

# Landscape Study of Local Food Support

Hunger Report Part III



Evidence-based insights on providers, partnerships and gaps



Informing  
Resource Allocation



Catalysing  
Innovation



Empowering  
Communities



# HUNGER REPORT III:

## LANDSCAPE STUDY OF LOCAL FOOD SUPPORT

Commissioned by

**The Food Bank Singapore**

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## ABOUT THIS REPORT

This landscape study maps the local food support sector, focusing on community-targeted food support delivered by non-profit organisations and ground-up community groups.

The current report takes a system perspective on the “what”, “how” and “to whom” the services were offered, developing profiles of available support and the operating models behind them. The study also surfaces providers’ key challenges, documents existing forms of collaboration and identifies gaps in the ecosystem.

By bringing these evidence-based insights together, this study aims to inform practice and policy, share tried-and-tested approaches to spark innovation and raise public awareness to strengthen community contributions towards a more equitable, resilient food ecosystem.

## ACKNOWLEDGEMENTS

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The authors used ChatGPT-5.2 to suggest edits for grammar and clarity. All final text was reviewed and approved by the authors, who remain fully accountable for the report’s claims, supporting evidence and analysis.

## ABOUT THE FOOD BANK SINGAPORE

Established in 2012, The Food Bank Singapore is the nation's only accredited member of The Global Food Banking Network (GFN), an organisation which supports food banks in more than 50 countries. An IPC-registered charity, we collect surplus food from manufacturers, distributors, retailers, restaurants, and consumers, and channel them to vulnerable communities through our network of beneficiary partners. We also procure food as needed to meet the food support requirements of our beneficiary partners. Beyond providing vital food support to improve food security, we champion food sustainability through advocacy, reducing food waste, and driving education programmes that inspire action to reduce food waste and build a more sustainable future.

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# EXECUTIVE SUMMARY

This report presents a landscape study of the local food support sector, outlining how a tightly woven yet informal network of stakeholders worked to improve food security. Drawing on desktop research, an online survey and in-depth interviews with providers, the study mapped prevalent delivery models, described broad operating patterns, and surfaced key challenges and areas for reflection to strengthen future practice and coordination.

Many of the 52 providers surveyed were operating at small scale and relied primarily on private funding. Both our desktop research and survey indicate that dry rations were the most commonly distributed items. The primary recipient groups were low-income families and seniors, with distribution most often facilitated through self-collection, followed by home deliveries. Providers typically distributed food monthly, with weekly distribution being the next most common frequency. Across the survey, the most cited operational constraints were storage capacity, transport logistics, and funding stability. Almost seven in 10 providers partnered with other entities.

In-depth interviews of 26 providers revealed that distinctive operating models emerged from each provider's goals and capacities. Providers' priorities and values shaped what food support was provided (dry rations, fresh produce, cooked meals and vouchers); how it was distributed (self-collection, home delivery, communal dining and digital means); and who were being targeted. Resource availability, on the other hand, constrained the scale and frequency of operations. Motivations varied: some initiatives focused on mitigating food insecurity directly, while others prioritised reducing food wastage, fostering volunteerism, strengthening community bonds or bringing festive joy. Food support also acted as a practical conduit to reach individuals who needed help in other areas but might not know what exists or how to access it. The study also notes that not everyone who used food support was necessarily food insecure: some participants sought temporary cost relief amid inflation, while others engaged to support sustainability goals by reducing food wastage. Several providers explicitly integrated food rescue with food support, demonstrating how social and environmental objectives could be aligned.

The sector's strengths included diverse referral pathways, extensive reach, strong volunteer teams, localised recipient knowledge and intricate partnership networks. These partnerships enabled rapid mobilisation and immediate, tangible relief, while also catalysing broader social and health benefits. Overall, the sector was mission-driven and highly adaptive. However, the landscape remained fragmented and under-coordinated, with information gaps possibly contributing to uneven distribution across neighbourhoods.

## EXECUTIVE SUMMARY

The current configuration of the sector limited its ability to comprehensively reduce food insecurity. Except for providers offering daily meal deliveries, most models were constrained by scope, accessibility and/or nutritional value. While framing programmes around hunger could make fundraising easier, ad hoc or infrequent distributions were not a robust solution for hunger mitigation; they more often helped to offset cost-of-living pressures. If addressing food insecurity is the primary objective, programmes must better match quantities and nutritional adequacy to specific groups, while recognising differing needs and cultural preferences.

Key areas for reflection include: the lack of consensus on what constitutes “healthy-enough” dry rations; risks of unanticipated outcomes from irregular distributions; the growing popularity of community shops whose limited operating hours constrained impact; rising demand alongside escalating costs; concerns over succession planning and long-term sustainability; balancing sustainability objectives with space for ground-up initiatives to take root; gaps in information exacerbating fragmentation; referral pathways that cast a wide net but might not consistently prioritise those with greatest need; absence of outcome indicators; and complexity introduced by dense partnership networks and the need for sector-level metrics. Together, these findings point to the need for clearer standards, better shared information, and stronger coordination mechanisms across the ecosystem.

This study surfaced concerns and barriers faced by providers, but it is beyond the scope of this report to prescribe comprehensive solutions. In the spirit of focusing on hunger alleviation, we offer suggestions to catalyse discussion in the following areas:

- *Better targeting of food-insecure households*
- *Enhancing food supply through food rescue*
- *Improving cost-effectiveness of distribution*
- *Piloting new operational model and partnerships at the town or district level*
- *Policy levers to strengthen targeted support*
- *Ways in which corporates and public can contribute (better)*

Finally, the study’s mixed-method approach is limited to provider perspectives and self-reported accounts, and the sector’s diversity constrains generalisability. Findings should therefore be interpreted as indicative rather than definitive.

# 1. BACKGROUND

**Food is far more than a means of subsistence**; it is fundamental to health and well-being and a powerful social, cultural and symbolic force. It anchors identity, fosters belonging and strengthens community bonds. In Singapore, its social role is especially prominent: “good” food is readily accessible within walking distance of most homes and is a frequent topic in the news, on social media and in everyday conversations among friends and colleagues.

Yet not everyone can consistently access adequate and nutritious food. When such access is constrained for weeks or months, a household may be considered food insecure. Anderson (1990, as cited in Nagpaul et al., 2020) defines food insecurity as the state in which the availability of safe, nutritionally adequate foods or the ability to acquire such foods in socially acceptable ways is limited or uncertain. **The consequences of food insecurity can be serious across the life course**: food insecurity is associated with higher risks of birth defects (Carmichael et al., 2007), physical, socio-emotional, cognitive and behavioural issues in childhood (Casey & Winsler, 2025; Chen & Yeung, 2024), chronic diseases in adulthood (Seligman et al., 2010), poorer mental health (Tevie & Shaya, 2018), and an overall reduction in quality of life (Bhandari et al., 2023).

Several studies have examined the prevalence and lived realities of food insecurity in Singapore (e.g., Tan, et al., 2017). Using a nationally representative sample of 1,194 households, Nagpaul et al. (2020) found 6.9% were moderately food insecure and 3.5% were severely food insecure. More recently, the Food and Agriculture Organization of the United Nations (FAO et al., 2025) estimated that 9.5% of Singapore’s population experienced moderate or severe food

insecurity over 2022–2024. **The drivers of food insecurity are diverse** and can be financial (e.g., mortgage or rental pressures, job loss, large, unexpected bills) or non-monetary (e.g., health concerns, family breakdown, time constraints, social isolation) (Nagpaul et al., 2020; Glendinning et al., 2018).

**Earlier reports have highlighted that food-insecure households often encountered patchy, ad hoc, and uneven support** (e.g., Chok, 2021). In response, scholars and practitioners have proposed a range of improvements. Sidhu et al. (2022) advocated granting recipients’ greater autonomy and strengthening partnerships across the food support ecosystem. Glendinning et al. (2018) recommended more careful assessment and matching of food to specific target groups, prioritising fresh and nutritious options and adopting community-based approaches such as shared dining to foster social connection. Notably, the latter study — now eight years old — remains one of the rare ones to incorporate extensive interviews with food support providers, underscoring the need for updated, system-wide perspectives on current models and challenges.

Internationally, food support programmes have become the primary means of addressing household food insecurity across many high-income settings, including Australia, Canada, the United States and the United Kingdom (Willatt et al., 2021). This is reflected in the growth of food banks, soup kitchens, community shops and food bundle distribution services, interventions typically designed for short-term relief (Bazerghi et al., 2016). Against this backdrop, **understanding Singapore’s food support services is crucial** to ensuring that food-insecure households can be better supported.

## 2. THE CURRENT STUDY

Building on the context above, this study undertakes a **comprehensive mapping of the local food support landscape**, specifically community-targeted food support services operated by non-profit organisations and ground-up community groups. By examining the “what,” “how,” and “to whom” of food aid distribution, it develops clear profiles of the available services, surfaces the operating models that underpin them, and assesses their reach and coverage. The research will also identify key challenges faced by providers, the gaps in the food support sector, and document the forms, enablers and barriers of collaboration across the ecosystem.

The study’s goals are three-fold. First, it aims to generate evidence to **inform practice and policy**, clarifying where resources are most needed and how

partnerships can be strengthened. Second, by **sharing “tried-and-tested” practices** embedded in different operating approaches, the study intends to catalyse innovation, reduce inefficiency and encourage synergy among stakeholders. Third, it seeks to **raise public awareness** of the demands and needs of food support initiatives, empowering communities and organisations to make more informed contributions to the sector.

While comprehensive poverty alleviation extends beyond the scope of this project, a focused, **system-level understanding of current food support efforts is a critical step towards a more equitable, resilient and sustainable food ecosystem**, one that reliably delivers nutritious, culturally appropriate food to those most at risk of insecurity.

### Landscape Study of Local Food Support

#### Scope of Mapping



Comprehensive Landscape Mapping



Operational Analysis



Identifying Barriers and Gaps

#### The Threefold Mission



Informing Resource Allocation



Catalysing Innovation



Empowering Communities

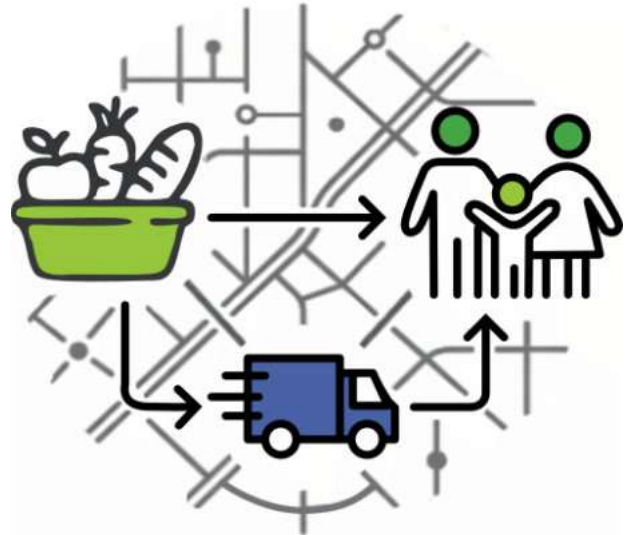
### 3. DESKTOP RESEARCH

Before commencing the empirical study, **we conducted desktop research on local food support sector** from February to July 2025, drawing on publicly available information obtained through online searches and reviews of existing databases. This scoping exercise **informed our research design and recruitment efforts and provided an overview of the types of public information available** about food support services in Singapore.

One aim of our desktop research was to estimate the number of available local food support services and the organisations/entities that offer them. We began by reviewing public food support listings such as the Ministry of Social and Family Development's FoodConnect Directory, the Food Bank Singapore's Feeding Directory,<sup>1</sup> and the SGSocialSupport platform. To find food services not captured in these directories, we conducted supplementary online searches using keywords such as "food support", "food distribution" and "food assistance". In total, we identified 173 food support services offered by 147 unique organisations or independent entities. During recruitment, we contacted them via their listed email addresses and/or hotlines and found that seven organisations/entities were no longer operational. Through word-of-mouth referrals, we were also connected to a further six active food providers with no online presence. Taken together, **our desktop research identified 146 unique organisations/entities that reportedly offered food support services**. However, we were unable to confirm that every of these organisations/entities or their services were operationally active.

The nature and extent of publicly available information on the food services varied across providers, ranging from **brief website mentions to more detailed descriptions** in organisations' annual reports. As such, figures drawn from our desktop research (see Figure 1 below) may not capture the full food support sector; nevertheless, they provide an overview of the sector and the information available to beneficiaries.

**The most common types of information available were the types of food distributed, targeted recipients, frequencies and modes of distribution** (see number of services in parentheses in Figure 1). Two providers indicated that they distributed food not directly to beneficiaries but to fellow food support providers that they partnered.



<sup>1</sup>The FoodConnect Directory (<https://foodconnect.gov.sg/directory/>) and the Feeding Directory ([https://findfoodsupport.sg/home/search\\_page](https://findfoodsupport.sg/home/search_page)) are consolidated charity food directories, where social service agencies and individuals can find suitable food support based on location and dietary needs.

3. DESKTOP RESEARCH

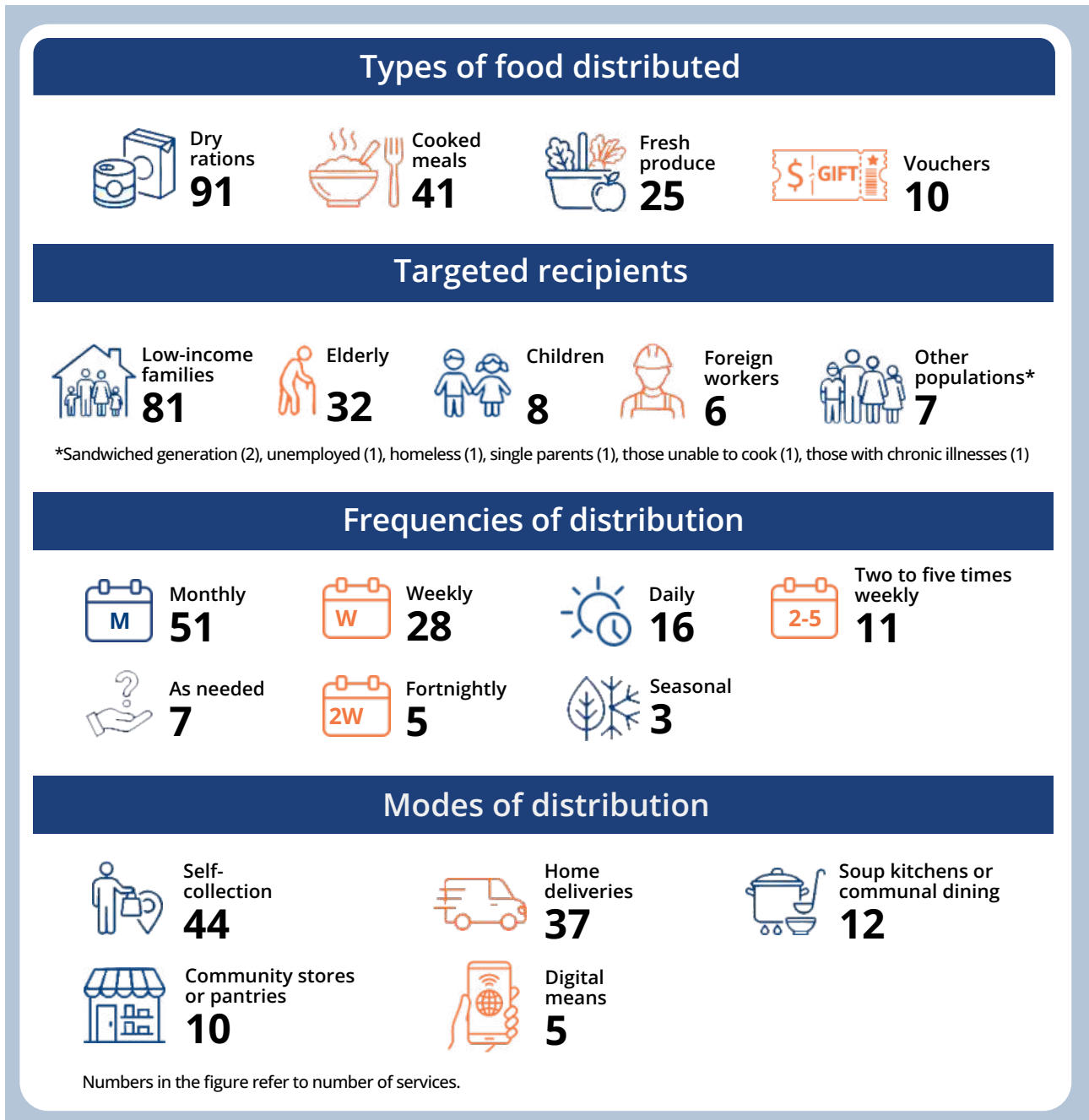


Figure 1. Desktop research findings

## 4. METHODOLOGY

We adopted an explanatory sequential mixed-methods design for the empirical study to build a comprehensive perspective on our local food support landscape: an online survey was conducted first, and its findings informed the sampling of respondents and guided the interviews.

