TWC2
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# More than just five dollars:

The reality of the Primary Care Plan

By Marilyn S,  July 2023

A study investigating how MOM's newly introduced Primary Care Plan (PCP) is being perceived and accessed by the Bangladeshi migrant worker population in Singapore. July 2023

## 0. Glossary

- **Anchor Operator (AO):** The four MOM-appointed healthcare operators that manage the primary healthcare services in a particular area of Singapore. As at mid-2023, the four operators are StarMed Specialist Centre, SATA CommHealth, Fullerton Healthcare Group and St Andrew's Mission Hospital.
- **Employment Act:** Singapore's main labour law that provides basic terms and conditions at work for employees covered by the Act.
- **FWMOMCare app:** An app developed by MOM to monitor migrant workers' health status.
- **MC:** Medical leave. In Singapore, this takes the form of a letter from a doctor certifying that the patient is unfit for work for a defined number of days.
- **MC wages:** In this paper, MC wages refer to the gross rate of pay that employees are to pay workers on paid outpatient sick leave. All work permit holders are entitled to paid outpatient sick leave as long as (1) Worker is covered under the Employment Act, (2) Worker has served his employer for at least 3 months, (3) Worker has informed or tried to inform his employer within 48 hours of worker's absence.
- **Primary Care Plan (PCP):** A financial healthcare plan that covers medical treatment, health screenings and vaccinations for eligible foreign workers.
- **S-pass:** A type of work visa/pass for mid-skilled foreign employees who are associate professionals or technicians.
- **Special pass:** A pass that legalises foreign nationals to stay in Singapore for specific purposes such as assisting an investigation, or if a worker has an ongoing salary or work injury compensation claim etc. Special pass holders are not allowed to work.

- **Work permit:** A work pass that allows semi-skilled migrant workers from approved source countries to work in specified sectors.

## 1. Executive Summary

- COVID-19 has revealed the gaps in the primary healthcare system for migrant workers, and hence migrant worker healthcare reforms such as PCP are being implemented by the government to strengthen the coordination and quality of care provided.
- This research study seeks to examine how PCP is being perceived by the Bangladeshi migrant worker population, and how they access these services, which is primarily through MOM's FWMOMCare app.
- This study utilised a qualitative research approach which consisted of (1) an online survey via google forms and (2) face-to-face focus group discussions with 9 Bangladeshi migrant workers.
- The data collected through the above research methods reveal that a majority of Bangladeshi work permit holders are under PCP. Workers are not familiar with the term 'Primary Care Plan' or 'PCP', though most understand that they are able to visit certain clinics and pay $5. Such information is usually passed down from fellow workers or friends.
- Workers expressed two key difficulties faced when visiting the doctor, namely, the English language barrier and long waiting times at the clinics.
- Due to PCP's affordability, workers generally have a positive perception of it. However, the enduring fear of one's work permit not getting renewed if one visits the doctor too often, as well as the reality of medical certificate (MC) wages not being provided are key concerns among migrant workers.
- Among workers who are under PCP, a slight majority (56%) indicated that they were not reimbursed for their most recent clinic visit.
- A majority of workers have downloaded and used the FWMOMCare app before but not all are aware of and utilise the app for PCP-related purposes such as checking their PCP status, booking medical appointments, telemedicine services, and finding their nearest medical centres.
- During COVID, the FWMOMCare app was used by many workers to access vaccination records. However, in this post-COVID era, it appears that the perceived relevance of the FWMOMCare app has diminished among workers who are unaware of PCP.

## 2. Introduction

COVID-19 has revealed the conspicuous lack of a sustainable and accessible primary healthcare system for migrant workers. The high number of infected workers over the course of the pandemic reflects the health disparity of migrant workers compared with the general Singaporean population, exacerbated by overcrowded dormitory conditions and poor access to affordable healthcare. Since the pandemic, efforts to address these issues have been under way, with policies such as the Primary Care Plan (PCP) being implemented by the Ministry of Manpower (MOM).

The Primary Care Plan (PCP), introduced in 2022, is a financial healthcare scheme that seeks to address healthcare gaps through the provision of integrated, accessible, and affordable primary care services. COVID-19 revealed the importance of primary care as the first line of defence against the transmission of viruses and PCP is set to play a paramount role in preventing future outbreaks and safeguarding public health, especially among migrant workers.

The wide-reaching impact of PCP on the migrant worker community cannot be overstated. In fact, Healthserve, a local medical NGO that provides health services and social assistance to migrant workers, have long been advocating for such a mandatory primary healthcare scheme. However, whether workers even know what PCP is and whether they are aware that they're covered by the scheme are pertinent questions. Do they know which clinic network is their Anchor Operator (explained in the next section "Background") and the selected clinics they can visit? The gap between policy and practice is often present in areas relating to migrant worker healthcare needs. Often, migrant workers are unaware of their healthcare entitlements and rights, leaving them in a precarious and vulnerable position. Thus, this research paper seeks to find out how migrant workers currently access primary healthcare in Singapore and how they utilise and perceive PCP; that is, if they are aware of its existence. The impetus of this research stems from the fact that PCP is a recent development and there is limited information available as to how it is perceived by the migrant worker population in Singapore.

## 3. Background

Before the introduction of PCP, there was no financial healthcare scheme that shielded workers from high medical costs accrued when making an outpatient visit to a doctor or clinic. In fact, little information is available on whether these medical costs were borne largely by employers or workers.

Currently, under PCP, both employers and migrant workers are protected against high primary healthcare bills - a responsibility shared by the government, employers, and employees. Migrant

workers are entitled to a myriad of healthcare services under PCP. This includes one statutory medical examination for work pass application or renewal, unlimited acute and chronic consultations, one annual basic health screening, telemedicine and medication delivery, scheduled transportation to and from dormitories and MOM medical centres and ambulance or special transport services to other medical facilities. To facilitate the uptake of PCP, workers can check their PCP status via the FWMOMCare app, access 24/7 telemedicine services, medical centres, as well as designated GP clinics under the worker's Anchor Operator (AO).

Employers are mandated to enrol their workers under PCP and pay for the cost of this plan. While the cost of PCP for each worker ranges from $108 to $138 per year, workers are required to pay a co-payment of $5 and $2 for each medical centre visit and telemedicine service respectively. According to MOM, this co-payment is necessary for workers to take charge of their own health. Employers are strictly not allowed to deduct enrolment and other costs from a worker's salary.

A PCP plan is purchased with an AO based on where a worker lives. Under PCP, there are 4 AOs, namely, StarMed Specialist Centre, SATA CommHealth, Fullerton Healthcare Group and St Andrew's Mission Hospital that operate in the 6 different geographical zones in Singapore, set out in the PCP scheme. These zones, named A to F, have selected medical centres that workers can visit (Refer to Appendix C).

# 4. Method

## 4.1 Sampling scope

This research paper is a qualitative study that gathers its information from an online survey and two rounds of face-to-face focus group discussions. A total of nine Bangladeshi work permit holders were interviewed.

## 4.2 Online Survey

The survey, 'TWC2: Your experience at doctor/clinic', was released on TWC2 Bangla Facebook page on 7 June 2023 (Refer to Appendix A). All questions were translated into Bengali and a total of 241 responses were recorded. Survey questions, mostly multiple choice, were deliberately kept fewer than 20 in order to encourage participation. As a token of appreciation, the first 100 survey respondents received a $10 phone top-up.

Non-work permit holders were excluded in the data findings as PCP only applies to work permit holders and S pass holders. Due to the small proportion of S pass holders, they were excluded in the data for a more targeted analysis on work permit holders. Several duplicated responses were also removed to avoid repetitive data from the same person. 227 responses were used for data analysis.

