staff, hired translators and volunteers
7. Expanding outreach to migrant workers in non-purpose built dormitories such as factory-converted dormitories (FCDs) and construction temporary quarters (CTQs).

What is one thing that has been working really well so far and is there something other programmes could learn from this?

One unique aspect of our program has been an emphasis on the theme of *human connection* to facilitate community participation.

Using participatory approaches such as storytelling, theatre, film personal dialogue, we fostered trust through authentic relational connections and facilitated listening and two-way communication. This emphasis underpinned most of our activities, and resulted in establishing ground-up, participatory approaches to RCCE anchored in genuine friendships between stakeholders, healthcare providers and migrant workers, enabling RCCE activities to be sustainable, empowering and impactful. This approach mirrors the revised global RCCE strategy, which moves from the directive, unilateral communication characterizing early stages of the COVID-19 response, towards people-centered participatory approaches proven to promote trust and social cohesion, reducing negative impacts of outbreaks.

One example of this was partnering migrant worker social media influencers to co-host regular webinars on their social media platforms, to promote two-way dialogues, address concerns and promote trust regarding health queries. This garnered viewership of as many as 60'000 on Facebook Live.



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Prof Dale Fisher, Dr Muntasir, Dr Wai Jia cohosting a webinar on COVID-19 with migrant worker collaborator-ambassador Shipon Omar Faruque

Facebook LIVE
 Discussion With
Dr. Muntasir **Dr. Tam Wai Jia**
 “কাইটসং” সিঙ্গাপুরের আয়োজনে, প্রবাসীদের অংশগ্রহণে প্রতিযোগিতামূলক অনুষ্ঠান-
 “আশা বাঁচিয়ে রাখুন”
 এবং প্রবাসীদের বিভিন্ন সমস্যা নিয়ে আলোচনা!
 দেখতে চোখ রাখুন
 “সিঙ্গাপুরে আমরা প্রবাসী বাংলাদেশী”
 উপস্থাপক সহঃ উপস্থাপক facebook page_এ
09 August Sunday 09:00 PM
Md. Shipon Md. Sharif

A poster designed by migrant worker leaders themselves to garner viewership and support for their webinar series co-hosted with doctors

Another example of this was the creation of face-to-face participatory workshops at community isolation facilities, offered by [Kitesong Global](#). The Kitesong approach encourages health workers to use the power of visual pictures and storytelling to create platforms of conversation around abstract themes such as freedom, hope, trust and faith, to facilitate the development of individual "Aha" moments that lead to collective action. It begins by first inspiring people to rediscover their dreams, and using them as a powerful motivation for positive change and action. In one of the workshops, through the heartfelt sharing of a lyrical picture story about a kite and the author's personal experience of finding hope through her dreams, the resulting vulnerability and authenticity created a bond of trust between mobilizers and communities, paving the way for more effective communication. The creation of a common ground through bridging themes such as overcoming adversity fosters hope and trust between mobilizers and communities who would otherwise be separated by cultural, social and socio-economic gaps.



A Kitesong participatory workshop conducted by healthcare workers at a Community Care Facility isolating COVID-19 positive migrant workers





Migrant workers holding up their kites with their dreams written on them, before pasting them up all around the community isolation facility as a reminder of hope for themselves