### Online Survey

The survey comprised 85 closed- and open-ended items over 11 sections covering the operations of the food provider. These sections can be broadly classified under the categories of:

- Scale of operations
- Target populations
- Food support models
- Observable outcomes
- Challenges
- Partnerships

From our desktop research, we noted that many of the 146 organisations/entities offered services beyond food support. To recruit the survey respondents, we targeted representatives of food support provision that fell into one of the two categories: (1) an organisation whose primary function is food support, or (2) a food support programme, which may operate within a larger organisation or an informal entity (e.g., community initiative). In this report, “providers” refers to the organisations or programmes represented by our survey respondents.

Respondents were first asked to submit an online consent form that also gathered verifiable details of the providers they represented (e.g., name of organisation/programme and role/designation of the respondent). They were prompted to provide an identifier in the consent form. Upon submission of the consent form, the survey link was emailed to them. In place of real names, respondents were

asked to provide identifiers when answering the survey to ensure confidentiality of the data to be collected. The survey was administered over Qualtrics survey software (Qualtrics, Provo, UT) and the link provided the flexibility of completing it over several sittings.

### Interviews

In the survey, the respondents were prompted to indicate if they would be open to participating in follow-up interviews. Of those that indicated “yes”, a purposive sampling method was used to select respondents from food providers that had distinct operations, recipients (number served and/or profile) and food distributed. Our diversified sample enabled us to derive a rich and detailed description of the local food support landscape from the insights gathered through the in-depth interviews.

Each interview was conducted with a group of relevant stakeholders from one food support provider. Prompts covering topics related to food support operations such as the background, goals, outreach, success metrics, recipients’ needs and preferences, food wastage, challenges faced and partnerships with others were asked in each interview. In addition, we asked for the types of support they would like to have, as well as their thoughts on how the food support ecosystem could be further enhanced. Each interview took about 1.5 hours on average and was audio-recorded for transcription purposes.

## 4. METHODOLOGY

### Participants

A total of 52 survey respondents were recruited from April to November 2025. They were representative of seven food support-specific organisations and 45 food support programmes. We were aware that some organisations, such as social service agencies (SSAs), might have more than one food support programme catering to different centres (e.g., family service centres, or FSCs). We treated these food support programmes as discrete providers when key aspects of their operations were distinct, for example, if they were managed by different teams. As a result, our survey could include multiple programmes from the same organisation. In practice, four respondents came from two organisations, and we verified that each represented a separate, distinct programme. Therefore, there was a total of 52 providers in our survey sample.

As these 52 providers came from 50 unique organisations/entities, the participation rate — based on 50 out of 146 unique organisations/entities identified through our desktop research — was 34.2% (see Figure 2 below).

We then invited 32 providers to participate in our follow-up interviews. Twenty-five eventually accepted our invitation, with one inviting a representative of another provider along, enabling us to interview 26 providers in total. Each interview was attended by the representative of the provider, and up to four other participants associated with the provider. These participants included founders, advisors, staff, collaborators, volunteers and food recipients, and numbered 86 in total. Figure 2 shows the participation rates.

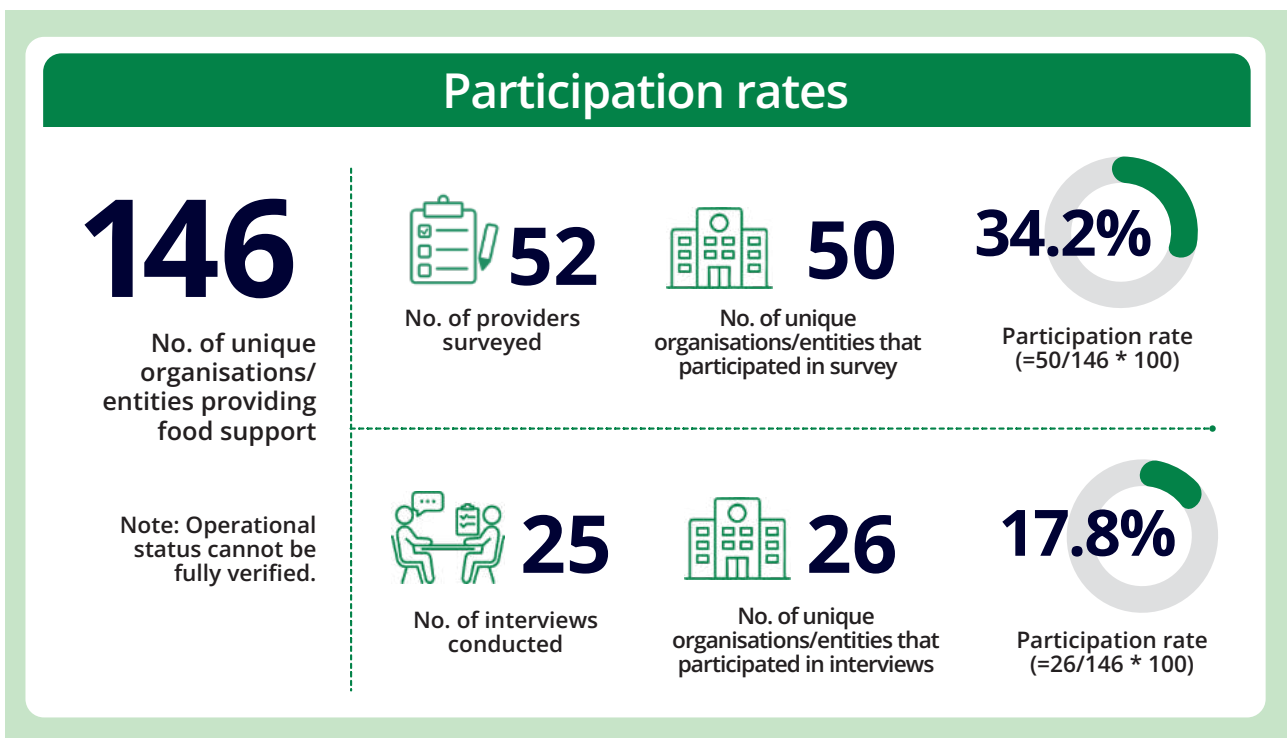


Figure 2. Participation rates of study

## 4. METHODOLOGY

### Analysis of Results

#### Online survey

The survey data were first cleaned, including recoding responses entered under “Others” into the most appropriate category within the original response options where applicable. For example, in the item, “What is the main source of funding for your programme/organisation?” a respondent entered “own volunteers” under “Others”. This response would be recoded to “private donations”, one of the options provided that was most appropriate. After data cleaning, descriptive statistics in the form of frequencies and percentages were generated for the close-ended items. As open-ended items were designed to elicit detailed insights that are unconstrained and more subjective in nature, responses to these items were not collated in terms of frequencies but instead examined for common themes.

#### Interviews

The interviews were transcribed verbatim and pseudonyms were assigned to all participants. In addition, we assigned pseudonyms also to individuals and entities (e.g., partnering organisations working with the provider) that were mentioned in the interviews. Interviews that were conducted in Mandarin were translated by an online translation tool and checked for accuracy.

A preliminary set of codes was devised to aid our first read of the transcripts. These codes encapsulated the aspects of the providers’ operations that we endeavoured to describe, such as “metrics for success”, “gaps”, “challenges”, “partnerships”, and “tensions”. These codes were used to identify utterances that reflected these areas. As the utterances tended to span multiple turns between the interviewer and the interviewees, for example, when the interviewees elaborated upon the interviewer’s prompting, we provided a summary of these discussions next to their corresponding codes. Using this method, two researchers (“Researcher A” and “Researcher B”) coded three transcripts independently before comparing their codes and summaries. Discrepancies were raised for discussion and resolved. This step allowed both researchers to come to a better mutual understanding of the codes, critical for the next step of independent coding. The remaining 22 transcripts were split between them, with Researcher A coding 11 of the transcripts and Researcher B acting as a checker, and the roles reversed for the remaining 11 transcripts. As with the previous step, any discrepancies were flagged and resolved to achieve coder agreement.

At the end of the coding and analysis, the research team engaged in member checking. We shared the findings and received feedback from the participants via email correspondence and also through an in-person sharing session to validate the accuracy of what we reported. We also sought feedback from fellow colleagues, which helped us to further enhance the rigour of our analysis.

## 5. QUANTITATIVE RESULTS: SURVEY

In this report, percentages are presented for both single-select items (i.e., items that allow only one option to be selected by each provider) and multiple-select items to illustrate the proportions of respondents that chose a certain option. Due to the nature of multiple-select items, the percentages reported for the options selected may add up to more than 100%. Both item types could either be answered by all 52 providers or by a subset of the providers. Selected results from the six categories of (A) scale of operations, (B) target populations, (C) food support models, (D) observable outcomes, (E) challenges, overlaps and gaps, and (F) partnerships are presented below.

### A. Scale of Operations

The local food support scene has a long-standing presence with well-established providers, evident by the finding that half of the providers had been operational for at least seven years (7–9 years: 11.5%; 10 years or more: 38.5%). A further 44.2% had been operational for shorter stints of 1 to 6 years (1-3 years: 25.0%; 4–6 years: 19.2%), and 5.8% for less than one year. Figure 3 shows the breakdown of the different durations of operations.

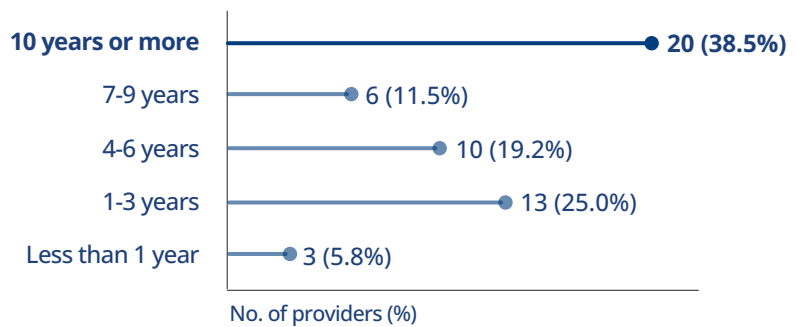


Figure 3. Providers' length of operations (n = 52, single-select)



## 5. QUANTITATIVE RESULTS: SURVEY

### Geographical Distribution of Services

To get a general sense of where in Singapore the food providers operated, we relied on the Urban Redevelopment Authority's 55 planning areas of Singapore, which were further grouped into the five zones of Central, East, North, Northeast and West. Providers were asked to indicate the zones, followed by the areas within each zone, that they served in.

We found that **food support services were reported in all five zones of Singapore and all 55 areas**. Figure 4 below shows the number of providers, in ranges of four, serving each of the planning areas across the five zones of Singapore. A darker colour intensity indicates a higher number of providers.

Residential areas tended to have a higher concentration of services than more sparsely populated areas (e.g., Changi, Tuas and the water catchment areas). There also appeared to be a greater concentration of providers operating in the eastern half of Singapore, although this pattern could have been influenced by sampling bias. However, because planning areas vary in size and in the number of neighbourhoods they contain, the number of providers operating within a given planning area is not a reliable indicator of service coverage at the neighbourhood level. In addition, as will be illustrated in subsequent sections, the providers differed in the frequency of distribution and the quantity of food offered, making it difficult to assess the adequacy of food support within each area.

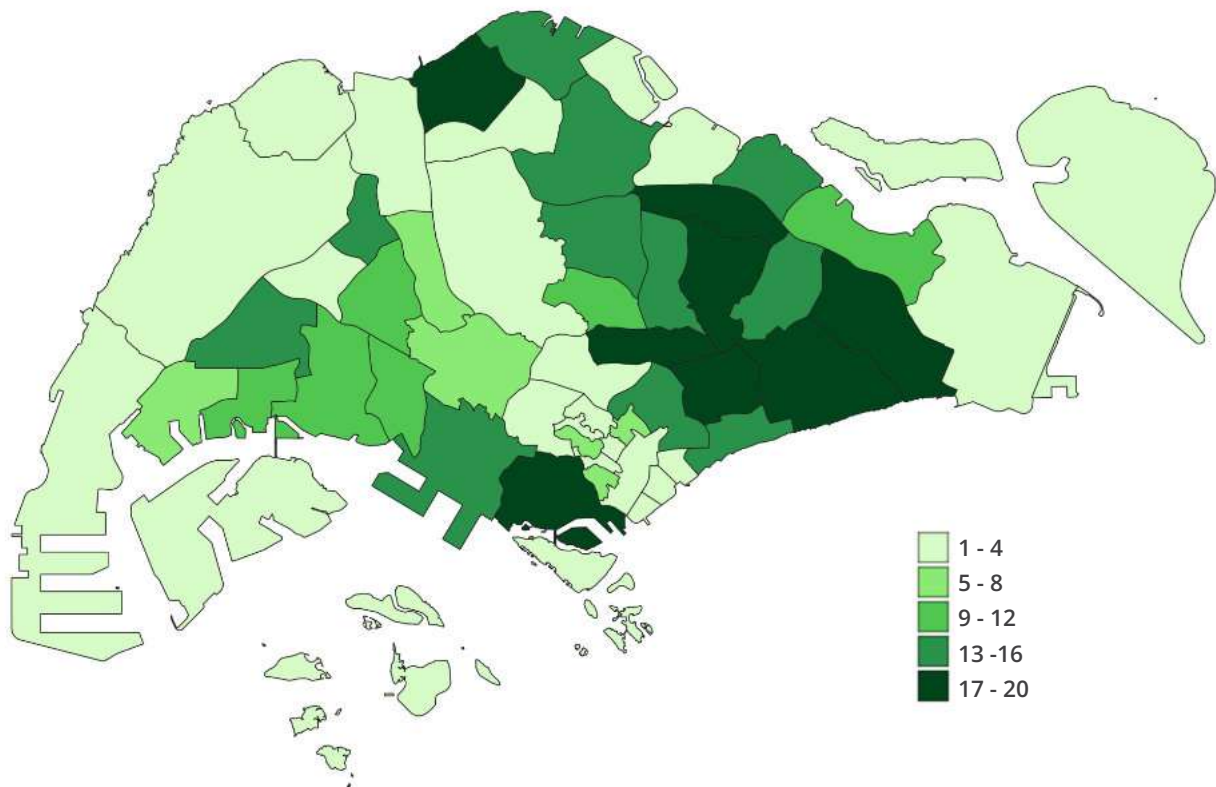


Figure 4. Planning areas across the five zones of Singapore (n=52, multiple select)

## 5. QUANTITATIVE RESULTS: SURVEY

The following tables illustrate the geographic extent of each provider’s services. Providers’ reach tended to cluster at the extremes: 51.9% of the providers operated in only one zone, while 27.0% served all five zones (Table 1). Coverage at the planning-area level (Table 2) revealed a similar pattern with 40.4% serving just one planning area, while 23.1% served more than 20 planning areas (21 to 30: 15.4%; 41 to 55: 7.7%).