## 4.3 Focus Group Discussion (FGD)

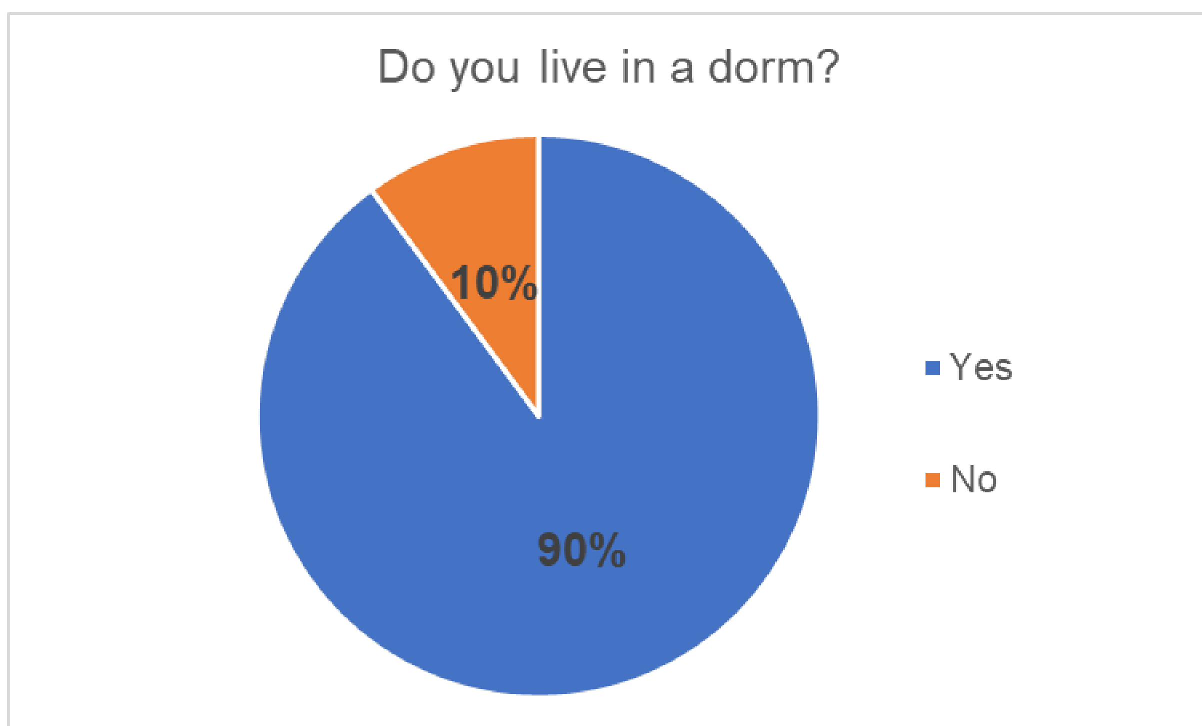
Two rounds of FGD were conducted across two Sundays, 18 June and 25 June 2023. Round 1 was held at Butter Studios (Jalan Besar) from 3pm - 4.30pm, while Round 2 was held at Philips Kitchen & Cafe from 11am - 12.30pm. Workers who attended our FGD were shortlisted from our pool of online survey respondents. A total of 9 workers attended the FGD, 4 in round 1 and 5 in round 2. All interviewees were work permit holders who were either staying in a dormitory, or working in construction, marine or process (CMP) sectors. As a gesture of appreciation, each interviewee received a $20 phone top-up.

A each of the focus group discussions, the format began with presenting the online survey data to participants, followed by asking for their thoughts on these data findings (Refer to Appendix B). This discussion format was intentional. We wanted to gather workers' interpretation of the survey findings, which would to add flavour to our survey data. Many of the workers' responses came in the form of anecdotes, clarifications, and elaborations about their own experiences, as well as the experiences of their friends in the same company or dormitory.