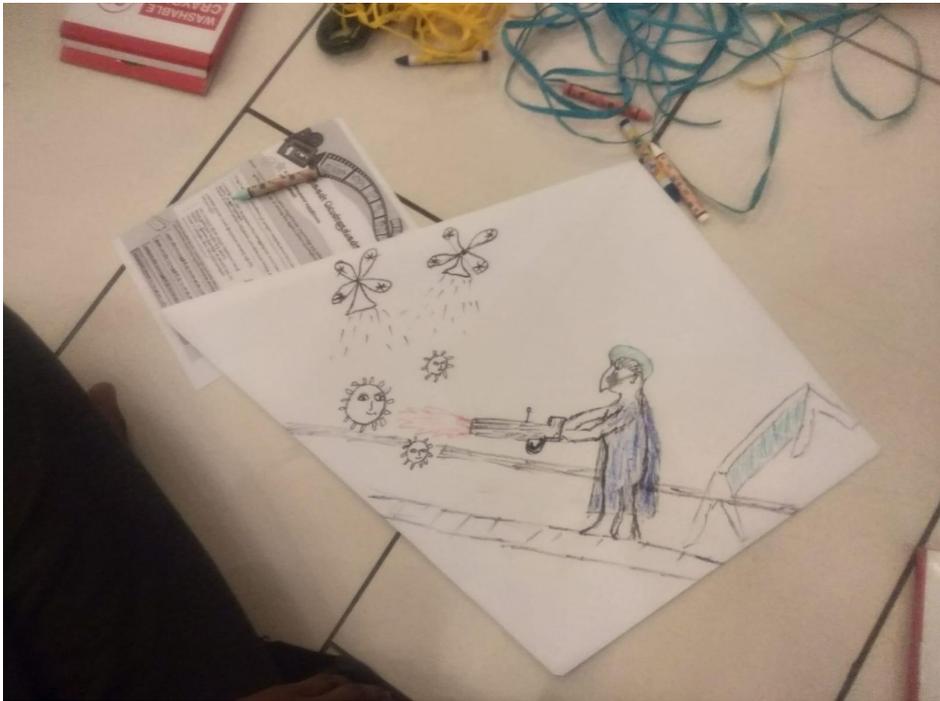
An example of a health ambassador badge given out to them after each workshop to reinforce a sense of empowerment

This human connection is the hallmark of the series of [Kitesong workshops](#), which believes in being “socially distanced, but humanly connected.” It draws upon broad principles of participatory approaches, which believe in two-way, facilitative experiences instead of top-down, one-way communications. It also adopts the approach of early stakeholder engagement and a non-partisan branding, which became a significant draw factor in galvanizing the three

main regional health systems to rally together in a stand of solidarity, leading to the creation of an RCCE Working Group, to better coordinate national efforts in RCCE.



A migrant worker writing his dreams on a kite, sharing with participants that his dream is for his daughter to become a doctor one day, as he has been touched by the doctors who care for him in Singapore



Photos of kites drawn by migrant workers after the Kitesong participatory workshop, expressing their motivations for pressing on in hard times under quarantine- their loved ones back home, and doctors in Singapore whom they perceive are fighting for their well-being (see picture of “alien-like” doctor in PPE fighting off COVID-19 “bombs” from the sky with a metaphorical bazooka gun). Workers are encouraged to share what their drawings mean to one another after each workshop.

What is one challenge that you have encountered and how are you trying to overcome this?

Training and mobilizing migrant worker health ambassadors have been challenging, due to their long working hours and commitment to their work, as well as the difficulty of identifying the right people from different language groups with large spheres of influence. One approach we have adopted is to identify other migrant worker leaders through word-of-mouth, partnering other NGOs, and creating a customized on-boarding, recruitment strategy to maximize their impact on their communities by identifying and supporting their strengths. For example, in one case of a Bangladeshi worker, we work alongside him to curate webinars addressing health questions that arise from his interactions with his migrant worker peers. We are partnering him to increase our pool of migrant worker ambassadors. Recently, the development of more robust partnerships with government agencies and NGOs to mobilize and train migrant worker peer support leaders have also strengthened this possibility.

How have you been engaging communities throughout your programme and what feedback have you received?

We continually engage migrant worker communities through regular focus group discussions every month and regular Facebook live webinars which collate questions and concerns from social media end users. [Bite-sized videos](#) created from live webinars to address health questions from migrant workers also help promote interaction digitally with the community. Regular local steering committee meetings with native speaking healthcare providers who have close friendships with migrant workers from the same countries of origin also provide a source of feedback. We also leverage on opportunities to do on-ground outreaches at migrant worker dormitories and Recreation Centers, which are facilities built for migrant workers to conduct leisure activities such as playing soccer, badminton etc.