No. of zones served	No. of providers	%
1	27	51.9
2	4	7.7
3	2	3.8
4	5	9.6
5	14	27.0

Table 1. Number of zones served by providers (n = 52, multiple-select)

No. of planning areas	No. of providers	%
1	21	40.4
2 to 5	11	21.1
6 to 10	4	7.7
11 to 20	4	7.7
21 to 30	8	15.4
31 to 40	0	0.0
41 to 55	4	7.7

Table 2. Number of planning areas served by providers (n = 52, multiple-select)

## Manpower: Staff and Volunteers

The food distribution process entails substantial coordination between the different stakeholders, an endeavour highly reliant on manpower. Manpower can come in the form of staff and volunteers. **Larger volunteer pool sizes compared to staff strength were reported.** About two-thirds of the providers (67.3%) reported having one to nine staff involved, while 19.2% indicated having no salaried staff. Larger staff strengths of 20 and above were rare, indicated only by 3.8% of the providers (20 to 49: 1.9%; 50 to 249: 1.9%). In comparison, almost half (42.3%) of the providers had bigger volunteer pool sizes of 20 and above (20 to 49: 11.5%; 50 to 249: 21.2%; 250 and above: 9.6%) (Table 3).

Manpower Strength	Staff		Volunteers	
	No. of providers	%	No. of providers	%
Nil	10	19.2	4	7.7
1 to 9	35	67.3	13	25.0
10 to 19	5	9.6	12	23.1
20 to 49	1	1.9	6	11.5
50 to 249	1	1.9	11	21.2
250 or above	0	0.0	5	9.6
Unsure	0	0.0	1	1.9
<b>Total</b>	<b>52</b>	<b>100.0</b>	<b>52</b>	<b>100.0</b>

Table 3. Approximate numbers of staff and volunteers (n = 52, single-select)

## 5. QUANTITATIVE RESULTS: SURVEY

**Attempts to recruit volunteers were made by 76.9% of the providers.** Among these 40 providers, volunteers were recruited through the following channels (in descending order of popularity): “word of mouth” (85.0%, n=34), “partnerships with schools and organisations” (57.5%, n=23), “social media campaigns” (52.5%, n=21), “community outreach events” (50.0%, n=20) and ‘incentives or recognition programmes’ (12.5%, n=5). **Of these 40 providers, 72.5% also trained their volunteers for their roles.** The most preferred training among these 29 providers were “on-the-job training” (86.2%, n=25) and “orientation sessions” (58.6%, n=17). Three providers each reported using “regular workshops” and “training manuals”. As the providers were able to select more than one option for their recruitment channels and training methods, the percentages of the providers added up to more than 100%.

Our survey has a key limitation: it recorded headcounts of staff and volunteers but not the depth or consistency of their involvement. This affects how the findings should be interpreted for actual manpower strength. For example, some programmes operated within larger organisations, so staff involved likely balanced food support with other organisational tasks. Likewise, some volunteers might only contribute a few

hours just once. The survey did not capture participation frequency and duration. Additional items about the extent of staff and volunteer involvement are needed to accurately estimate manpower for regular operations.



### Number of Recipients Served

At the point of survey collection, **a large majority (82.7%) of the providers were serving at least 50 food support recipients.** The most common service scale was 50 to 249 recipients (48.1%), followed by more than 500 recipients (26.9%) and 250 to 500 recipients (7.7%) (Figure 5).

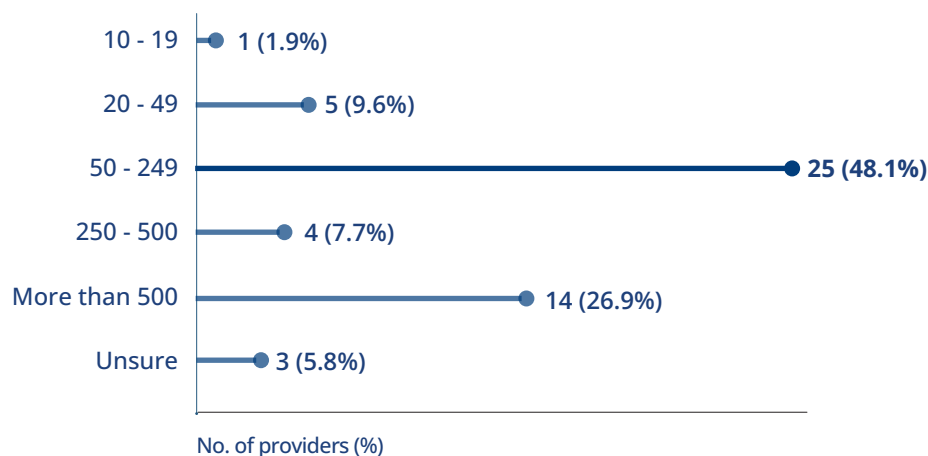


Figure 5. Approximate number of food support recipients that providers were serving at point of survey collection (n = 52, single-select)

## 5. QUANTITATIVE RESULTS: SURVEY

### Sources of Funding

To find out the providers' main sources of funding, we provided a list of funding sources from which they could select more than one option. Among providers, 82.7% identified **private donations as one of their main sources of funding, while corporate sponsorship was cited as the next most common source** by comparatively fewer providers (42.3%) (Figure 6). Other funding sources indicated were donations from other SSAs, religious contributions and financial matching by People's Association organisations.

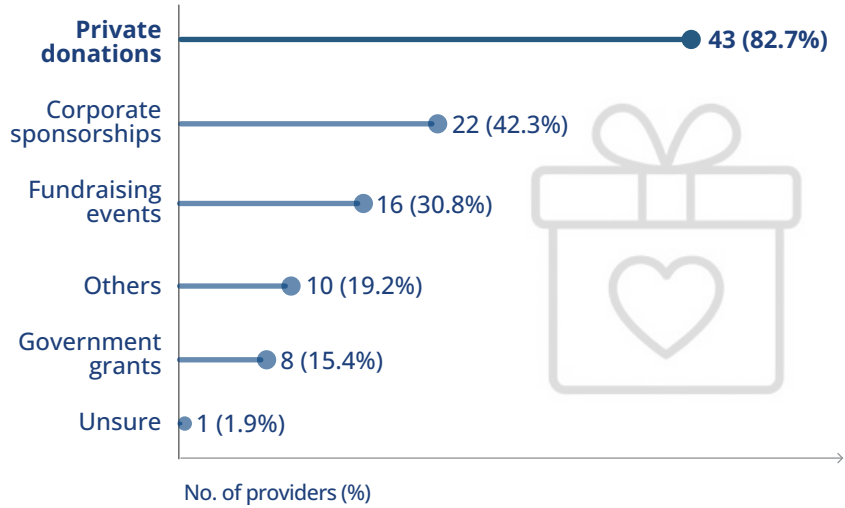


Figure 6. Main sources of funding (n = 52, multiple-select)



5. QUANTITATIVE RESULTS: SURVEY

## B. Target Populations

Our survey data corroborated our desktop research finding that **low-income households and the elderly were the main target populations**. In a multiple-select item where we asked providers for their targeted populations, we found that more than half of the providers (69.2%) targeted low-income families and just slightly more than half targeted the elderly (55.8%). In addition, we found out that the unemployed (36.5%), parents who were single, divorced, or widowed (28.8%), and the disabled (28.8%) were the next most targeted populations (Table 4). Under “Others”, populations targeted included “families with children with chronic illness”, “people suffering from mental health illnesses”, and “patients from (a charity serving the physically disabled) and hospice”.

A caveat on the interpretation of this result is that in our interviews, we encountered some providers who initially interpreted “targeted population” as recipient demographics rather than the group they intentionally sought to reach.

**Half of the providers (50%, n=26) had inclusion and/or exclusion criteria (Figure 7)** to identify individuals in need among these targeted populations. While the inclusion criteria described were based on verifiable metrics such as income level, the exclusion criteria used tended to be more qualitative in nature and alluded to a more comfortable financial situation, for example, if the potential recipient was no longer receiving financial assistance from the government.

Target Populations	No. of providers	%
<b>Low-income families</b>	<b>36</b>	<b>69.2</b>
<b>Elderly</b>	<b>29</b>	<b>55.8</b>
Unemployed	19	36.5
Single/divorced/widowed parents	15	28.8
Disabled	15	28.8
No specific population	8	15.4
Foreign workers	7	13.5
Homeless	7	13.5
Ex-offenders	6	11.5
Others	6	11.5
Children & teenagers	5	9.6
Infants & toddlers (< 3 years old)	3	5.8
Pregnant women	2	3.8
Breastfeeding mothers	1	1.9

Table 4. Target populations (n = 52, multiple-select)



Figure 7. Inclusion and exclusion criteria adopted by the providers

## 5. QUANTITATIVE RESULTS: SURVEY

The providers' levels of satisfaction with their organisation/programme's ability to identify individuals in need were measured. Satisfaction was assessed on a 4-point scale with the options "not satisfied", "somewhat satisfied", "satisfied" and "very satisfied". **Most providers (94.3%) expressed some extent of satisfaction with their ability to identify individuals in need (see Figure 8).**

We further compared providers' satisfaction with their ability to identify individuals in need, distinguishing between those with inclusion and/or exclusion (intake) criteria and those without. A higher proportion of providers with intake criteria (19.2%, 5 out of 26) reported "very satisfied" compared with those without intake criteria (9.1%, 2 out of 22). This suggests that having inclusion and/or exclusion criteria may help them identify individuals in need with a relatively higher confidence.

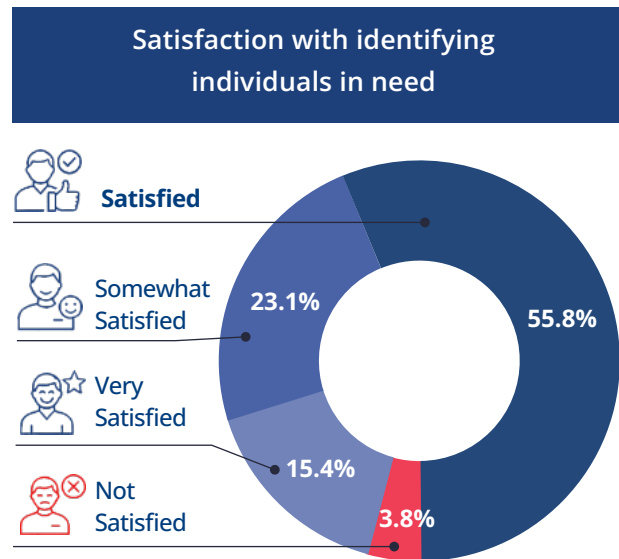


Figure 8. Providers' levels of satisfaction with identifying individuals in need



## 5. QUANTITATIVE RESULTS: SURVEY

### Needs Assessments

Beyond how providers identified their recipients, we delved deeper into the extent to which they assessed the needs of their recipients. **Of the providers, 61.5% (n=32) assessed the needs of their recipients prior to food distribution**, while another 36.5% (n=19) did not and the remaining 1.9% (n=1) were unsure.

Those who assessed their recipients' needs were asked to identify how they assessed them in a multiple-select item with a list of assessment methods to choose from. **Informal conversations (46.9%) and casework sessions (40.6%) were found to be the most popular** among these 32 providers (Figure 9). Among the options, casework is most likely to identify in-depth needs of recipients including extent of food support. Though it appeared as the second most-selected option, only 13 providers engaged in it in practice. Under "Others", providers indicated that needs were also assessed through registration forms and digital platforms. Collectively, the results suggest that **recipients' needs were assessed using methods that were generally informal and/or broad-based methods**, rather than through detailed, individual evaluations.



The frequency of assessing recipients' needs varied. **Among the 32 providers who conducted needs assessments, the frequency of their assessment varied widely:** 18.7% (n=6) did so annually, 15.6% (n=5) quarterly and 9.4% (n=3) monthly. The remaining 46.9% (n=15) selected 'Others' and 9.4% (n=3) were "unsure". Under "Others", providers reported a range of frequencies, from regular schedules (e.g., "weekly" and "twice a year") to event-based assessments (e.g., upon registration or case referrals).

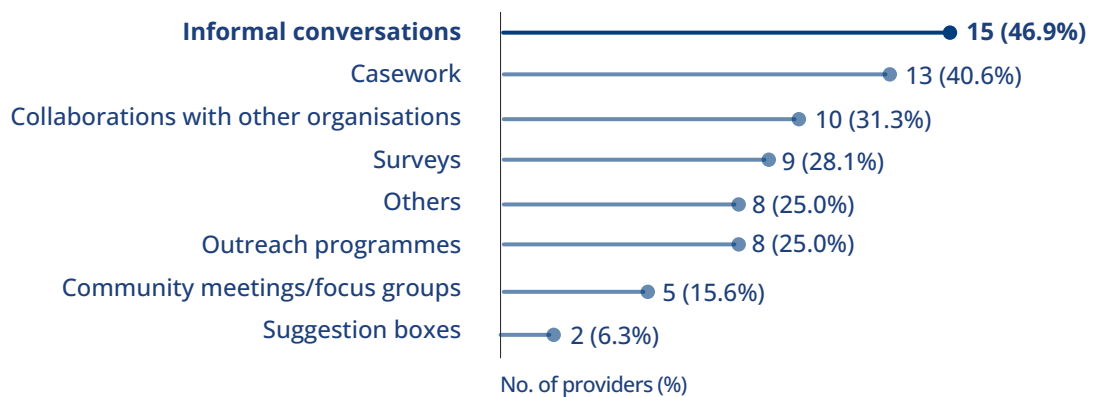


Figure 9. Methods of assessing the needs of recipients (n = 32, multiple-select)

## 5. QUANTITATIVE RESULTS: SURVEY

In addition, we also measured the providers' levels of satisfaction with their organisation/programme's ability to identify the specific needs of their recipients. Satisfaction was assessed on a 4-point scale with the options "not satisfied", "somewhat satisfied", "satisfied", and "very satisfied". Overall, all but one provider (**96.9%**) reported at least some level of satisfaction with their ability to identify recipients' specific needs, although satisfaction levels varied (see Figure 10).

The 32 providers who assessed their recipients' needs were then asked to select the kinds of needs assessed via a multiple-select item presenting a list of needs to choose from. **The top six assessed needs pertained mostly to food**, such as the amount of food needed, food preferences and dietary restrictions due to cultural/religious and health conditions. Household-related needs, such as the household size, presence of cooking equipment and mobility (which would affect the ability to collect and cook food) were also assessed (Figure 11). Other needs assessed mirrored those used for inclusion criteria (e.g., income).