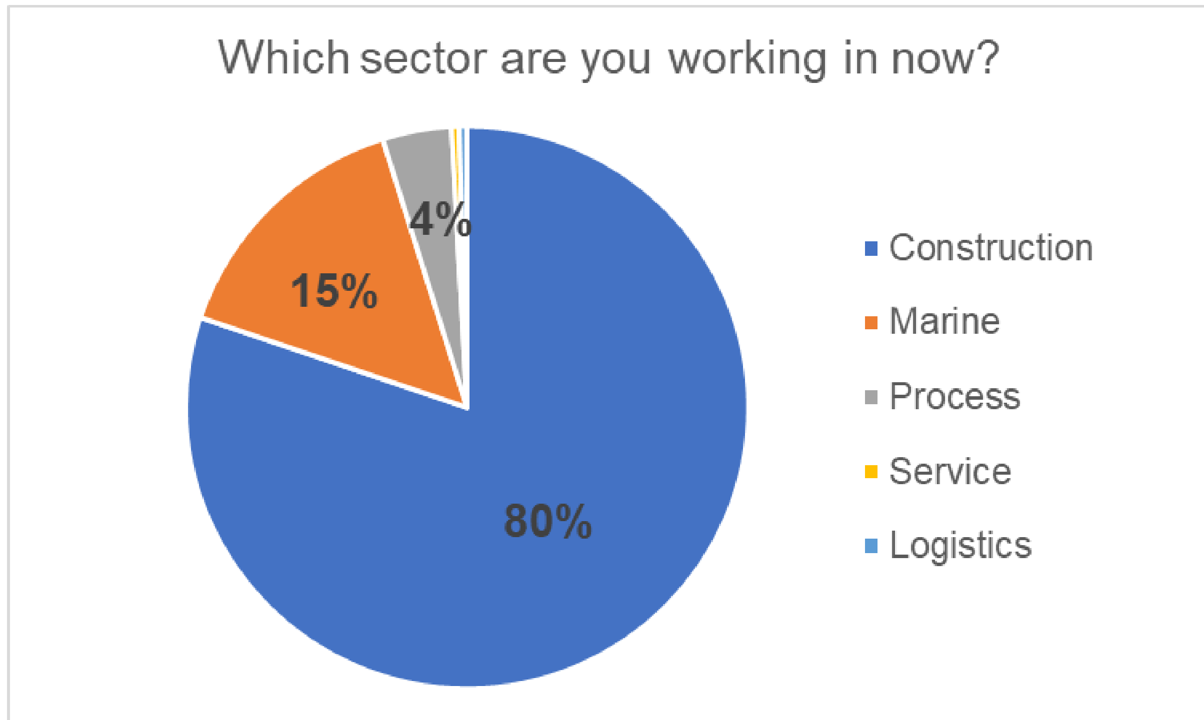
# 5. Results

## 5.1 Results from the online survey

**Profile of the respondents**

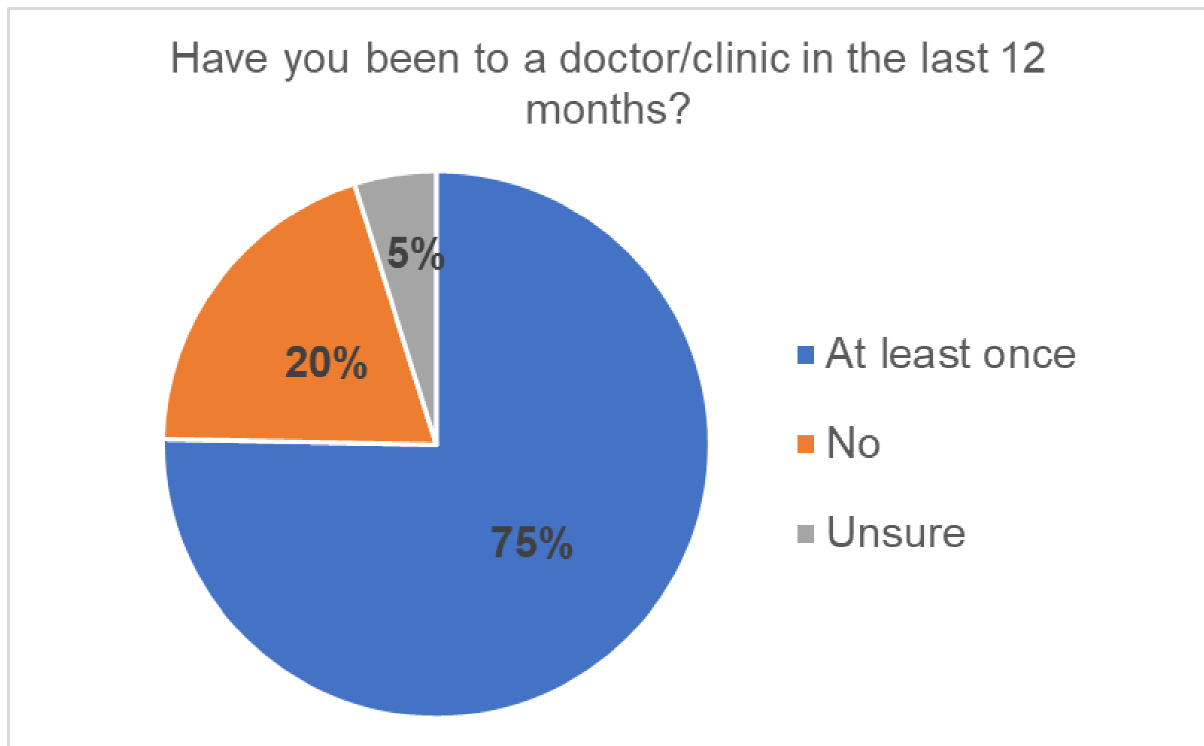



The focus of the study is on work permit holders from Bangladesh who either stay in a dormitory or work in CMP sectors as this corresponds to the eligibility criteria of PCP. An overwhelming majority of respondents live in a dormitory.




The respondents are predominantly from the construction sector. Respondents who indicated that they work in the service sector and logistics sector both live in a dormitory, hence they still meet the eligibility criteria for PCP.

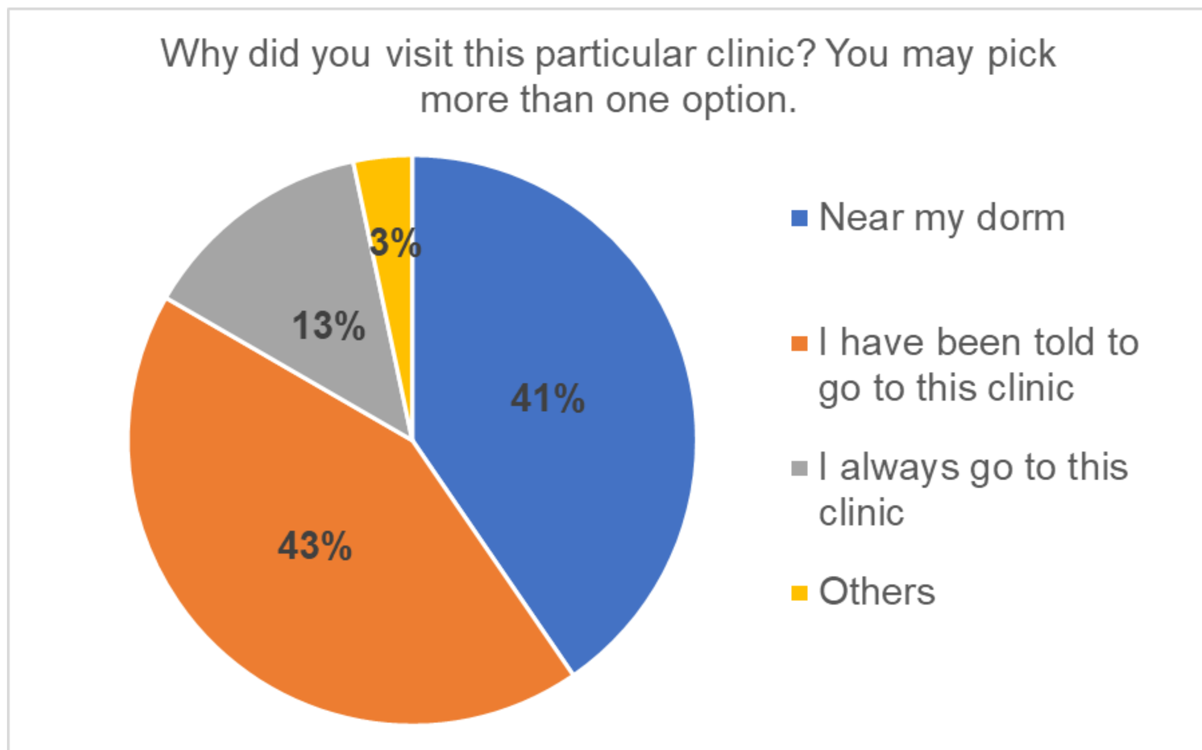
**Workers' most recent doctor/clinic visit**




A majority of survey respondents (171 men) have been to a clinic at least once in the past 12 months. This question was asked to get a gauge of the number of workers who have visited a clinic since the introduction of PCP in April 2022. As such, workers who did not visit the doctor at least once in the last 12 months and who indicated "unsure" were excluded in the data analysis for the following questions on the cost of visiting a doctor/clinic and the reimbursement of medical bills.

This result also indicates that generally within a year, a typical worker would see the doctor at least once.

**Reasons for visiting a particular clinic**




The most common reason for visiting a particular clinic is that "[workers] have been told to go to this clinic", followed by "near [workers'] dorm" and "[workers] always go to this clinic". As PCP is structured for workers to visit selected clinics near their place of residence, this question was asked to understand whether physical distance is one of the main reasons for a worker's choice of clinic. Regarding the option of workers being told to visit a particular clinic, each company has a different protocol for workers who fall ill and are unable to report for work. This will be discussed in the next section.