The screenshot displays a Facebook live video player. The video content is a blue-themed graphic with the text 'Mythbusters! #5: কারা কারা টিকা নিতে পারবেন না?' (Who cannot get the vaccine?). Below the title, it says 'Q&A with Dr Muntasir Mannan Choudhury and Dr Louisa Sun'. There are four circular portraits of the speakers. Logos for Kitesong and NUS YLLSOM are visible at the bottom. The Facebook interface on the right shows the video is titled 'The COVID-19 Vaccine! Mythbusters #5' and has 217 likes and 21 comments. Two comments are visible: 'Shah Alam Thank you brother.' and 'Zulkar Nayeem Thanks brother for information'.

An example of a [bite sized “Mythbuster” video](#) created to address migrant workers’ questions regarding vaccination

The feedback we have received include concerns about the new vaccine, whether they are eligible for it and whether there might be any side effects. This has allowed the team to curate a suitable pre-vaccination campaign comprising short videos and footage of healthcare providers they trust receiving the vaccination to address their concerns.



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Set your dreams free!

Create a **poem, song, art piece, dance** or a **short video** from what you learned at www.kitesong.com/covid19

Whatsapp your submission to: **+65 94333225** by **31 Aug 2020** with your **name** and **dormitory address!**

Submissions will be judged based on:

1. **Creativity & Clarity** of message
2. **Inspirational** factor
3. **Relation to COVID-19** website
4. **Number of votes** on our FB page at facebook.com/mybrothersg

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Your submission gives us the right to reproduce and share it on other platforms.

1st Prize: \$200 cash vouchers + \$30 SIM Card top-up

2nd Prize: \$150 cash vouchers + \$25 SIM Card top-up

3rd Prize: \$100 cash vouchers + \$20 SIM Card top-up

7 Consolation Prizes: \$10 SIM Card top-up



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உங்கள் கனவுகளை கதந்திரமாக விடுவியங்கள்

நிங்கள் www.kitesong.com/covid19 மூலம் கற்றுக்கொண்டதை வைத்து ஒரு கவிதை, பாடல், ஓவியப் படைப்பு, ஆடல் அல்லது ஒரு குறும்படத்தை உருவாக்குங்கள்.

உங்களது படைப்பை +65 94333225 என்ற எண்ணுக்கு வாட்ஸாப் செய்யவும் ஆகஸ்ட் 31-ஆம் தேதிக்குள் உங்கள் பெயரையும் தங்கும் விடுதியின் முகவரியையும் சேர்த்து அனுப்புங்கள்.

உங்களின் ஒப்படைப்புகள் இவற்றைக் கொண்டு மதிப்பீடு செய்யப்படும்:

1. படைப்பாற்றல் திறன் மற்றும் தெளிவான செய்தி
2. சிறந்த தூண்டுதல் கூறிய ஒரு அம்சம்
3. கோவிட்-19 இணையத்தலத்துடன் அவரை தொடர்பு
4. எங்கள் FB தளத்தில் கிடைக்கப்படும் வாக்குகள்

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முதல் பரிசு: \$200 உறுதி சீட்டு+ \$30 SIM அட்டை டாப்-அப் (top up)

இரண்டாம் பரிசு: \$150 உறுதி சீட்டு+ \$25 SIM அட்டை டாப்-அப் (top up)

மூன்றாம் பரிசு: \$100 உறுதி சீட்டு+ \$20 SIM அட்டை டாப்-அப் (top up)

ஏழு ஆறுதல் பரிசுகள்: \$10 SIM அட்டை டாப்-அப் (top up)

An example of a social media contest inviting migrant workers to share their poetry and artwork about their experiences and feedback in the COVID-19 crisis



Migrant workers at “My Brother SG’s” booth, at a Recreation Center outreach over International Migrants’ Day weekend, to share with migrant workers that we are “Here for Your Health” and to advertise our existing programmes

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