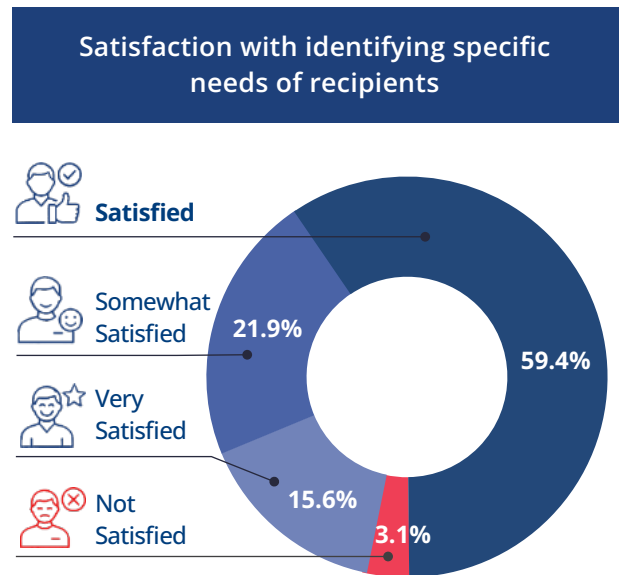


Figure 10. Providers' satisfaction levels with identifying specific needs of recipients

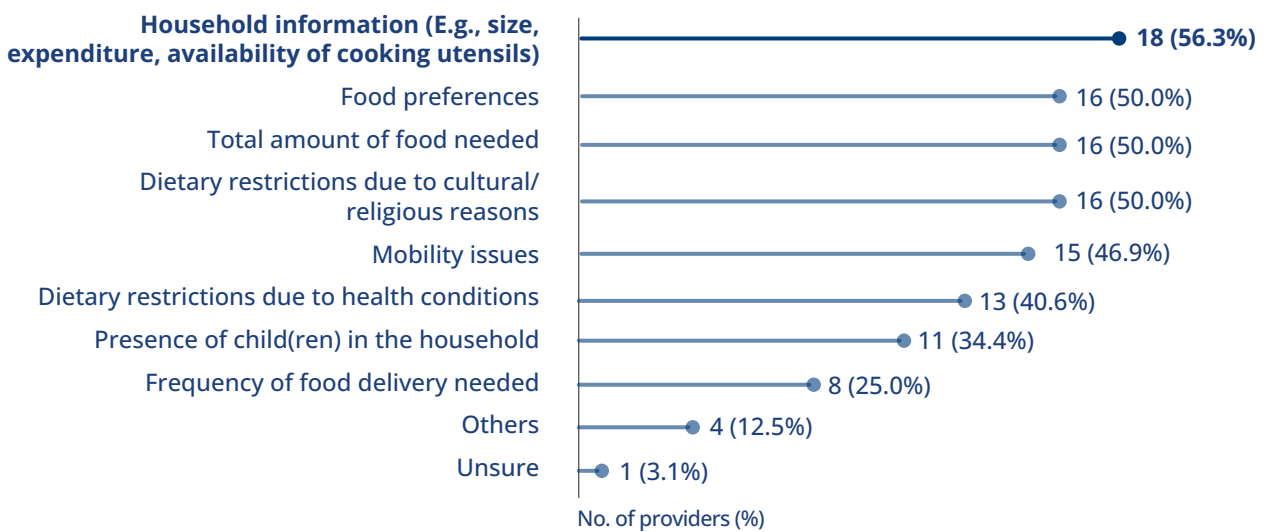


Figure 11. Recipients' needs assessed prior to food distribution (n = 32, multiple-select)

## 5. QUANTITATIVE RESULTS: SURVEY

When asked to rate how the needs assessed prior to food distribution were accommodated, **all providers indicated that each need was at least “somewhat well-accommodated”, with four exceptions:** dietary restrictions due to health conditions, frequency of food delivery needed, presence of child(ren) in the household, and mobility issues. Each of these was rated “not well accommodated” by one provider each from a different programme/organisation.

In a follow-up survey item, reasons given for the **inability to accommodate these needs revolved around resource and logistical constraints.** Two responses exemplify this: one provider highlighted the difficulty of customising the composition of food packs to meet the different needs of individual recipients, while another pointed out that food distribution depended heavily on the food donations received.

**A quarter of the providers (25.0%, n=13) also indicated they adhered to nutritional guidelines for the food distributed.** Guidelines followed included those recommended by Health Promotion Board (e.g., “Healthier Choice Label”, “My Healthy Plate”, “Healthier Catering Policy”) and Ministry of Health’s “EatSafe SG” initiative. Others indicated using less salt, oil and sugar in cooked meals and an emphasis on fresh vegetables and fruit as their guidelines. The rest of the providers either did not adhere to any nutritional guidelines (55.8%, n=29) or were unsure (19.2%, n=10).

### Review of Services

**Providers** did not just assess recipient needs but also indicated that they **reviewed their services in response to recipients’ changing needs**, with 73.1% (n=38) reported doing so. **Frequencies of service review varied widely**, mirroring a similar pattern in the frequency of needs assessments. 23.1% (n=12) reviewed their services annually, 11.5% (n=6) quarterly, and 5.8% (n=3) monthly. The remaining 32.7% (n=17) selected “Others” and indicated a range of frequencies, such as “weekly” or “twice a year” or “as and when” such

reviews were deemed necessary. Nearly a quarter (23.1%, n=12), however, did not conduct such reviews while the remaining 3.8% (n=2) were unsure.

Providers reported using **a range of approaches to meet recipients’ changing needs, including changing the food distributed (44.2%, n=23), varying the amount of food given (36.5%, n=19), and adjusting the frequency of food distribution (23.1%, n=12),** in a multiselect item. In the “Others” responses, a provider that issued vouchers noted that the voucher value was reviewed. 17.3% (n=9) indicated they did not adopt any approaches.

We also assessed the providers’ levels of satisfaction with their organisation/programme’s ability to meet the changing needs of their recipients. Satisfaction was assessed on a 4-point scale with the options “not satisfied”, “somewhat satisfied”, “satisfied” and “very satisfied”.

In general, **most providers (92.4%) expressed satisfaction with their ability to meet the changing needs of their food support recipients** (see Figure 12).

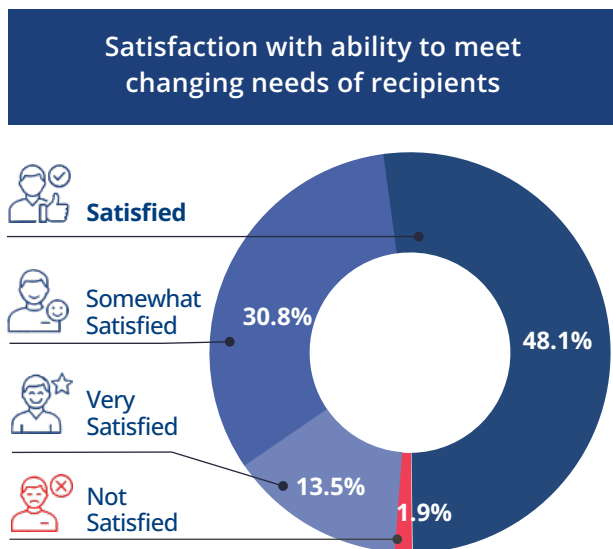


Figure 12. Providers’ satisfaction levels with ability to meet changing needs of recipients

5. QUANTITATIVE RESULTS: SURVEY

## C. Food Support Models

### Food Distributed

**Dry food items** such as staples, canned food, cooking condiments, beverages, cereals and grains, and snacks **were found to be the top six most commonly distributed food support items** in a multiple-select item (Figure 13). This is not surprising given that their shelf-stable nature offers flexibility for both the providers in terms of storage and distribution, as well as the recipients in terms of usage.<sup>2</sup> The next most commonly distributed food item was fresh produce such as meat, vegetables and fruit, but this was

reported by less than half of the providers (42.3%). The versatility of and easier access to dry food items and fresh produce may also have contributed to them being among the most distributed food items relative to cooked meals.

As anticipated, items that are specialised to particular diets or populations tended to be offered by fewer providers. Among “Others”, providers reported distributing breads and giving vouchers and gift cards for redeeming cooked meals or purchasing groceries from supermarkets.

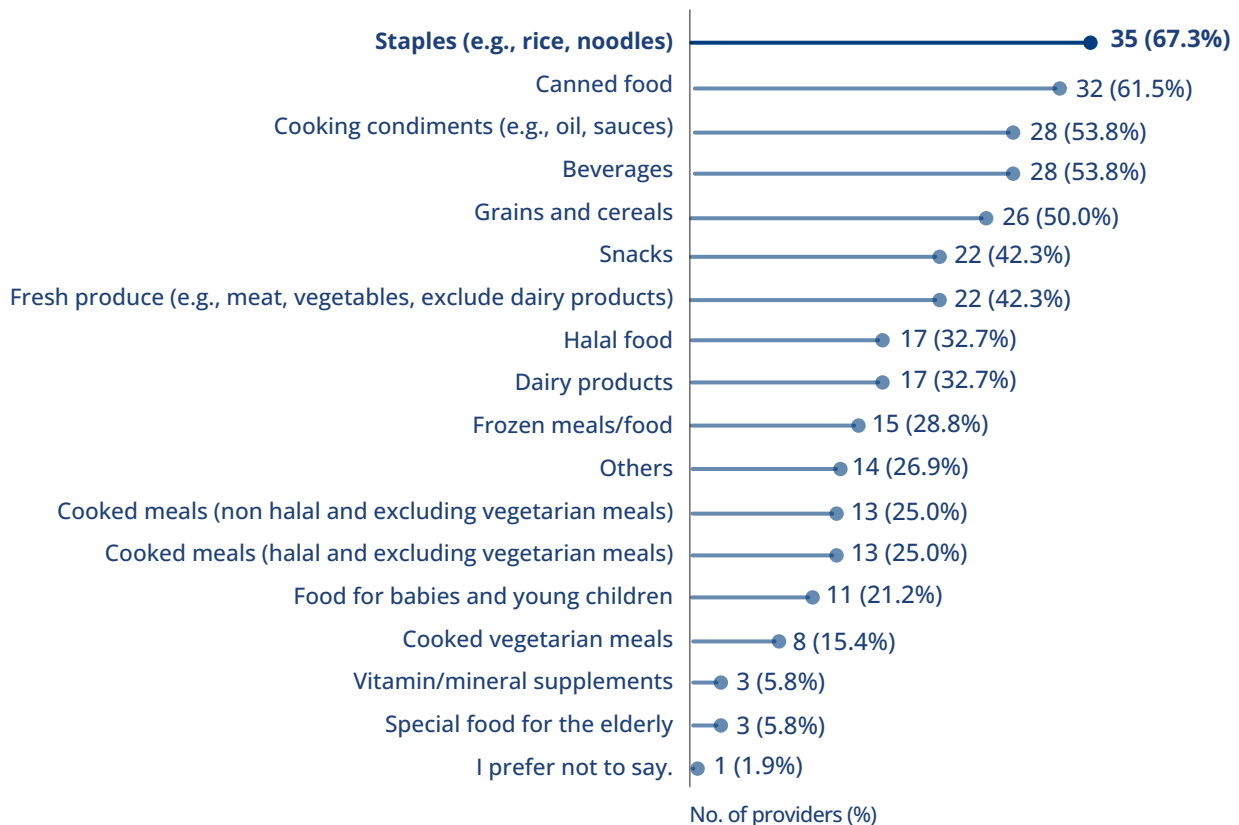


Figure 13. Commonly distributed food items (n = 52, multiple-select)

<sup>2</sup>Flexibility aside, some providers also cited budgetary constraints as a reason for giving dry rations in a 2024 news report (Yeo, 2024).

## 5. QUANTITATIVE RESULTS: SURVEY

### Duration of Food Support

**Food support recipients in general received assistance for the mid- to long-term**, with many of the providers (59.6%, n=31) indicating that they supported their recipients for more than a year. Another 26.9% (n=14) indicated that they did so for 12 months and fewer (less than 7 months: 15.4%; 7–12 months: 11.5%), and the remaining 13.5% (n=7) expressed uncertainty over the duration of assistance rendered.

### Modes and Frequency of Distribution

**Self-collection from specified locations and home deliveries emerged as the most utilised modes.** Other distribution modes that are specific to the type of food given, such as soup kitchens and voucher programmes were less reported, corresponding to the lower reported frequencies of cooked food and vouchers being given out.

We also sought to find out the frequency of food distribution via the different modes (Table 5). **The most prevalent frequencies for self-collection and home deliveries were “monthly” followed by “weekly”.**

Frequency	Self-collection	Home deliveries	Emergency responses	Soup kitchens/communal dining	Voucher programmes	Community stores/pantries	Mobile-van distributions
Daily	4	2	1	1	0	1	0
Multiple times a week	2	0	0	0	1	2	0
Weekly	6	4	0	3	0	0	2
Fortnightly	2	2	0	1	0	1	0
Monthly	9	10	0	0	4	0	0
On demand/As needed	1	3	6	0	0	1	1
Seasonal (E.g., holidays)	1	1	0	0	0	0	0
Others	2	3	0	0	0	0	0
Not indicated	10	2	0	0	0	0	0
<b>No. of providers who indicated the corresponding distribution mode</b>	<b>37</b>	<b>27</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>3</b>

Note: Five providers indicated under “Others” for the modes of distribution that they distributed to other providers and/or institutional homes.

Table 5. Food distribution frequencies across different distribution modes (multiple-select)

5. QUANTITATIVE RESULTS: SURVEY

## D. Observable Outcomes

We were interested in how the providers perceived the impacts of their services on their recipients on five aspects, namely recipients’ nutritional/health habits, improvement in overall health, gain in new skills, increased awareness of food insecurity in the broader community and recipients volunteering with the team during food support programmes. Figure 14 shows the proportions of providers that observed various benefits resulting from the services provided.

**Sizeable proportions of the providers did not report observing any benefits or not being sure** if their recipients benefitted in each of the five aspects. One possible reason could be that some providers’ roles were intermediary in nature and did not involve direct interaction with the food recipients (see section on “Overview of the Food Supply Chain”); and so it would not have been possible for them to observe any benefits enjoyed by the recipients. More importantly, our interviews indicate that most providers lacked the capacity to systematically assess the impact of their services.

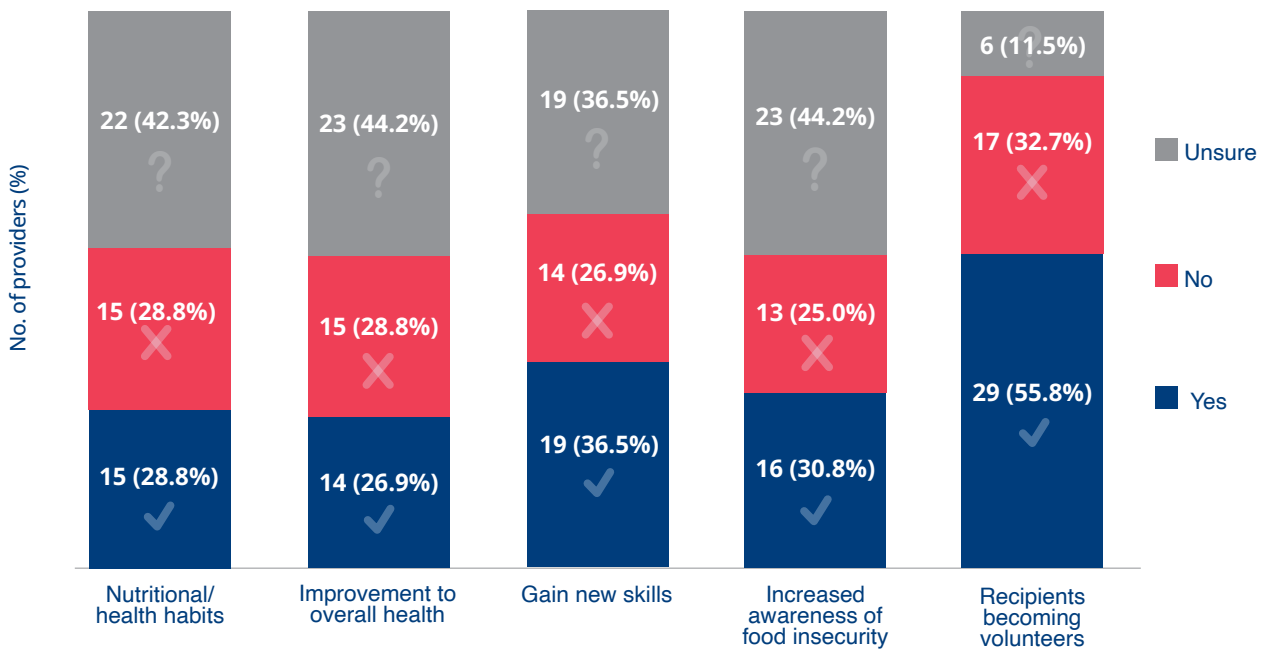


Figure 14. Providers' observations of benefits among recipients as a result of services provided (n = 52, single-select)

## 5. QUANTITATIVE RESULTS: SURVEY

Those who observed benefits in each of the five aspects were asked to describe them. The **observed outcomes** of the services reported can be broadly classified into three categories: **(1) individual health and well-being, (2) knowledge in food-related matters and other skills and (3) community-based actions.**

### I. Individual health and well-being

Providers reported observing reduced hunger and stress from financial strain among their recipients. In addition, their recipients' diets were described as more diverse or healthier and balanced with more vegetables and fruit. One provider observed recipients "[changing] to healthy eating habits". Recipients were also reported to have improved appetites and a lower tendency to fall sick. Some elderly recipients were observed to have "better limb mobility". A more positive outlook in life was also observed, with some recipients aspiring towards better financial situations.