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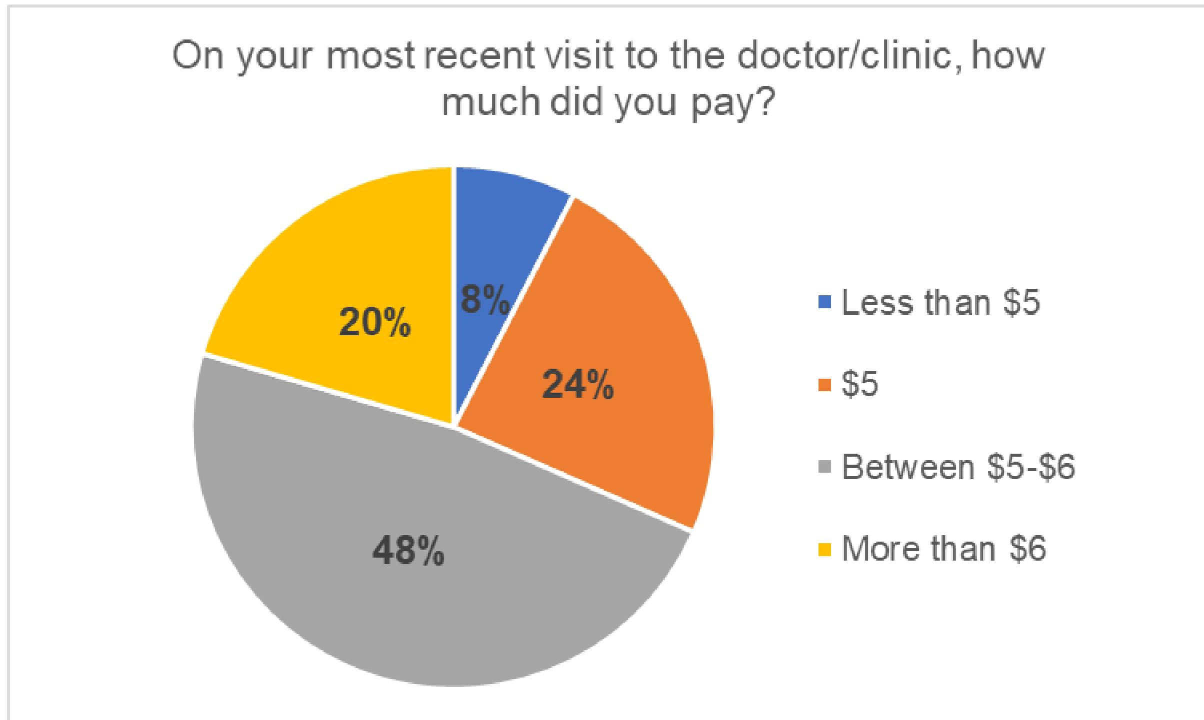
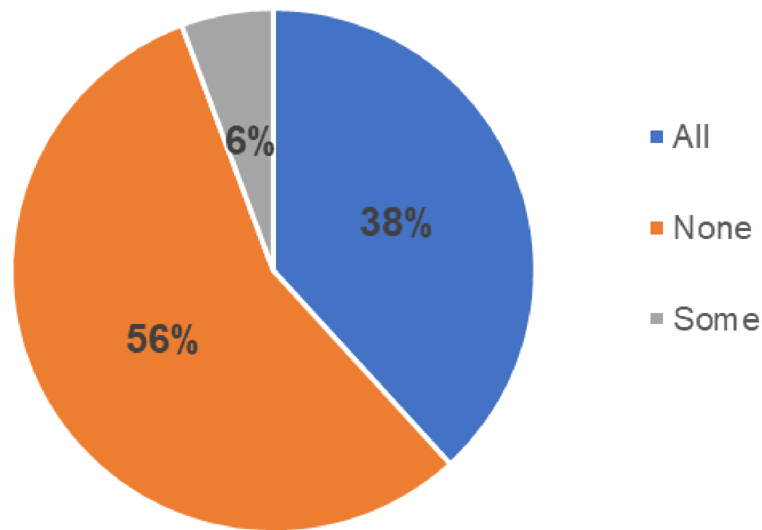
## Cost of visiting the doctor/clinic

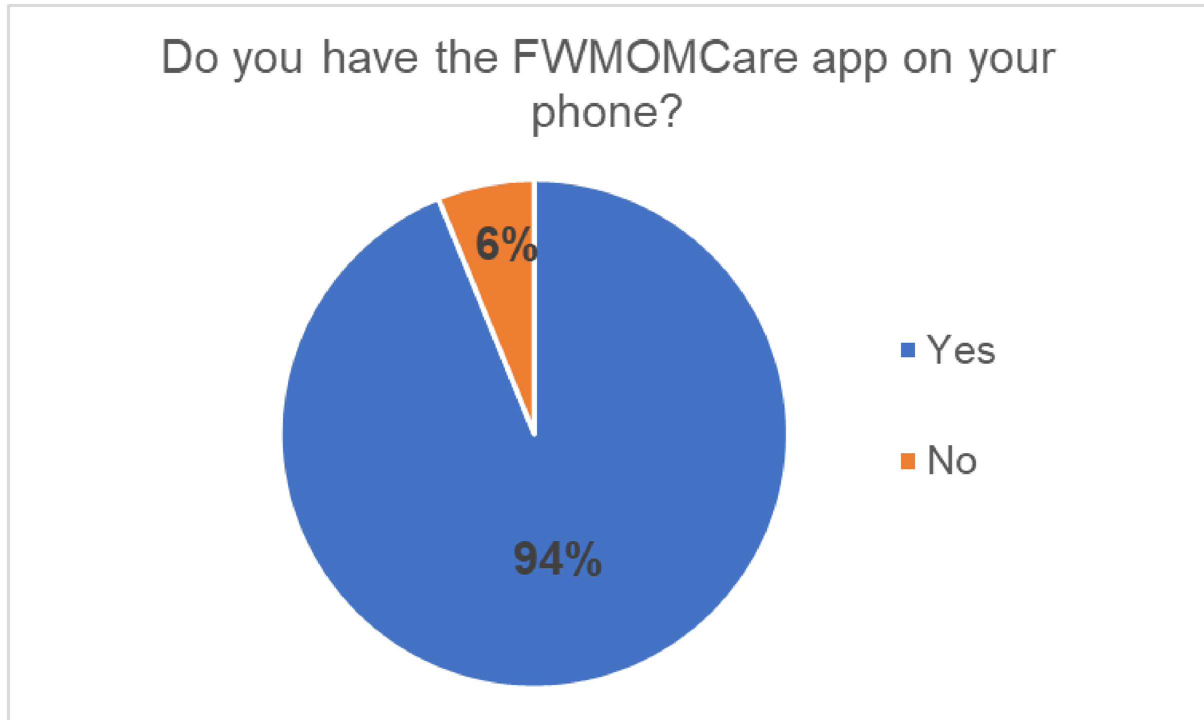



Only respondents who indicated that they have visited the doctor at least once in the last 12 months were included in the data analysis of this question. This question was asked to get a gauge of the proportion of workers on PCP. As many workers have never encountered the term 'Primary Care Plan' or 'PCP' before, this question was intentionally framed to ask about their most recent medical bill, which is PCP's most prominent feature. Those who are under PCP only have to make a co-payment of $5, or between $5-6. The option of between $5-$6 was included as a multiple-choice answer for this question as the stated PCP cost of $5 excludes GST. The majority of workers (72%) paid this figure on their last visit to the doctor/clinic, which means that they are likely under PCP.