### II. Knowledge in food-related matters and other skills

Recipients were observed to be more knowledgeable in various food-related matters such as food safety, cooking methods, ways to prevent food wastage and what constitutes a better diet. As one provider noted, "This means that they learn more ways to cook and use vegetables and fruit that they get." There was also less resistance to rescued food with increased awareness. Beyond food, recipients were observed to have acquired skills in budgeting and seeking for employment.

### III. Community-based actions

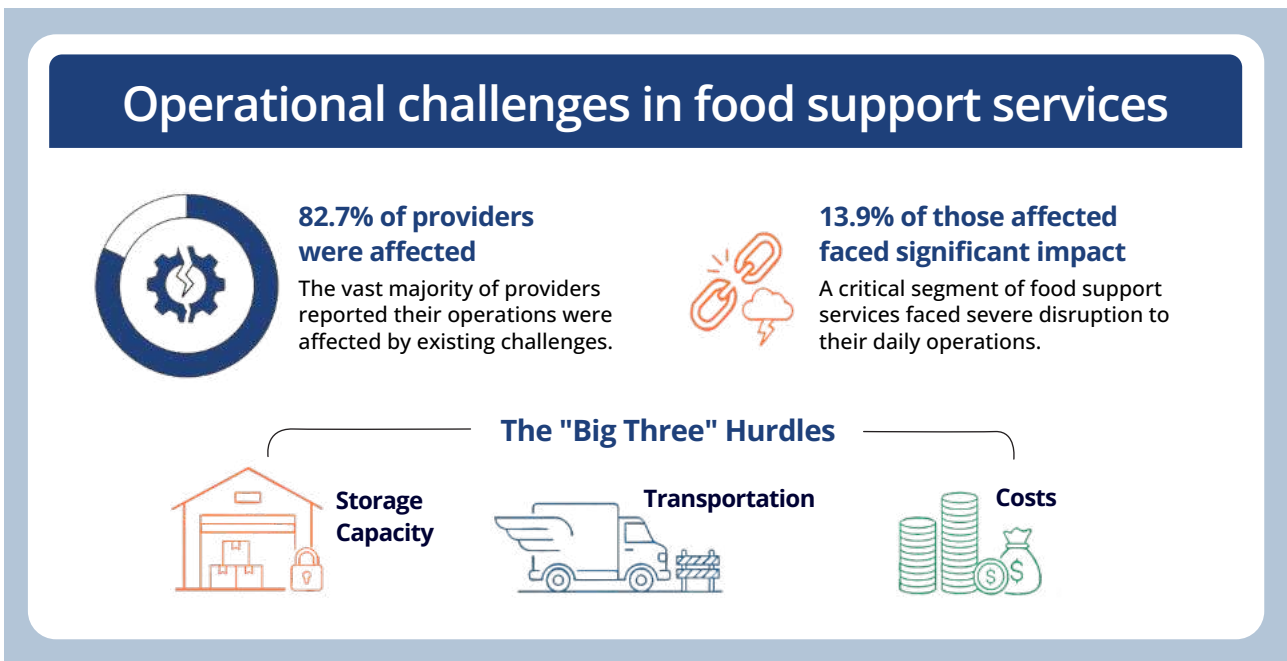
Lastly, recipients were observed to engage in community-based activities, especially when they became volunteers of the food support services that they benefited from. For example, those that were "more communicative and active" helped with food distribution, and some also helped with crowd control and sorting of vegetables. Some recipients also played a part in promoting neighbourliness and social connectedness among the community when they identified others in need and actively reached out to them. Examples cited include recipients who engaged in home deliveries of food items for neighbours with mobility issues. Recipients who volunteered in serving as representatives of their fellow residents also assisted with the dissemination of important information to the community. In addition to becoming volunteers, some recipients themselves became contributors of food too in the spirit of paying it forward.

These observable outcomes likely relate to services beyond food support offered by these providers. Other food-related services offered by these providers included talks on healthy eating, as well as school and workplace-based sessions to raise awareness about food waste. In addition, some providers offered befriending services and support networks, and organised activities to foster community spirit, such as outings, games sessions, fitness classes and communal festive celebrations. Well-being support was also available in some cases, including hairdressing, dental screenings, house cleaning and counselling services.

5. QUANTITATIVE RESULTS: SURVEY

## E. Challenges, Overlaps and Gaps

### Operational Challenges



Our findings show that providing food support was beset by substantial logistical and operational hurdles. **In response to an item which asked if the provider encountered operational challenges, 82.7% (n=43) of the providers selected "yes".** When these providers were asked to indicate the specific challenges they encountered in a multiple-select item, **transportation issues, storage capacity and costs were the top three most cited challenges** (Figure 15).

Providers also cited the following challenges under "Others": inconsistent food quantity received, items ordered through online grocer being out-of-stock and not replaced, insufficient retailers for voucher redemption, mitigating risk to donors' brand reputation in food rescue, staff recruitment and managing conflicts between staff and public. Further details of these challenges are reported in the interview findings.

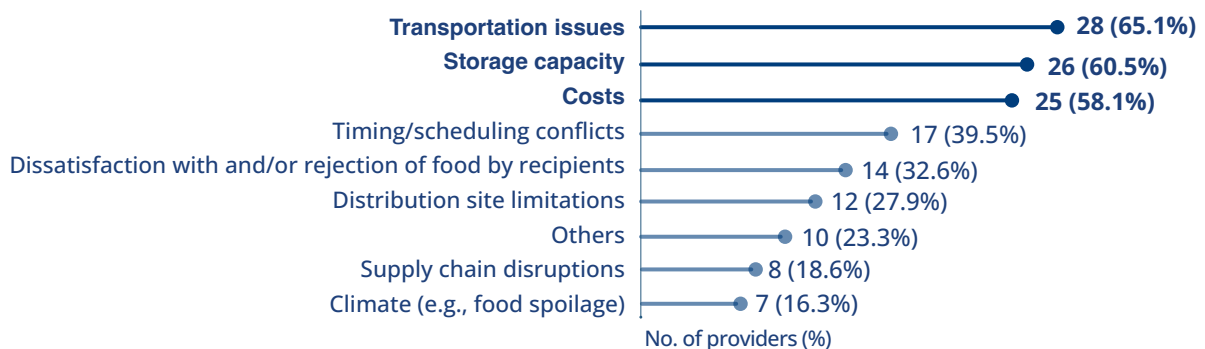


Figure 15. Operational challenges encountered (n = 43, multiple-select)

## 5. QUANTITATIVE RESULTS: SURVEY

Among the 43 providers who reported facing operational challenges, **76.7% (n=33)** indicated that these challenges affected their operations: 62.8% (n=27) were “somewhat affected” and 13.9% (n=6) were “significantly affected”. Another 18.6% (n=8) reported “no effect” while 4.7% (n=2) were “unsure”. Our interviews reveal different ways in which some providers managed to overcome the operational challenges encountered without compromising their operations.

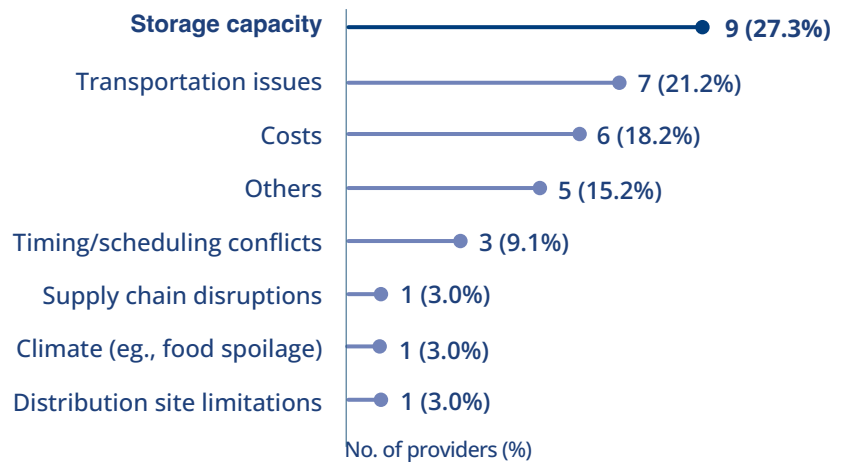


Figure 16. Operational challenges that most affected food support services (n = 33, single-select)

When these 33 providers were asked which operational challenge most affected their services, they identified the same top three challenges as those most commonly encountered (Figure 16).

However, instead of transportation issues which was the most frequently cited operational challenge, **storage capacity emerged as the top challenge that providers (27.3%) felt most affected their services.** A possible reason for this is the direct impact that a lack of storage can have on many stages of the food distribution process, from procurement to the actual distribution. Inadequate storage space not only limits how much food can be procured and stored, but may

also require additional resources, such as manpower hours and transportation costs, to support timely collection and effective distribution. Another reason could be related to the difficulty in obtaining a suitable substitute when storage space is not available. Unlike other challenges like transportation where other options, such as outsourcing to platform drivers, are plausible at short notice, finding similar alternatives for storage space is less straightforward in land-scarce, high-rent Singapore. This is exacerbated further if the food (e.g., fresh produce, frozen items) requires specific storage conditions.



## 5. QUANTITATIVE RESULTS: SURVEY

### Funding Constraints

Recognising funding as a key driver of operational pressures, we examined the impact of funding constraints on the providers’ distribution capabilities. In an item investigating **if providers’ distribution capabilities were affected by funding constraints, 61.5% of the providers indicated it was the case.** We then asked these 32 providers to specify how funding constraints affected their distribution capability. Providers described impacts including limiting the quantity, type, variety and quality of food distributed, constraints in meeting demands and outreach, limited bandwidth for improving food services, and uncertainty over the sustainability of the food support services.

In a multiple-select item, providers were asked to indicate the **strategies they wished to employ to address resource limitations.** These strategies, listed in order of decreasing popularity, **were community donations (65.4%), partnerships with**

**local businesses (61.5%), fundraising campaigns (55.8%), and government grants (40.4%)** (Figure 17). Strategies cited under “Others” included engaging alternative methods such as corporate social responsibility (CSR) programmes, inter-agency collaborations, diversification of funding sources, and leveraging bulk purchases and technology.

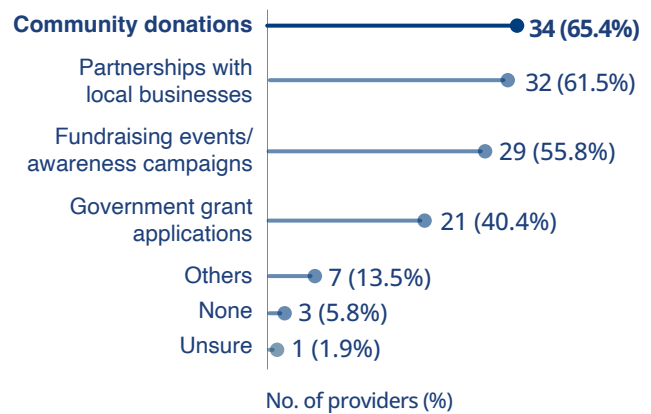


Figure 17. Strategies that providers wished to employ to address resource limitations (n = 52, multiple-select)



5. QUANTITATIVE RESULTS: SURVEY

Alignment Between Demand and Supply

We also examined the two contrasting situations of supply exceeding demand, and that of demand exceeding supply. Interestingly, though many providers reported funding constraints, **61.5% of the providers could “consistently” meet the demands** of their food support services (Figure 18).

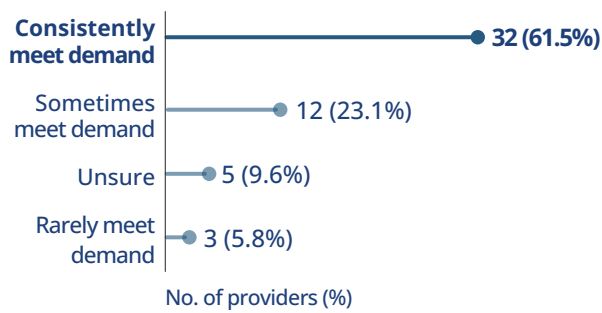


Figure 18. Extent to which food supplies were able to meet demand (n = 52, single-select)

While this result might seem encouraging, our in-depth interviews revealed that it might reflect a strategic decision by some providers to cap the onboarding of more recipients beyond what the provider could sustainably support to avoid over-extending resources.

**When demand exceeded supply, limiting the quantity of food distributed (34.6%) was the most preferred strategy** to address this challenge that providers reported in a multiple-select item (Table 6). Under “Others”, providers described strategies, such as seeking additional funding, or purchasing dry rations or cooked meals from food centres to supplement supplies (from their donors).

Strategies adopted when demand exceeded supply	No. of providers	%
Limit the quantity of food provided	18	34.6
Others	10	19.2
Adjust the frequency of food distribution	9	17.3
Alter the variety of food provided	7	13.5
Turn people away	7	13.5
Prioritise vulnerable groups	6	11.5
Unsure	2	3.8

Note: 15 (28.8%) providers selected "Not applicable".

Table 6. Strategies typically adopted when demand exceeded supply (n = 52, multiple-select)

Perhaps reflecting the boom-and-bust dynamics in their food supply, in an item that asked providers how often they experienced food supply exceeding demand, nearly half of the providers (42.3%) reported having encountered this situation (occasionally: 38.5%; frequently: 3.8%), resulting in surplus and wastage. However, of these 22 providers, most (n=20) reported that this occurred only occasionally (Figure 19).

The boom-and-bust dynamics were most evident among eight providers, who indicated that they were only sometimes or rarely able to meet demand, yet also experienced occasional periods when supply exceeded demand.

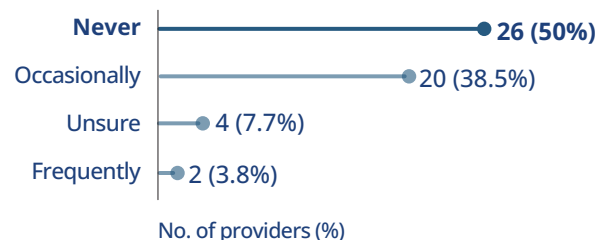


Figure 19. Frequency of food supply exceeding demand, leading to food surplus and wastage (n = 52, single-select)

## 5. QUANTITATIVE RESULTS: SURVEY

When asked in a multiple-select item how excess food was managed, the most cited strategy was redistribution to other communities (34.6%) (Table 7). Alternative strategies that were described under “Others” included using the excess food for upcoming distributions and as emergency rations, and even for non-human consumption purposes such as composting and as feed for fish farms and black soldier fly larvae facilities. From our interviews, we understand that the last two strategies were common strategies that food rescue groups adopted when they rescued food that would otherwise have been incinerated or gone into landfills. Nearly half of the providers (46.2%) selected “not applicable”, consistent with the proportion who reported never having experienced excess food.

Strategies adopted to manage excess food	No. of providers	%
<b>Redistributions to other communities</b>	<b>18</b>	<b>34.6</b>
Temporary storage	12	23.1
Others	10	19.2
Donations to other organisations	8	15.4
Unsure	2	3.8
No specific waste management strategy	1	1.9

Note: 24 (46.2%) providers selected “Not applicable”.

Table 7. Strategies adopted to manage excess food (n = 52, multiple-select)

### Overlaps in Services

One concern highlighted in earlier reports was overlaps in services that might result in food wastage. Indeed, **48.1% (n=25) of the survey providers experienced overlaps in services with other providers.**

The 25 providers were then asked to select one or more of four options to describe the type of overlaps they encountered: (1) distribution of similar food types, (2) similar distribution timings, (3) others, and (4) unsure. Among them, 64.0% (n=16) selected the first option while slightly more than half (52.0%, n=13) selected the second; 32.0% (n=8) of the providers selected “Others”, where their responses suggested that recipients were also receiving food support from other providers at different frequencies (e.g., regularly, seasonally or “random weekends”).

### Volunteer Recruitment and Retention

Our survey results and interviews with selected food providers showed that volunteers were central to many providers’ operations. Hence, difficulties in recruiting and retaining volunteers can significantly affect their day-to-day service delivery. When asked if they attempted to recruit volunteers, 76.9% of the providers indicated they did. **Close to half (47.5%, n=19) of these 40 providers indicated they faced challenges in recruiting volunteers** in another item, but an equal proportion reported no challenges.