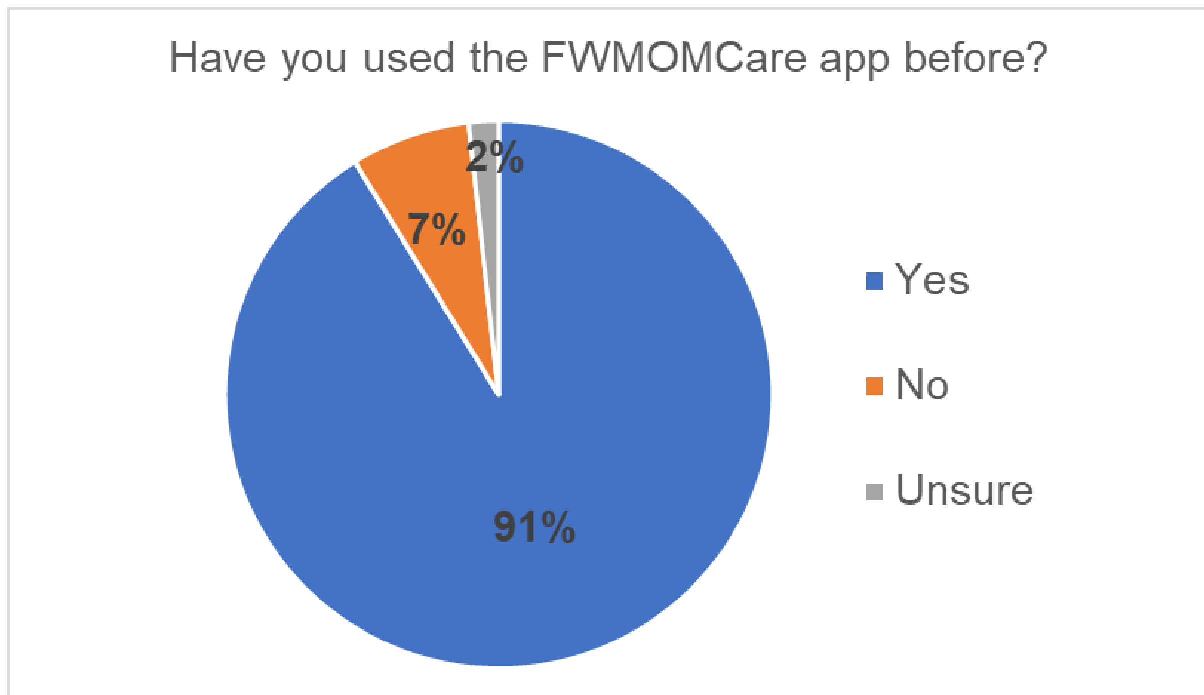

This data result is an extracted finding based on the original question of "How much of it did your boss pay you back". Only respondents who indicated that they have visited the doctor at least once in the last 12 months, and who paid $5, or between $5-$6, were included in the data analysis of this question. On whether employers reimbursed their workers under PCP, 56% of workers indicated that their bosses did not reimburse them, while 38% indicated that they were reimbursed fully. This is surprising as PCP states that workers must make a co-payment of $5 for each medical visit. However, it remains unclear on whether this amount must be reimbursed by employers. According to the Employment Act, an employer must pay for their worker's medical consultation fee if (1) it results in at least 1 day of paid sick leave and (2) it arises from a medical certificate provided by a medical practitioner from a company-appointed or public medical institution. The contradictory nature of these guidelines does not make it clear on whether employers are expected to reimburse the medical bills of their workers who are under PCP.

**Installation of the FWMOMCare app**

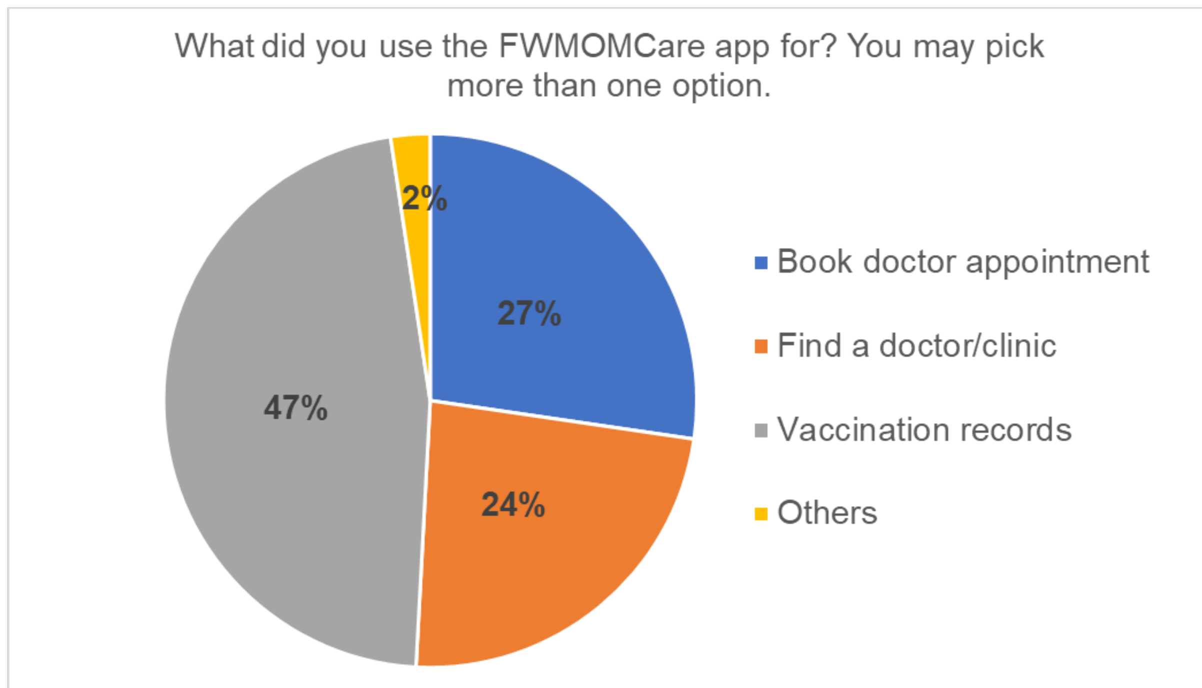



An overwhelming majority of workers have the FWMOMCare app on their phone. This is unsurprising as downloading the FWMOMCare app is part of a worker's onboarding when he arrives in Singapore on a work permit pass. Furthermore, the FWMOMCare app was also heavily deployed during the COVID-19 pandemic to track workers' health status.

## Use of FWMOMCare app




Similarly, a large majority of workers have used the app before. The question was asked to make a distinction between having and using the app, which is important in understanding whether workers still see the relevance of using the app.




This question was asked to find out the specific functions of the FWMOMCare app that workers use. One of the key functions of the app allows a worker to check his PCP status, as well as find a doctor/clinic under his AO and use telemedicine services. Once registered into the app, a worker can view the selected clinics that he can visit. We were a little surprised to find that the most common answer was to use the app for vaccination records. This will be discussed further in the next section.

## 5.2 Results from the focus group discussions

**Work before health: The 'tolerate approach'**

After presenting the survey findings on 'Have you been to a doctor/clinic in the last 12 months?', we asked workers who joined us for focus group discussion for their thoughts on the high proportion of workers who had visited a doctor in the last 12 months.

The general response gathered was that workers tend to be exposed to the elements frequently due to working in construction and hence fall ill with common conditions such as cough, cold, fever. Many also tend to get body aches due to the tough physical labour.

In round 1, workers talked about the 'tolerate approach' that some companies employ to urge workers to work even when feeling unwell. If a worker has a fever for example, and he is unable to get out of

bed because of aches and pains, he is allowed to abstain from work. However, if he is not literally bedridden from his illness, he has to go to work "if it's not so bad".

As one worker puts it: *“Company says as long as you can ‘tolerate’, you should go to work.”*

*“If I feel unfit for working, company will say don't go to doctor. Only if it's very serious (e.g. a very high temperature/fever) the company will say go to doctor.”*

## Different company, different protocol

For most of the workers, they were instructed on which clinic to visit when they fall ill and unable to report for work. For the majority, the clinic is near their place of residence. In almost all cases, workers have to inform their supervisor that they are ill. For some, their company will arrange transport for them to the clinic while others are expected to make their own way to the clinic. One worker shared that the clinic he goes to depends on where the lorry driver (as instructed by the boss) takes him.

## Workers’ worries when seeing the doctor

Survey results on ‘What do you worry about when you need to see a doctor?’ were presented to workers. Workers shared with us their worries about deductions from their salaries, sick leave wages not paid, and work permits not being renewed, in addition to concerns over a worsening physical condition.

One worker shared with us about his primary healthcare arrangements, which causes him to worry most about his medical costs. He is able to visit any clinic but has a $150 cap in medical expenses (non work-related illnesses) for the whole year. He told us that has gone to the clinic twice and used $100 of this amount. Hence, his main worry is about cost since he is likely to exceed the $150 cap on his next visit.

Workers also shared their fears of missing work when they fall ill. They said that many employers “don’t want to see MC”. The initials “MC” stand for “medical certificate” – a letter from a doctor certifying that the patient is unfit for work for a number of days. A worker commented that while some bosses are not like this, most are. Another worker spoke about how workers fear that seeing the doctor creates the perception that they are unable to work, leaving them in a precarious position of potentially losing their job while still paying back the loan they took to work in Singapore.

*"Some bosses want a machine not a man. They want the machine to keep performing."*

## The difficulties faced by workers when visiting the doctor

Many workers expressed that language is a problem, especially when it comes to expressing their own symptoms or condition clearly to the doctor. Others mentioned that some doctors use a mix of English and Bengali. For new workers who tend to have a weaker grasp of English, longer-term workers would help them with interpreting.

Some expressed frustration at the long waiting times to see the doctor.

*"There are very long waiting times at the Tuas View clinic because there are 5000 people living in the dormitory. Waiting time is one hour."*

## Not all work permit holders have been enrolled under PCP

Work permit and S pass holders who either stay in a dormitory or work in CMP must be enrolled under PCP. However, out of the 9 workers interviewed, all of whom meet the eligibility criteria for PCP, 2 of them were not under PCP.

One of the workers who did not know about the "$5 clinics'' and is not under PCP shared that per clinic visit, he is only reimbursed $20-25 no matter what the cost is. If the visit costs more than that, it is deducted from his salary. In the last 12 months, he has paid $60 for seeing the doctor. The worker assumes that the balance, after the $20-25 reimbursement, has already been deducted from his salary.

## General positive perception towards PCP

All workers have never heard of PCP, but most know of the existence of $5 PCP clinics and agree that $5 is reasonable for workers to pay out of their pocket.

The key information they have about PCP is that they can visit a certain clinic and pay $5, inclusive of the cost of medication. In fact, the majority of workers have visited their selected PCP clinics at least once in the last 12 months. Most shared that before the existence of these "$5 clinics'', a visit to the doctor for common conditions could cost them anywhere between $30 - $60. Most expressed their view that $5 is much more affordable for them.

One worker, however, voiced his frustration at having to pay $5 now. This was because previously, his company gave him a medical card which allowed him to visit any clinic at Jurong Point free-of-charge.

When the worker went back to Bangladesh in late 2022 and returned to Singapore this year to work, the medical card was not returned to him.

## Knowledge about "$5 clinics" is passed down from worker to worker

Information about the existence of "$5 clinics" and their locations are passed down from worker to worker, friend to friend.

*"The company did not tell me I had to pay five dollars. My friend and other friend went before me and they told me"*

*"Before I go to the clinic, I call my friend who went before and ask where to go, how much money I need, and with that information I go. How to go if you don't know that place."*

## High installation rate of FWMOMCare app

Majority of workers have the FWMOMCare app on their phone, except for 2-3 workers who had previously installed the app but deleted it. One of these workers told us that workers were required to have it when COVID was more prevalent, but he has since deleted it because he does not use it anymore.

During COVID, MOM would come to workers' dormitories to show them how to use the app to scan QR codes. Workers had to scan these codes whenever they left for work and returned back to their dormitories. Workers told us that they no longer needed to scan this year.

## The diminishing usage and perceived relevance of FWMOMCare app

Focus group participants shared with us that they previously used the app to video call doctors, access vaccination records and register their temperature during the pandemic. Many workers relied on the app for teleconsultation as they could not leave their dormitory to see a doctor. The best way was to contact the doctor through the app, after which medicine would be sent to their dormitory. In addition, workers were required to register their temperature twice daily on the app; this continued until around the end of 2022. Whenever workers went for their second vaccination dose or subsequent boosters, they would use the app to present their previous vaccination records.

The mandatory download of the app during COVID-19 explains the high proportion of workers who have used the app before. For those workers who are under PCP, they find the app useful to find clinics.

However, it appears that some workers no longer see the relevance of the app. In fact, several workers have stopped using the app completely. It seems that these workers are either the ones who did not know they are on PCP, or who are not under PCP.

## Workers' fear of work permit not being renewed

When asked 'Do you think migrant workers are afraid of their work permit getting cancelled if they fall sick with fever/cough/flu etc?', workers generally agree that this fear exists. While the majority of workers agreed that PCP makes them more willing to see the doctor when they fall ill, many shared how there is a common fear of a worker's permit not being renewed due to taking too much MC. When the topic of permit renewal comes up, the company tends to check how much MC a worker has taken.

A worker in round 2 said that if someone takes too many MCs in sequence in a month, then the company will perceive the worker as "bad worker".

Another worker chimed in: *"If someone in one year takes many MCs (10-12 times), then the company may not renew their work permit. The company won't cancel the work permit, but won't renew it".*

## MC wages are not still paid

Some workers still do not receive their MC wages for the days that they are on MC for. Even if workers present their MC, they still may not be paid MC wages. This is because some companies operate on a policy of only paying workers if they work, which is against the Employment Act.

*"Company say, if you work you get money. If you don't work no money."*

Several workers even told us that certain companies deduct their salary as a penalty if workers do not hand up an MC. Workers cannot self-diagnose and take a day of rest without an MC. A worker shared with us about his company's salary deduction policy.

*"If I work 25 days in a month, and I take [a day off to recover] on the 25th day, then the company doesn't give me basic money, and they [may] cut 60 dollars from my salary"*

*"If you don't have the MC paper, then they cut from my salary. If you give [the company office] MC paper, then they don't cut".*

The bottom line is, MC wages are not given to workers in his company as long as they do not show up

for work, regardless of whether they have obtained an MC or not. But if they do not show their MC, they are subjected to a penalty of $60 deducted from their salary. This worker also shared with us that the penalty deduction appears in their payslip, but they are not allowed to take a picture of it and they do not get to retain a copy. If they try to photograph the payslip, they will get yelled at. The worker believes that this is his company's "secret" policy. Nobody from the company ever told workers that if they do not have an MC, a penalty will be deducted from their pay. Workers find out from experience, and from friends.

# 6. Findings

The online survey and focus group discussions reveal that while the majority of Bangladeshi work permit holders are under PCP, migrant workers still face barriers in accessing primary healthcare. While there is a generally positive perception of PCP due to the low cost of $5 per medical visit, the reality is that workers may incur costs that far exceed the $5 co-payment when they visit a doctor or clinic, namely the loss of basic salary for MC days, the fear that they will be viewed as a "bad worker", and the loss of livelihood should their work permits not be renewed.

### A good sign that many are on PCP, but more can be done

It is heartening to know that many migrant workers who did our online survey and attended the focus group discussions are under PCP, and that many have installed the FWMOMCare app. However, what about those who are not under PCP? From the pie chart on page 10, we estimate that perhaps 20 – 28 percent are not enrolled. How much are they paying for primary healthcare? According to MOM, all eligible migrant workers must be enrolled under PCP by 31 March 2023 even if their work passes are due for renewal after 31 March.

Enhancing the quality of healthcare among workers is more than just a matter of providing healthcare services. It is important to ensure that workers know how to engage and obtain these services, eliminating the existing barriers to prevent them from seeking the medical care they need. This will be further discussed in the following sections.

### More than just the $5: The opportunity costs incurred by workers

Let us first address the various costs involved for a worker under PCP. The direct cost of seeing a doctor is $5, or a figure between $5-$6 (i.e. including GST), which workers generally feel is a reasonable amount. In addition to this direct cost, a worker also incurs opportunity costs related to the loss of salary. Opportunity cost refers to the loss of potential benefits from alternative options when one option is chosen. We heard from focus group participants that certain companies do not pay workers

basic salary or MC wages once they miss work, regardless of whether an MC is produced. Worse still, there are some companies who unfairly deduct their workers' salary if they fail to produce an MC, though it should be stressed that not all companies are like this.

Furthermore, there is a risk of not getting one's work permit renewed if one takes sick leave too frequently. 'Frequently' remains hard to quantify as workers shared that different companies have different policies. In some companies, two or three MCs in a month is considered 'frequent', focus group participants said, but in other companies, 10 - 12 times a year. For workers with chronic conditions such as diabetes and high blood pressure, this can disincentivise them from visiting the doctor for regular check-ups.