5. QUANTITATIVE RESULTS: SURVEY





## F. Partnerships

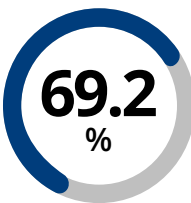
### The Power of Partnerships: Strengthening Food Support Networks

#### The landscape of collaboration

**A diverse partner network**

Partners included other providers, religious organisations, SSAs, and government entities.




**69.2%**

**Collaboration rate**


Nearly 7 in 10 food support providers worked with external partners to share resources.

#### The impact of working together




**Operational efficiency**

Partnerships reduced costs, food wastage, and service overlaps.



**Enhanced program delivery**

Collaborations enabled more consistent food supplies, and increased food varieties and volume, and a wider community reach.







**Overcoming barriers**

Resource limitations needed to be overcome during collaboration.

**Shared resource avenues**

Partners collaborated on food supply, logistics, manpower coordination, and service referrals.

Partnerships are an important avenue for mitigating the challenges, overlaps and gaps identified above. Sidhu et al. (2022) similarly called for stronger partnerships between charities and private or public organisations to facilitate sharing of resources so that more targeted and holistic support can be provided to recipients. In this context, we examined the extent of partnership among providers. An item assessing the proportion of providers who

collaborated with other providers revealed that **69.2% (n=36) partnered with other providers**, while the rest indicated otherwise. These partners included other food support providers, religious organisations, SSAs and government entities. Some providers also indicated working with corporates, small businesses and schools, even though these entities did not engage in food support as part of their main business.

## 5. QUANTITATIVE RESULTS: SURVEY

The described modes of collaborations were **wide-ranging** and included sharing and supply of different types of resources:

- food supply
- information (e.g., to avoid overlap of services)
- referrals
- logistics (e.g., transport and facilities)
- manpower and volunteer coordination

These collaborations enhanced the providers' services in the following ways (Figure 20):



Figure 20. Benefits of collaboration

As in any collaboration, tensions and challenges are to be expected. When the 36 providers who partnered with other providers were asked to indicate the challenges they encountered in collaboration, **resource limitations (58.3%) were the most frequently indicated** (Figure 21). Under "Others", challenges cited included administrative barriers such as when other organisations did not have the infrastructure to manage large-scale online deliveries and meeting the conditions set by partner.

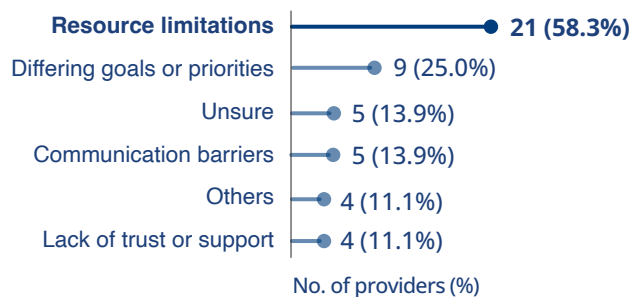


Figure 21. Challenges faced in collaborating with other food support providers (n = 36, multiple-select)

Despite the challenges encountered, collaborations rarely impeded service delivery: **75.0% (n=27) of the 36 providers encountered no hindrances to the effectiveness of their services**. A handful of providers who reported hindrances described barriers related to requirements set by the partnering provider (e.g., the need for reporting and adherence to certain set guidelines), and slower decision-making. One provider indicated that inadequate food supply from a partnering provider resulted in the need to tap on their own funds, while another highlighted timing and transport scheduling conflicts.

## 5. QUANTITATIVE RESULTS: SURVEY

We asked the 16 providers with no current partnerships with other providers if they had considered collaborations with other providers. **Half indicated the desire to embark on such collaborations** while another 6.3% indicated otherwise and the remaining 43.7% were unsure. When the eight providers who were interested in collaborating with other providers were asked in a multiple-select item to indicate the potential areas for collaboration, **collaborations in purchasing food came up top (62.5%), followed by sharing of various resources (50.0%)** (Figure 22). Under “Others”, referrals, donations of food supplies, and expansions of existing operations to include other forms of food support were described.

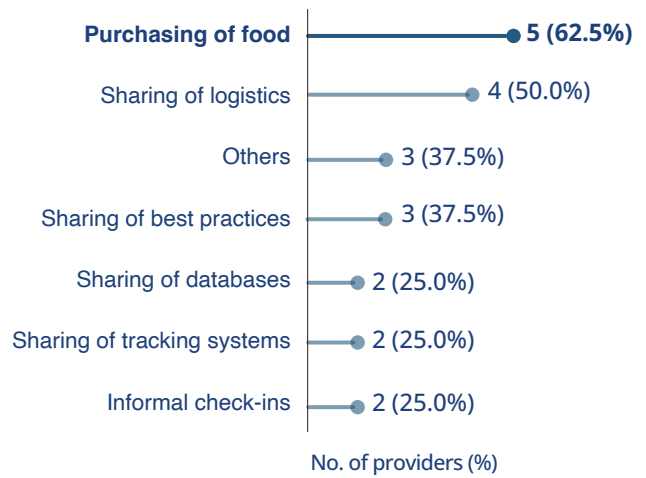


Figure 22. Areas of collaboration that providers wished to have with other providers (n = 8, multiple-select)

As much as partnerships were desired, these eight providers were aware of potential challenges that could hamper their operations. **Differing goals or priorities (87.5%, n=7) and resource limitations (50%, n=4) emerged as the top anticipated challenges** if they engage in such collaboration. One provider each cited communication barriers and a lack of trust or rapport.



## 6. QUALITATIVE FINDINGS: INTERVIEWS WITH INDIVIDUAL GROUPS

### Profiles of Food Support Providers Interviewed

Among the 26 providers who took part in our interviews, five were food support-specific organisations, registered as a Company Limited by Guarantee (CLG) or have IPC status. Three of these organisations were food rescue groups. The rest offered their food support programmes as part of a larger SSA<sup>3</sup>(n=10), a social club (n=1), a government agency (n=1) or a community initiative (n=9). Eight of the community initiatives started off with food rescue with some of them eventually expanding their scope of services beyond food support.

**The ways each provider functioned were closely associated with the types of food support they offered, namely, (1) dry rations, (2) fresh produce, (3) cooked meals and (4) vouchers. Nineteen providers provided a combination of food support, whereas seven specialised in one type. Although most**

provided a mixture, we present findings by food type as operational processes and challenges often vary according to the type of food assistance offered. For each type, we present the relevant groups' priorities, the operating models adopted and the unique challenges they face.

Before delving into each food support type, we first present an overview of distribution modes and the food supply chain. This context helps readers understand the diverse ways providers operate. Although the providers we interviewed offered similar services, **each was unique in scope and practice, shaped by its priorities and capacities.** Even so, they faced similar challenges, tensions and gaps, which we discuss after detailing the four types of food support. We then outline the nature of their collaborative efforts and broader sector trends.



<sup>3</sup> Social service agencies, or SSAs, are non-profit organisations that provide essential support, welfare and resources to vulnerable individuals and communities.

## 6. QUALITATIVE FINDINGS: INTERVIEWS WITH INDIVIDUAL GROUPS

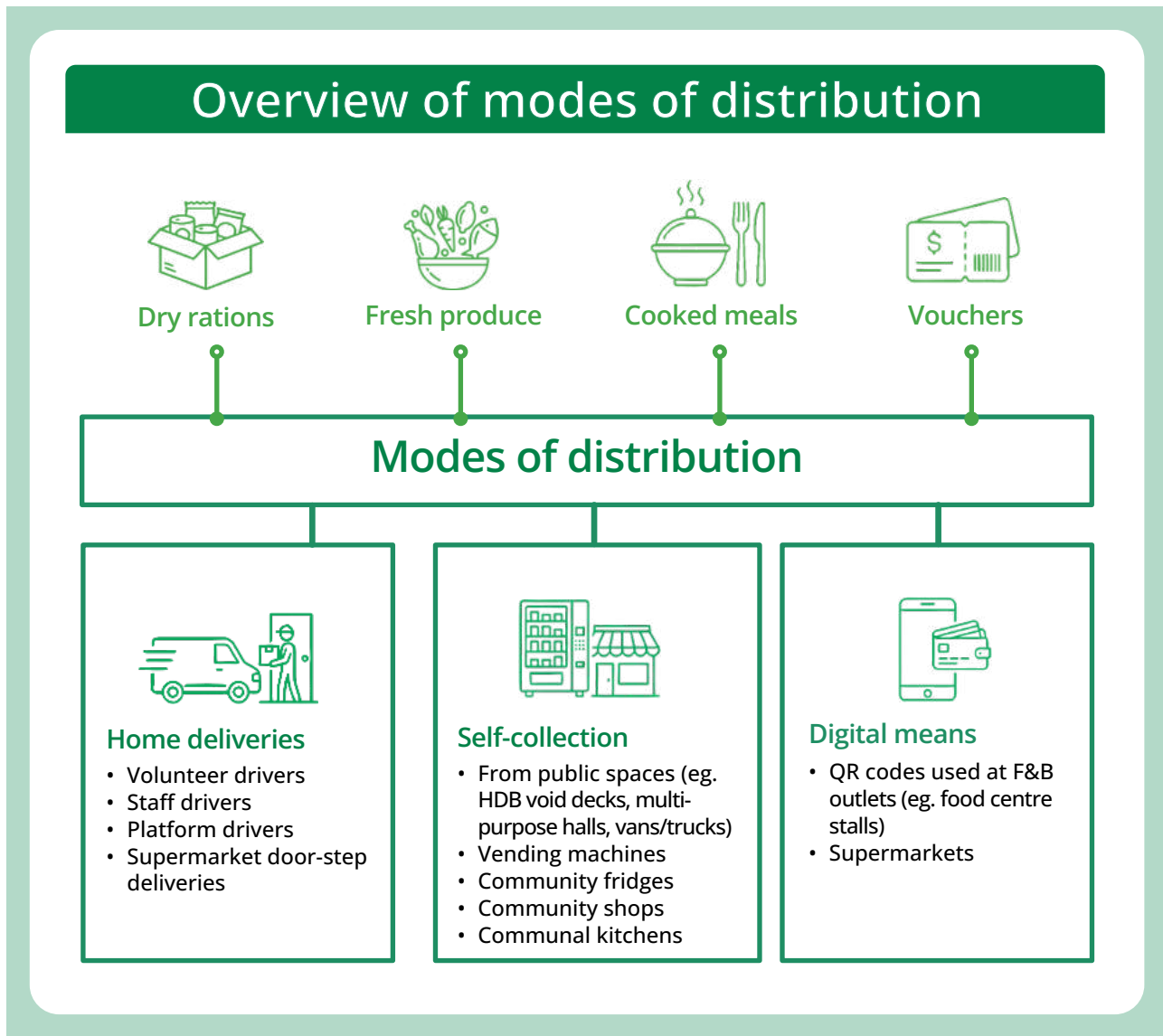


Figure 23. Types of food support and modes of distribution

Regardless of the food support types, food needs to be transferred from its original source to the food recipients. **The three main modes of distribution in the food support sector are: (1) home delivery; (2) self-collection, and (3) digital means** (see Figure 23 above).

Home delivery can involve internal and/or external resources. Internal resources refer to staff and volunteers who deliver cooked meals or food bundles to the doorsteps of the recipients. External resources refer to platform drivers or supermarket delivery, which some providers tap on either as their main or supplementary resource for home deliveries. The frequency of home deliveries can vary from as many as twice a day for cooked meals to just a few times a year for dry rations.

## 6. QUALITATIVE FINDINGS: INTERVIEWS WITH INDIVIDUAL GROUPS

Self-collection involves recipients collecting the food or vouchers from a designated location, which is either located within the organisation's premise or a public space such as the void deck of a residential block, multi-purpose hall or a van or lorry parked at a carpark. Collection takes place either on a regular basis, or periodically through advance notification to targeted recipients. The other four means of self-collection involve facilities of varying sizes, ranging from vending machines, community fridges, community shops, to

soup kitchens. The frequency of self-collection in general mirrors that of home delivery.

Digital means of distribution are confined to two forms of food support: cooked meals and supermarket vouchers. With cooked meals, recipients are given credit with which they can claim meals from participating food vendors (e.g., food stalls in coffee shops, hawker centres, and eateries), typically via a QR code system.

## Overview of the Food Supply Chain

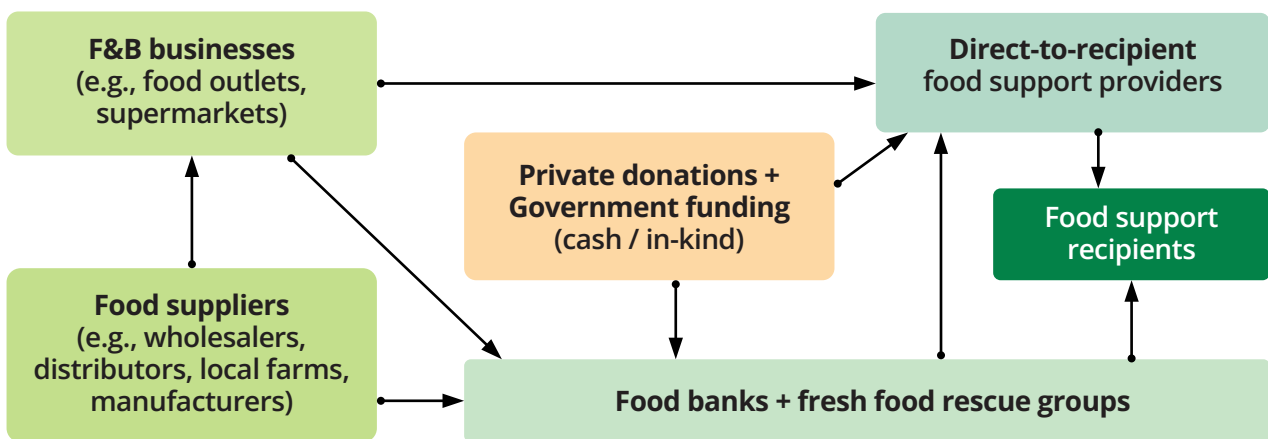


Figure 23. Types of food support and modes of distribution

Figure 24 sketches a simplified chain of food sources that cascade down to the recipients. The food that eventually reaches the hands of the recipients can come from a variety of sources. At the top of the chain are food suppliers that supply food to supermarkets, grocers and food retailers as part of their regular operations. These suppliers may donate surplus food, which can be dry or fresh, to food banks and fresh food rescue groups. Similarly, food and beverage businesses are also known to sponsor both cooked and uncooked food for distribution by various partners, including direct-to-recipient (last-mile) food support providers who distribute food directly to recipients.

Other than food suppliers, there are private donors, which can be individuals or corporates, that either donate money or contribute food directly to the providers. Some food support schemes, such as Meals on Wheels, receive funding support from the government. Food banks and fresh food rescue groups generally serve as the middleman in receiving the food before redistributing them to their distribution partners, which are other food support organisations and programmes that distribute food directly to the recipients. These food rescue groups may also channel the food directly to recipients.

FOOD SUPPORT TYPE 1: DRY RATIONS

## Food Support Type 1: Dry Rations

### Food distributed:



Staples



Cooking oil



Condiments



Canned food



Biscuits



Instant beverages

Items in the food bundles could **change** from distribution to distribution, depending on food sources.

**Mitigating food insecurity** tended to be the primary goal.

**Quantity of food and frequency of distribution varied** widely across the providers.

### Operating models:



#### Home delivery

- **Islandwide delivery** complemented by more intensive food support: Provider 1A
- **Emergency rations** to clients with continuous oversight: Provider 1B
- **Food bundles** for case workers to build rapport: Provider 1C



#### Self-collection

- **Embedded community service** with food distribution as entry point: Provider 1D
- **Large-scale mobile grocery distribution** complemented by community shops: Provider 1E



#### Provider-to-Partner supply model

- **Food bank** with multiple food support programmes: Provider 1F

### Challenges specific to this food support



**Inappropriate food** donations by the public



**Decreasing supply** of milk powder



**Uncoordinated one-off** food distributions



**Lack of an efficient** inventory system

## FOOD SUPPORT TYPE 1: DRY RATIONS

## Overview

### Most providers offered dry rations (20 out of 26).

Dry rations distributed include staples (e.g., rice, rice vermicelli, oats, and breakfast cereals), cooking oil, condiments (e.g., soya sauce, salt, and sugar), canned food (e.g., sardines, baked beans, mushrooms, peanuts, and luncheon meat), biscuits, and instant beverages. At least one provider deliberately abstained from distributing instant noodles as it considered such processed food as unhealthy, while others distributed it, given its popularity among their recipients. One provider sought to mitigate the limited nutritional value of instant noodles by holding a cooking competition to generate and exchange ideas for cooking more balanced meals using instant noodles. Another provider got around the contention of offering instant noodles by classifying it under the category of “sweets, chocolates and others” for ordering at the discretion of their distribution partners. **Several providers included cleaning products (e.g., dish detergent and floor cleaner) and even toiletries (e.g., shampoo and body wash) in their bundles.** These “household essentials” were perceived by providers to be increasingly popular among recipients, with some preferring them to canned food. Distributing such items also negate the need for cold storage.

Given their longer shelf life, **providers that prioritised dry rations did so to address food insecurity as the primary goal**, rather than pursuing other objectives. The support given ranged from stopgap relief for acute financial strain to sustained, long-term assistance. The duration of support rendered varied depending on the recipient profile and intention behind the support. For example, some providers provided lifelong support to seniors living in rental flats from the point of onboarding, while households with children received support until they became self-reliant or when their children had reached a certain age. The frequency of distribution ranged from one-time emergency bundles to monthly distributions to two to three times a year.

**‘Instant noodle, surprisingly, is like, one of the favourites. ... beverages also, biscuits, yeah, so these are food that residents like to have, that they can keep for a while.’**

### Programmes which involved professional case workers tended to be more intentional in providing support beyond food.

Food was but just one part of a support ecosystem that sought to stabilise household conditions and encouraged recipients to work towards self-reliance, typically through employment. In such cases, food bundles, which case workers brought along with them, opened doors and hearts, boosting the relationship and collaboration between the case workers and their clients. Such providers also tended to work only with their clients, typically those who resided within the service boundary of the organisation and who might have sought support for reasons other than food insecurity. Other providers served recipients of a wider catchment area.

### Intake assessment also varied across providers.

Some providers provided emergency packs on a case-by-case basis, while others developed their own set of criteria which can be based on a range of parameters such as:

- Income and expenditure
- Reasons for unemployment
- Residential type
- Number of children in the household
- Willingness/ability to collect at distribution site
- Whether applicants can cook
- How frequently they cook
- Whether they are supported by other organisations

**As the items in the food bundles could change from distribution to distribution**, the equivalent value of each bundle could range from \$20 to as high as \$100, although not all providers provided the actual costs of their bundles distributed. Some

## FOOD SUPPORT TYPE 1: DRY RATIONS

providers made purchases using funds raised and thus had better control of the food they distributed and when they received them. Others collaborated with food banks and other partnering SSAs for their food source and distributed whatever they received. As food items distributed could not always be anticipated, these providers occasionally had to encourage their recipients to accept less familiar food items (e.g., spaghetti and pasta sauce).

As the **quantity of food and frequency of distribution varied widely across the providers**, the impact on the recipients likely differed. However, none of the providers systematically sought to find out from their recipients the impact of their food support, except one which found that their monthly food pack valued at \$80 was able to reduce their recipients' grocery budget by 15–20%. Using this as a reference, it is uncertain whether food bundles could fully relieve food insecurity or only mitigate its severity for certain households. The extent of support needed varied across households, which was seldom assessed in depth. Nonetheless, recipients often expressed gratitude for the food they received as it helped to reduce their expenses, especially in current times of inflation. One recipient, who was a full-time caregiver of two elderly parents, remarked how the food bundles enabled him to stretch his savings and allowed him to make purchases which would otherwise be unaffordable.

Providers and recipients also highlighted other intangible benefits. A common example cited was how **friendships forged between the volunteers and recipients brought joy and comfort to recipients**, especially isolated seniors. When food was distributed in shared neighbourhood spaces, serendipitous encounters and regular interactions enabled residents to get to know one another, reduced social isolation, fostered trust and built social capital.

## Operating models

This section focuses on the operations of six providers for whom dry rations constituted their primary type of food support. Three of them offered home delivery, whereas another two operated by self-collection. The final one functioned as a food bank, with most of its food channelled to distribution partners rather than individual recipients.

### Home Delivery

Provider 1A operated a **large-scale islandwide delivery model** serving over 1,000 households across 18 geographical areas. Delivery was anchored by its own van and team of drivers, complemented by area-based volunteer teams led by appointed volunteer leaders who ensured sufficient manpower during distributions. **Each area received food three times annually**, amounting to 54 distributions per year. Due to limited storage capacity, food items were purchased on a per-distribution basis for one to two areas at a time, with rice ordered only one to two days in advance due to its bulk. This provider had a **separate programme** which provided more intensive support for recipients who met a more stringent set of criteria. Besides receiving food monthly, these recipients also received milk powder for children (up to six years old) as well as diapers for children (up to three years old) and the elderly (e.g., those with illness and/or incontinence), and additional household essentials (e.g., dishwashing and laundry detergents).

Provider 1B offered food as a **stopgap measure** to over 20 households. To stretch limited funding, its staff travelled to Johor Bahru to procure food, a cost-saving measure that was also adopted by a fresh produce provider we interviewed. Eight to 10 volunteers handled packing of **food bundles guided by checklists reflecting recipients' dietary restrictions and preferences**. This programme was also among the few which provided milk powder for children and the elderly. **Its case workers determined how the food bundles were to be distributed**, either through self-collection or home delivery. Home deliveries were

## FOOD SUPPORT TYPE 1: DRY RATIONS

usually for the elderly with mobility issues and the food was delivered by case workers on home visits to conduct status checks and case management reviews. Self-collection allowed staff to check in on recipients on a regular basis, where non-collection would raise red flags to staff. This approach **integrated immediate relief with continuous oversight** and tailored bundle composition. Interestingly, this provider had another programme which provided supermarket vouchers to selected recipients (see Food Support Type 4).

Provider 1C drew supplies from a partnering agency and distributed 40 food bundles each month. Because this quantity was insufficient for all families, bundles were rotated, and the frequency each family received annually depended on the severity of challenges as assessed by its case workers. **Home deliveries by the case workers were used to build rapport, a strategic move for nudging families towards debt repayment and full-time employment.** This government agency also connected clients to another food support programme that provided ready-made meals (e.g., curry rice) that could be heated in a microwave oven or with hot water, benefiting children without care arrangements who could then prepare their own meals after school.

**That's why we have a lot of programmes to basically enable and empower ... our family coaches to have the tools on hand to get the doors open and build the rapport and deep dive with the families into their issues and challenges.'**

### Self-Collection

Both Providers 1D and 1E distributed food at public spaces but had very distinct models that speak to their different priorities. Provider 1D viewed its programme as an **embedded community service with food distribution as entry point.** This provider delivered a small-scale, community-centred, self-collection model at the void deck of a rental block where most recipients lived, with food supplied by another food provider. The variety of most items available was relatively constant, though their proportions might vary across months. Each recipient could choose eight to 10 items per month.

**'Nowadays, the HDB flat, you know, everybody closes the door ... so it's an opportunity for them to come out and then connect with ... people, volunteers, or having their children play with other children, you know, in a safe environment ... So I feel that what we've created is, like, the olden days kampung where people come out and then gather and have conversation.'**

Operations were anchored by two regular volunteer teams: a group of six to eight volunteers focused on befriending, active listening and support, as well as a logistics team of about a dozen volunteers handling setup and flow. Serving over 60 households on the same Saturday each month, the distribution used a first-come-first-served queue system. Recipients received queue numbers and were ushered to tables with snacks to interact with volunteers and fellow recipients while waiting. The volunteers were trained to link recipients to community resources when needed. Their role went beyond assessing needs. **Volunteers "asset-mapped" recipients' strengths** to explore how these strengths could be leveraged to support other residents. Typically, two recipients were called at a time and accompanied by a volunteer who learnt about their food preferences during the selection of food items. Volunteers also facilitated the engagement of children through games or handicraft stations and delivered food to residents who were unable to self-collect due to sickness or mobility issues. The monthly food distribution created a vibrant platform where neighbours and regular volunteers could connect and share stories to **build a stronger and mutually supportive community.** However, breaking the ice among residents took time. The provider observed that it could take up to three months for residents to move from coming primarily for the food to feeling comfortable engaging with others.

By contrast, Provider 1E placed **greater priority on volunteer bonding and teamwork,** with food distribution as the shared avenue for service. It operated **a large-scale food distribution model through mobile groceries delivered via lorries and through community shops,** with food mainly purchased by the provider. A substantive portion of its

## FOOD SUPPORT TYPE 1: DRY RATIONS

food distribution targeted recipients of more than 30 distribution sites at a frequency of twice a year per site. This provider also served two other sites monthly. In total, this provider reached over 2,000 recipients. Suitable sites for lorry parking needed to be identified beforehand, and wet weather plans were prepared to ensure safe collection. At these distributions, recipients could choose up to 18 items across food and non-food (e.g., toiletries, medicated oil, and pain-relief patches) categories and could also collect additional near-expiring food contributed by partners.

This provider also operated two community shops, which provided each eligible recipient a card with up to 12 credits per month. Most items were worth 1 credit but some were valued at 2 credits or two items might go for 1 credit. There were also non-credit items in the form of rescued food (fruit and vegetables) and donations-in-kind. The **expanded volume and choice of food offered by the shops were substantial**, compared to the mobile groceries provided via their roving lorries. The smaller community shop served more than 400 recipients and offered 230 items for selection, while the larger one served 550 recipients and offered 280 items. Equipped with refrigeration and warmer, the shops also offered less common food items like roast chicken, cakes and cultured milk. Both shops were open for four hours twice a week. While these shops provided more options and longer collection hours than lorries, their potential was constrained by limited opening hours, due to the labour intensity involved in stocking and managing the shops that were almost entirely volunteer run.

### Provider-to-Partner (P2P) Supply Model

Providers 1E and 1F were both food-support specific organisations with a small team of staff. Their models of operations, however, could not be more different with Provider 1F operating **as a food bank with a P2P model. Its food supply consisted mainly of unsold or near-expiring items** (with at least two months remaining) **and donations in-kind**, supplemented by the organisation's own purchases using raised funds. This provider also coordinated food drives by schools

and corporates, encouraged sponsorships of food bundles and posted wish lists on its social media pages, requesting items (e.g., milk powder and coffee) sought after by partner organisations. Food donated was then channelled to distribution partners that included other food support providers and care institutions like Active Ageing Centres (AACs), nursing homes and shelters.

**Partners were onboarded to various food support programmes relevant to their needs** (e.g., number and type of recipients, and amount and type of food they need) and capacities (e.g., storage, distribution). The diversity of distribution partners enabled matching of varied item types and unit sizes received from donors. For instance, care institutions could accommodate large units (e.g., 25kg packs of rice and 5kg bottles of soy sauce), whereas bundles containing eight to 10 items were prepared for partners serving individual households. Distribution partners could also select available items through a digital platform and could either self-collect from the provider's warehouse or pay for delivery. The distribution volume to each partner each time ranged from a few cartons to several pallets of 300–500kg. Because its warehouse lacked cold-chain facilities, any sponsored frozen food and bento sets were collected and delivered to the distribution partners immediately.

Provider 1F also distributed food directly to households on an emergency basis and through self-collection vending machines. **Vending machines** served as a similar conduit as the community shops, albeit with much fewer options given the space constraints. Recipients were given cards preloaded with credits which they could use to redeem food from the machine.

The organisation relied on a pool of regular volunteers as well as large numbers of ad hoc volunteers (typically corporates). Its **staff led education and advocacy initiatives** with private and public institutions to raise awareness of food insecurity and food wastage.

## FOOD SUPPORT TYPE 1: DRY RATIONS

## Challenges Specific to This Food Support

Dry rations providers faced unique challenges related to the type of food support and operational model they adopted.

### Inappropriate food donations by the public.

Donors sometimes placed perishables (e.g., eggs and fruit) and chilled or frozen products (e.g., yoghurt) into public “bank boxes” meant for shelf-stable goods. Some also misconstrued the purpose of these boxes and donated near-expiry or expired food, opened packages, army food rations or fragile items without proper packaging (e.g., loose biscuits). The food items were collected when the boxes were about three-quarters full. This happened typically weekly or fortnightly and required substantial effort to sort and discard spoiled or non-consumable items. These **unsuitable donations could also damage otherwise safe food in the same box, causing collateral wastage of appropriate contributions.**

‘Milk powder is way too expensive. Even if we give vouchers to our clients, half of the vouchers will be used just on two tins of milk powder, and that doesn't last very long also. Yeah, so you talk about food insecurity, actually milk powder is a very very big insecurity.’

**Decreasing supply of milk powder.** Certain food items, such as milk powder, were especially costly. Because of its high cost, several providers who supplied them did so only discretionally or did not consider it as part of their food support programme. At least two providers also noted how donations of milk powder had been declining over the years. The high cost conferred milk powder a “luxury item” tag and few donors were willing to fund it given how the cost of one can of milk powder could be used to buy many cans of other food. This made getting a consistent supply a challenge for the providers. There

were other considerations in giving milk powder, given that babies and young children may not take to certain brands or be allergic to some of them.

‘Nobody tells us, they just come in their own time, own target, knock on doors and give. Lots of people come to give. Unless they go through the CC. If they go through CC, our CC will arrange which month not to give, or to go to another block and not overlap. ... We'd know which month already had donations and can avoid duplicates, send them elsewhere. But many people just want to do good. ... We can control, like in August, many groups want to give, so we just let 10 do it per month—not an oversupply but spread demand.’

**Uncoordinated one-off food distributions.** Providers highlighted how there is a tendency for some corporates to conduct food distributions as their Corporate Social Responsibility (CSR) activities without coordinating with existing providers serving in the same area. This **resulted in some households** (often those in rental flats) **with excess or unsuitable food supplies** (e.g., food staples for seniors who cannot cook). Some providers ended up having to make extra arrangements to clear out expired or mouldy food, or “rescue” the excess food. Potential donors, however, lacked a one-stop platform where they could obtain information about the kinds of food required by providers and when they need them.

**Lack of an efficient inventory/stock management system.** Smaller providers took stock of their food supplies manually as they lacked an efficient inventory and stock management system. This **increased the workload of staff**, particularly for providers whose food support programme formed only one part of their service provision.

FOOD SUPPORT TYPE 2: FRESH PRODUCE

# Food Support Type 2: Fresh Produce

## Food distributed:

Primarily fresh vegetables and fruits, with frozen items on rarer occasions



Operations of most of the fresh produce providers were entirely **volunteer-driven**.

**Rescued fresh produce was often distributed on a weekly basis**, with primary objective being reduction of food wastage.

**Queue management** was paramount with self-collection as main mode of distribution.

## Operating models:



### Purchased food

- **Regular weekly food distribution** to specific rental block residents: Provider 2A
- **Emergency rations** distributed by resident volunteers to neighbours: Provider 2B
- **Healthy food choices** for families of children with chronic illnesses: Provider 2C
- **Semi-customisable food distribution** by FSC with milk powder for selected families: Provider 2D



### Rescued food

- **Food rescuers** with sophisticated modus operandi: Providers 2E, 2F, and 2G
- **Community-based food support** initiated by resident or grassroots volunteers: Providers 2H, 2I, 2J, 2K, 2L, and 2M

## Challenges specific to this food support



**Non-delivery** of food items ordered online



**High demand** for but limited supply of certain food



**Unpredictability of supply**



**Convincing businesses** to donate their food surplus



**Securing necessary approvals** to utilise public spaces

## FOOD SUPPORT TYPE 2: FRESH PRODUCE

## Overview

Food distributed under this category primarily comprised fresh vegetables and fruit, with frozen items included on rarer occasions.