According to MOM, work permit holders are eligible for paid sick leave. For a worker on outpatient leave, his employer is mandated to pay him according to his gross rate of pay, excluding any shift allowance. It is against the law for companies to not pay their workers MC wages or to deduct workers' salaries for not producing an MC. It is concerning that companies that flout these regulations are operating without any imposed penalties.

## Unequal power dynamics between employers and workers

The unequal power dynamics between an employer and a worker affects the willingness of workers to visit the doctor when they fall ill, even with the existence of PCP. This is important as a worker's willingness to see the doctor can affect timely access to medical care, which is especially crucial for chronic conditions. Primary healthcare addresses most of a person's health needs throughout their lifetime and is considered essential. Considering how migrant workers tend to be exposed to the weather elements and are thus more vulnerable to falling sick, it is crucial that workers are able to see a doctor and get enough rest to recover without worrying about not receiving their salary or getting their work permit cancelled. However, the power leverage that an employer has over his workers tends to leave employees subject to the whims and fancies of their employer. If a worker is discouraged from visiting the doctor in the first place, even with a policy like PCP, workers will not be benefiting from it.

Workers' personal experiences were shared with us during the focus group discussions, some of whom told us that the 'tolerate approach' is the norm in their company. Some companies actively discourage their workers from visiting the doctor unless deemed very serious. Rather, tolerance is highly encouraged. Encouraging tolerance to medical symptoms only seeks to perpetuate the notion that workers' lives are not important, allowing employers to instil fear and assert dominance over their workers.

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## Quality of care provided: Is it adequate?

The quality of care provided is concerned about the adequacy of care in assessing a worker's health, treatment, as well as the interpersonal quality of service provided by doctors/clinics. As PCP seeks to provide integrated, accessible, and affordable healthcare services that are culturally attuned to the needs of workers, it is important to assess whether this is truly the reality on the ground. A few workers shared that language remains a big problem for them. Often, they are unsure if they have expressed their own symptoms and conditions clearly enough. Others shared that language is usually a problem for new workers, but also added that fellow workers who have a higher English proficiency would help them out at the clinic. Some workers mentioned that certain doctors use a mix of Bengali and English when giving healthcare instructions to workers.

According to the AOs under PCP, healthcare staff who speak the native language of migrant workers, alongside technology-enabled multilingual translation capabilities have been deployed to ease any language barriers. This is a good step forward, especially considering the language and cultural nuances often lost in conversation. The mixed responses regarding the language barrier among interviewed workers could perhaps be an indication that the deployment of such healthcare staff is not widespread or sufficient at the moment.

Another obstacle faced by workers is usually the long waiting times to see the doctor. This is especially so for clinics within dormitories, where a few thousands of workers are being housed. It would be worthwhile for MOM to review whether PCP clinics, especially those located in dormitories, are equipped to deal with the flow and the high number of workers.

## Broken telephone: A lapse in PCP information dissemination

As a relatively new healthcare plan, little research has been done on PCP to examine whether workers know that the scheme exists and how they access PCP services. Workers first need to know that PCP services exist before making a decision to visit a PCP clinic. Information dissemination and outreach efforts are crucial in enhancing PCP's approachability. From our focus group findings, it appears that information dissemination about PCP is largely unstructured and casual, passed from worker to worker, friend to friend. This includes information about which clinic to visit, how much money is needed and the location of the clinic.

While MOM's efforts to streamline PCP services and information on the FWMOMCare app, among its many other functions including language personalisation, is commendable, the ground reality is that there is a diminishing perceived relevance of the app. It seems that this lack of cognizance stems from workers' low awareness of the FWMOMCare app's functions specific to PCP, and how using it can be beneficial for them.

Within the Bangladeshi migrant worker circle, workers shared with us that most of them obtain news, including healthcare updates, from a Facebook page run by Omar Faruque Shipon. Shipon, a fellow Bangladeshi migrant worker, translates important information from MOM and MOH into Bengali and operates a help hotline. During the focus group discussions, it was clear that Shipon's Facebook page is a well-known source of information for many Bangladeshi migrant workers in Singapore. The horizontal communication between migrant workers with regards to the facilitation and sharing of information seems to be rather strong, but more needs to be done in enhancing the vertical communication between MOM and workers, to ensure accuracy and timeliness, if nothing else. Seeing how the perceived relevance of the app has reduced post-COVID, it is critical for efforts to be focused on raising awareness of PCP and how workers can use the app to engage PCP services.

## 7. Limitations and Conclusion

This research study contains key limitations that need to be addressed. Firstly, the research method of conducting focus group discussions (FGD) has its shortcomings.

Having a Bengali interpreter present during FGD was ideal in order to capture the nuances of workers' responses as best as possible, while ensuring that workers can understand the discussion questions and online survey results. Due to manpower constraints, a Bengali interpreter was present for the first round of discussions, but not for the second round. To mitigate against any gaps in understanding of discussion questions, all discussion questions were translated into Bengali. In addition, each discussion session was recorded, with permission from the workers. Another key shortcoming of the FGD pertains to the nature of group discussions. Workers may be constrained in expressing their true opinions due to the fear of being judged or the tendency of groupthink. As such, at the start of each FGD, the facilitator made it a point to assure workers that their responses will be kept confidential and that if they feel uncomfortable at any given moment, they can let the facilitator know.

Secondly, the scope and nature of this research has several limitations. As the profile of respondents are all Bangladeshi work permit holders who either stay in a dormitory or work in the CMP sector, this research study's findings are not generalisable to the whole migrant worker population in Singapore. Future research can explore how other migrant worker communities perceive PCP, for instance, by studying other nationalities and pass holders (specifically, S-pass holders). Health literacy among migrant workers and how it affects their access to primary healthcare can also be examined in future studies.

In conclusion, this research study has examined how Bangladeshi work permit holders perceive and use PCP. We hope to also have identified certain barriers that migrant workers still face in accessing

primary healthcare in Singapore. Despite the existence of PCP, the enduring fear of one's work permit not getting renewed and the reality of MC wages not being paid still persists. The perceived affordability of PCP is just one side of the story. The underlying and hidden costs or risks incurred by migrant workers when seeking healthcare need to be addressed.

# 8. Acknowledgements

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# 9. Appendices

## Appendix A: Online survey questions

- English version
- Bengali version

## Appendix B: Online survey excel data

- Raw dataset
- Cleaned dataset (with justification for datapoint removal)

## Appendix C: FGD questions

| | |
|---|---|
| **1.** | When did you first come to Singapore? |
| **2. Present to them findings on percentage of workers who been to doctor/clinic in the last 12 months** | |
| **2a.** | Do you think this number is high or low? |

TWC2
transient workers count too

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| **2b.** | Why do you think so many workers have visited a doctor in the last 12 months? |
| **2c.** | Once you start feeling sick, how long do you usually wait before going to the doctor? |
| **2d.** | How often do you see a doctor? |
| **3. Present to them findings on why workers visit a particular clinic** | |
| **3a.** | Who do you think told them to visit a particular clinic? |
| **3b.** | From what you know, are clinics usually near dorms? |
| **4. Present to them findings on what workers worry about when they need to see doctor** | |
| **4a.** | Why do you think more migrant workers chose "I worry about my worsening condition" compared to the other options? |
| **4b.** | Why do you think migrant workers are worried about the medical cost? |
| **4c.** | What do you think are the "other kinds of worry" migrant workers have when they need to see the doctor? |
| **5.** | What are you told to do, ie. Who do you inform when you feel ill and need to see a doctor? |
| **6.** | When was the last time you saw a doctor? |
| **6a.** | How long was the wait time at the doctor/clinic? |
| **6b.** | How long was the consultation with the doctor? |
| **7.** | What difficulties do you think migrant workers face when visiting the doctor/clinic? Eg. trouble understanding the doctor, unsure about medication, long travelling distance etc. |
| **8.** | Did your medical fees include medication? |
| **9.** | Before going to the doctor, did you know that you would have to pay that amount? |
| **10. Present findings on how much workers pay for doctors visit** | |
| **10a.** | What do you think about paying $5-6? Do you think it is high or low? |
| **10b.** | Do you think migrant workers are able to pay this amount on their own? |

| 10c. | (For those who know to pay $5) Besides knowing that you have to pay $5, what else were you told? |
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| 10d. | (For those who started working before 2022) Is this more or less than what you had to pay before 2022? |
| **11. Present findings on how much bosses pay their workers for the medical fees** | |
| 11a. | Are you surprised that some bosses pay the full amount back? Why? |
| **12. Present findings on migrant workers who have the FWMOMCare app** | |
| 12a. | Why do you think so many workers have the app? |
| 12b. | Who asked you to download the app? |
| **13. Present findings on migrant workers who used the FWMOMCare app** | |
| 13a. | Are you surprised many migrant workers have used the app before? |
| **14. Present findings on what migrant workers used the FWMOMCare app for** | |
| 14a. | Why do you think so many used it for vaccination records? Is this still needed today? |
| 15. | For those that have used the app before, do you think the app is useful for booking doctor appointments and finding a doctor/clinic? |
| 16. | Are there any other apps that you use for your healthcare needs? What do you use it for? |
| 17. | Have you ever heard of Primary Care Plan (PCP)? |
| 18. | Do you know that you can only visit these selected clinics when you fall sick? |
| 19. | Do you think migrant workers are afraid of losing their current job if they fall sick with fever/cough/flu etc? |
| 20. | Do you think migrant workers are afraid of their work permit getting cancelled or not getting renewed if they fall sick with fever/cough/flu etc? |
| 21. | Do you think migrant workers are afraid of not getting paid basic salary if they fall sick with fever/cough/flu etc? |

| | |
|---|---|
| **22.** | Do you think migrant workers are afraid of being sent home if they fall sick with fever/cough/flu etc? |
| **23.** | Do you think PCP makes your friends in the same dorm/company more willing to visit the doctor/clinic? |
| **24.** | (For longer-term workers) Do you think PCP makes it easier for you to see a doctor, or is there no change? |
| **25.** | Do you think a worker's position in the company (eg. worker vs driver) affects how easy it is for them to see a doctor? |
| **26.** | Do you think the number of years a worker has worked in the company affects how easy it is for them to see a doctor? |
| **27.** | Have you or your friends in the dorm/company ever went back to work before your MC ended because of your boss? |
| **28.** | Once you show your boss MC, does he still pay you basic salary for the days you were on MC for? |
| **29.** | Do you know of anyone in your dorm/company that has ever gotten an MC via video call? Did the boss accept their MC? |
| **30.** | Has your pay ever been given late because you took MC? |
| **31.** | Has your pay ever been cut from you or your friend because you took MC? |
| **32.** | Were you provided with makan while on MC? |

Appendix D: Breakdown of PCP across each zone

| **Zones & first 2 digits of postal code** | **Anchor Operator & PCP Price (per migrant worker per year)** | **Medical Centre for Migrant Workers (MCMWs)** | **On-site Medical Centres (OMCs)** | **Location of designated clinics islandwide** |
|---|---|---|---|---|
| Zone A<br><br>01-10, 15-25, 28-37, 40-41, 57 | StarMed<br><br>$138 | StarMed Specialist Centre @ Farrer Park<br><br>*12 Farrer Park Station Road, S(217565)* | Stamford Medical Group Pte Ltd [No Medical Examinations]<br><br>*681 Race Course Road #01-303, S(210681)* | NA |
| Zone B<br><br>38-39, 42-55, 81-82 | SATA CommHealth<br><br>$108 | Interim location: SATA CommHealth Building<br><br>*351 Chai Chee Street, S(468982), till further notice* | SATA Tampines Medical Centre [No Medical Examinations]<br><br>*5 Tampines Central 6, #01-01A Telepark Building, S(529482)* | SATA Potong Pasir Medical Centre [No Medical Examinations]<br><br>*1 Siang Kuang Avenue, S(347919) (located in Zone A)*<br><br>SATA Jurong Medical Centre [No Medical Examinations]<br><br>*135 Jurong Gateway Road, #04-345, S(600135) (located in Zone F)* |
| Zone C<br><br>56, 74-80, 83 | SATA CommHealth<br><br>$136 | Woodlands Recreation Centre<br><br>*200 Woodlands Industrial Park E7, S(757177)* | PPT Lodge 1B [Only for Dorm Residents]<br><br>*2 Seletar North Link, S(797601)*<br><br>SATA Ang Mo Kio Medical Centre [No Medical Examinations] | SATA Potong Pasir Medical Centre [No Medical Examinations]<br><br>*1 Siang Kuang Avenue, S(347919) (located in Zone A)*<br><br>SATA Jurong Medical Centre [No Medical Examinations] |

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|---|---|---|---|---|
| | | | *715 Ang Mo Kio Avenue 6, #01-4008/4010, S(560715)* | *135 Jurong Gateway Road, #04-345, S(600135) (located in Zone F)* |
| Zone D<br><br>69-73 | SATA CommHealth<br><br>$119 | Kranji Recreation Centre<br><br>*11 Kranji Close, S(737673)* | Sungei Tengah Lodge [Only for Dorm Residents]<br><br>*500 Old Chua Chu Kang Road, S(698924)*<br><br>SATA Woodlands Medical Centre [No Medical Examinations]<br><br>*900 South Woodlands Drive, #04-01 Woodlands Civic Centre, S(730900)* | SATA Potong Pasir Medical Centre [No Medical Examinations]<br><br>*1 Siang Kuang Avenue, S(347919) (located in Zone A)*<br><br>SATA Jurong Medical Centre [No Medical Examinations]<br><br>*135 Jurong Gateway Road, #04-345, S(600135) (located in Zone F)* |
| Zone E<br><br>62, 63 | Fullerton<br><br>$138 | Medical Centre @ 47 Gul Circle<br><br>*47 Gul Circle S(629580)* | CDPL Tuas Dormitory [Only for Dorm Residents]<br><br>*6 Tuas South Street 15, S(636906)*<br><br>Tuas View Dormitory [Only for Dorm Residents] [No Medical Examinations]<br><br>*70 Tuas South Avenue 1, S(637285)* | Fullerton Health @ 78 Shenton Way [No Medical Examinations]<br><br>*78 Shenton Way, #04-01, S(079120) (located in Zone A)*<br><br>Fullerton Health @ Changi City Point [No Medical Examinations]<br><br>*5 Changi Business Park Central 1, B1- 14/15, Changi City, S(486038) (located in Zone B)* |

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|---|---|---|---|---|
| | | | | Fullerton Health @ Jurong Point [No Medical Examinations]<br><br>*1 Jurong West Central 2, #B1-A19B, Jurong Point, S(648886) (located in Zone F)* |
| Zone F<br><br>11-14, 26-27, 58-61, 64-68 | St Andrew's Mission Hospital (SAMH)<br><br>$108 | Penjuru Recreation Centre<br><br>*27 Penjuru Walk, S(608538)* | AcuMed (Boon Lay) [No Medical Examinations]<br><br>*301 Boon Lay Way #01-18/1, Boon Lay MRT, S(649846)*<br><br>AcuMed (Taman Jurong) [No Medical Examinations]<br><br>*64 Yung Kuang Road #01-107/111, S(610064)* | NA |