**More than half of the providers** (16 out of 26) interviewed provided fresh produce either as the main food support or as a complementary one.

Thirteen of these providers are profiled in this section as they offered fresh produce as their main support. Nine of these providers distributed rescued food either directly to recipients or to their distribution partners. The rest either purchased or sought sponsorships from community partners (e.g., nearby wet market stall holders) for fresh produce. Many of these providers also provided dry rations and, to a smaller extent, frozen food. The high number of fresh food providers interviewed reflects their increasing role in the food support sector but is not reflective of the overall proportion of the food support providers.

The **types of fresh produce distributed were varied. For providers who distributed rescued food, their food source was highly dependent on their food suppliers**, the bulk of which were wholesalers. Rescued fresh produce were typically vegetables and fruit that might have cosmetic imperfections (oddly shaped or with minor blemishes) or were surpluses. Common and regularly available rescued food distributed included leafy vegetables, capsicums, potatoes, carrots, bananas, melons, and grapes. Others were more seasonal and included organic vegetables and fruit, less typical vegetables such as artichokes, small round or rainbow carrots, kale, rucola, mangoes, and mandarin oranges. Heavy rain, flood, droughts and even road closures due to landslides in the producer countries could also affect the supply of the food. Frozen products distributed include frozen meat, fish, vegetables, fruit and pastries. Though the food rescue groups rescued mainly fresh produce, they might also obtain other items such as dry rations

from food manufacturers and importers, and bread from neighbourhood bakeries. When food supplies ran low, some providers would supplement with purchased vegetables and fruit sponsored by private individuals. Community gardens, school gardens, local farms and neighbourhood supermarkets were also known to supply vegetables to the providers, albeit in more limited quantities. Many of these providers also distributed fresh eggs supplied by a major supermarket chain.

**'When the vegetables arrive, we actually need a lot of helping hands to sort through them. And we have to prepare other things too, like picking out the spoiled vegetables. There's a lot of manual work, a lot of carrying and sorting, so it really isn't easy.'**

The **operations of most of the fresh produce providers were entirely volunteer-driven**. Volunteers were needed to source, collect, unload, process and distribute the food, as well as manage the queues. As rescued food might not be in optimal condition, it needed to be processed first before distribution. This included removal from its original packaging, sorting, trimming, and disposal of those that had spoiled. Volunteers were also needed to clean up the facilities before and after use to ensure proper sanitisation and a pest-free environment. Hence, providers who could sustain their operations were those who managed to recruit a core group of regular volunteers that were committed, reliable and responsible. **Food supplies might come in at odd hours**, including late at night, and volunteers worked for a couple of hours to prepare for distribution the following day. Depending on the number of recipients (which ranged from 30 to more than 100), around eight to 12 volunteers were typically needed to ensure a smooth distribution. Over time, strong bonds formed among volunteers, sustaining their work.

## FOOD SUPPORT TYPE 2: FRESH PRODUCE

**Rescued fresh produce was often distributed on a weekly basis** and might not necessarily serve only targeted recipients. When supply exceeded need, several of the last-mile providers allowed anyone to collect the food and encouraged all to eat it. One provider, for example, wanted to dispel the notion that rescued food was meant only for the underprivileged.

**‘Some will drop off, of course. But after doing this for maybe about two years coming, I have like ten very dedicated ones that are all still with us. And it goes beyond just sharing food. It becomes like (a) community. So it's like support, we hear each other's problems, or we know so and so needs something, and we actually reach out to them.’**

The **main mode of distribution was self-collection. Queue management was paramount** in ensuring the success of the distribution as squabbles among recipients could easily upend the distribution, as reported in the news. Many of these providers had developed a localised approach to managing the distribution process to ensure orderly queues and collection. Strategies included assigning different roles to volunteers, giving out queue numbers, giving priorities to selected recipients (e.g., through colour tags on their registration cards and different queue tags), and disallowing recipients from using their trolleys to beat the queue. When calling out queue numbers, a small and manageable group of recipients was allowed to collect the food at any one time. To ensure that everyone in the queue could get something, volunteers would also estimate and apportion the amount of each food item that could be collected per recipient. One provider set up three tables to place food of different abundance (“limited”, “abundant”, and “standard”) and a chart was provided to inform volunteers on the quantity from each table that could be distributed to each

recipient. Usually, only the volunteers handled the food although recipients could in some operations reject food that they did not need. While not everyone might get the same items (e.g., the same fruit), volunteers would usually apportion the food available such that everyone in the queue was likely to get a reasonable amount to bring home. Any balance was then given to households that needed more, or the provider might allow for a second round of collection. One provider also assigned regular recipients to collect for their neighbours, thereby creating opportunities for neighbours to provide mutual support and for the number of recipients receiving the food support to snowball. For those providers who managed to obtain permission for a storage place from the authorities (e.g., town councils), they might sometimes store rescued dry rations for future distributions with low quantities of fresh produce. Well-established providers usually had a standard operating procedure that the volunteers were trained to follow.

As fresh produce is easily perishable, **community fridges were a common sight at the distribution sites**. These fridges served two functions: for storage of the fresh produce before or after a distribution, and for collection by recipients who could not collect during the designated distribution period. However, the second function did not always work well as volunteers were often needed on a regular basis to remove food that had turned mouldy, soggy or was no longer consumable, and clean up the fridge. Ready access to water, towels and paper was needed to maintain its cleanliness. Unhappiness might also arise when some recipients took more than a fair share. Consequently, many community fridges merely served the first function. Nonetheless, when managed well, community fridges provided a space for the residents to contribute to each other and reduce wastage of excess food that residents might have.

## FOOD SUPPORT TYPE 2: FRESH PRODUCE

## Operating Models

Providers which distributed fresh produce can be broadly classified into (1) those who purchased their food and (2) those who conducted food rescue. The two categories operated in distinct manners. Those that distributed rescued food fall into two sub-groups: (1) large operations that distributed rescued food to a wide network of distribution partners, and (2) smaller scale ones which distributed food mainly to residents in the immediate neighbourhood.

### Purchased Food

Of the four providers which distributed purchased food, two were volunteer-driven (Providers 2A and 2B) while the other two (Providers 2C and 2D) were run by staff from separate SSAs as part of their programmes to support service users.

Provider 2A provided **weekly fresh produce and dry rations to residents** of a few rental blocks **in a fixed area**. Their consistent and regular presence since the 1980s enabled residents to know where they could seek help from. Recipients were mean-tested and those with low incomes or unable to work were eligible. Food was purchased using the funds raised through their social club and from corporate sponsors. One surprising observation noted by the provider was the recipients' preference for pineapples, tomatoes and onions, rather than leafy vegetables. This provider also conducted a **survey on food preferences** among the recipients but found it challenging to cater to them given the disparate preferences. Volunteers also delivered pre-packed food bundles to residents who were immobile.

**Founded by a resident volunteer**, Provider 2B served mainly rental flat residents living near the founder by offering frozen food (e.g., hot dogs, vegetables, chicken), dry rations (e.g., rice) and even food like soft tofu and aromatics such as onions, ginger and green

chilli as an **emergency supply to families with children**. Applicants for the food support contacted the founder via a hotline shared on social media and by word of mouth. While recipients could receive food that lasted for a week without the need to provide any formal documentation and hence any time gap, **those who collected more than once were expected to volunteer their time** (e.g., in marketing, administrative work or organising events). The programme also shared on social media the recipes that families developed using the emergency rations provided. Beginning initially with just a small freezer, the provider had expanded the scope of support to include a **breakfast programme for children** before they went to school. By allowing children to collect milk and snacks (e.g., cakes, biscuits, cereals) on the condition that they appeared in their school uniforms during school term, and that they had already showered before they collected during school holidays, the provider played a role in supporting other parents in managing their children. Funding came from an SSA where the founder used to work in as well as from a digital crowdfunding platform. Plans were in place to set up more community fridges with the same approach in other neighbourhoods.

Provider 2C supported **families of children with chronic illnesses**. Families were means-tested and assessed by its social workers. Recipients were given choices which differed in the type of protein given (chicken, whole fish and fish tofu), milk (fresh, cow's or soy) and bread spread (kaya or butter). Standard items included vegetables, fruit, eggs, bread, rice and oil. Giving families **fresh produce and choices served to promote healthy eating**, especially important given the profile of families served. Recipients could change options every month by placing their orders with their social workers, who then updated an excel spreadsheet before **orders were placed on a supermarket's online platform to be delivered directly** to the

## FOOD SUPPORT TYPE 2: FRESH PRODUCE

recipients. Funding was raised on a crowdfunding platform and occasionally contributed by corporate sponsors. Depending on assessments by case workers, some families were given supermarket vouchers or milk powder either as a substitute or supplement. Unlike the delivered food bundles, recipients needed to collect the vouchers and milk powder from the provider's office.

Provider 2D catered mostly to **low-income families served by the family service centre** that initiated the programme. Donors included an egg farm and businesses such as a supermarket and wet market stalls serving the neighbourhood. Its staff contacted potential sponsors a few weeks before distribution to find out the amount they were willing to donate. Arrangements would be made either to pick up the food or have it dropped off in the centre the day before distribution, an endeavour supported by resident volunteers. Recipients collected a standard pack that contained food items donated in relative abundance (typically fruit and seafood). Processed food such as nuggets was intentionally avoided. Families were also

given credits based on household size, which they could use to exchange for food in limited quantity (e.g., vegetables and chicken) using an order sheet on which they indicated the items they wanted. The amount ordered will be tallied against the credits they were entitled to. Their orders were then packed by staff and volunteers for collection. Each family could usually collect a trolley worth of food. **Fun-filled activities** were also organised by volunteers during the food distribution to **encourage family bonding**. Due to the manpower-intensive nature of the operations, food distribution was done on a quarterly basis, usually timed near festive seasons. Dry rations were also given to selected families (e.g., those with large family sizes or without income) to help ease immediate stressors while they worked with the case workers towards the goals they had set for themselves. The centre also had **a partner (a church community) that supported selected families with their milk powder needs**. Its case workers also helped to source for cooking appliances (e.g., induction cooker) when families could not afford them.



## FOOD SUPPORT TYPE 2: FRESH PRODUCE

### Rescued food

The nine providers that provided rescued fresh food as their signature food support could be broadly classified into those that operated primarily as fresh food rescue groups and those that functioned mainly as localised food support community groups. The two categories of providers were similar in that both distributed rescued food, particularly fresh food, to recipients. However, they differed in how they originated, their primary goals and scale of operations.

**Food Rescuers.** Three of the nine providers (Providers 2E, 2F and 2G) fall into this category. **They were established primarily to reduce food wastage.** Their main impetus was environmental in nature: rescuing edible surplus or cosmetically unappealing food to keep it out of landfills, reducing the carbon footprint of the food system, and maximising the planet's resources used to grow, transport and store the food. They were gratified or at least remained unperturbed when less surplus food was available for rescue, as this suggested that suppliers had taken steps to minimise food wastage, an outcome aligned with the groups' environmental objectives. At least two of them were formally registered companies limited by guarantee (CLGs).

'I ... got into the space primarily from a view of not polluting the environment further. ... So there are kind of two ways, right? One, let's not pollute the environment further. Two, food is sacrilegious - wasting food is sacrilegious. So that's the values that I hold.'

These groups had evolved over time to have sophisticated modus operandi that allowed them to **collect food from multiple sources and distribute them to dozens of distribution partners islandwide on a regular basis**, despite being wholly volunteer-

driven. These distribution partners collected food from the providers using vehicles of different sizes. Those that collected food in cars could serve around 40 to 50 residents per car. Those serving more residents might arrange for private delivery vans carrying food that could feed up to 100 people, while 10-footer lorries were used for larger loads, supplying food for up to 200 people. Different partners might not get the same items at each collection but were assured a fair share to distribute, with allocation based on the number of recipients served by each partner.

The rescue groups relied on a **large network of volunteers**, some of whom supported more than one group. The volunteers provided logistics and, equally importantly, the contacts that allowed them to rescue food from multiple sources. Apart from collecting fresh produce from the wholesalers, they also actively rescued dry rations and cooked meals from importers, food manufacturers, eateries and bakeries. For example, one rescue group collected about 20kg of breakfast items (e.g., baked beans, eggs, fried rice and bread) daily from hotels in town. They also **ran roadshows and conducted talks** to educate the public, schools and corporates about food wastage, and to raise funds to sustain their operating costs.

Although there were few fresh food rescue groups in Singapore, the three providers we interviewed made attempts to avoid overlaps. One provider, for example, operated on weekdays (two to three times a week) to avoid clashing with other rescue groups that collected from the wholesale centre on weekends. **Differences in their distribution approach** also reduced overlaps in the profiles of those they served. Provider 2E served mainly what it referred to as "**sandwiched residents**" ("people who were not poor enough to receive help from charity and not rich enough to not have to worry about money"). It focused on stocking up community fridges and providing for its distribution partners, which were mainly community initiatives that distributed food to their local communities. Provider 2F served a more

## FOOD SUPPORT TYPE 2: FRESH PRODUCE

targeted segment of beneficiaries, including individuals experiencing **food-insecurity** (e.g., migrant workers, people living in shelters) as some donors requested that their contributions be channelled to these groups. It also supplied vegetables to a nursing home. In addition, its volunteers conducted door-to-door outreach in rental flats to reach older residents, especially those living alone or with limited mobility, who were willing to accept rescued food. Provider 2G mainly served people on their **contact lists** and shared any excess via digital sharing apps.

**Community-Based Food Support.** The remaining six providers received their food supply mainly from the rescue groups discussed in the previous section. These groups were **typically established by resident volunteers or initiated by grassroots volunteers**. Providers 2H and 2I were initiated by separate Members of Parliament (MPs) while Providers 2J, 2K and 2L had the support of their MPs. Such support was important for securing a fixed distribution site, which were usually the void decks of HDB flats that required approval for use by the town councils. All these groups served mainly the residents in one district except for Provider 2L. The latter started its food distribution for the residents in one district with the emphasis on neighbours helping neighbours but eventually supported other resident-initiated food distributions in various districts by also supplying food to them. Eligibility to collect the food varied with some providers allowing anyone to collect

while some prioritised residents of the district or those with certain CHAS<sup>4</sup> cards.

Although the food distributed was rescued, their operations were not cost-free. Transportation constituted a major expense as the providers either needed to travel to collect the food at the wholesale centre or paid for transport provided by the rescue groups. **One enabler of their operations was their ability to find donors who were willing to pay for the operating costs** which easily added up given the regular, year-round distributions. Lack of transport funding was one of the commonly cited reasons why some community-based food support could not be sustained.

These providers typically distributed fresh produce on a weekly basis, serving from a few dozen recipients to more than a hundred at some distribution points. Distributions could take place on weekdays or weekends, and at different hours. As the operations were entirely volunteer driven, the volunteers' willingness to distribute fresh produce on a regular basis reflected their commitment and dedication to their local communities. Some providers that started off distributing rescued food eventually expanded their outreach by tapping the residents' strengths and resources, for example, by setting up mini libraries, giving tuition and offering haircuts.

<sup>4</sup> CHAS stands for the Community Health Assist Scheme, a government initiative that enables all Singaporean citizens to receive subsidies for medical and/or dental care at participating clinics. The CHAS benefits that each Singaporean citizen can receive is tiered according to household monthly income per person or the annual value of the home for households with no income. Citizens receive CHAS cards that can be green, orange or blue, depending on the tier of benefits that they are entitled to. Blue CHAS card holders have household monthly incomes per person of S\$1,500 or lower, or an annual home value of S\$21,000 or lower.

## FOOD SUPPORT TYPE 2: FRESH PRODUCE

One noteworthy observation of these groups is **the role of “community connectors”** — resident volunteers who were highly proficient in bridging residents with resources and services. Many of the providers in this category had at least one community connector who was able to seek out diverse food and financial donors that allowed the groups to sustain their regular food support operations. These providers required a regular supply of food and donations that allowed them to fund the transportation costs required to collect the food from their food donors. Their community connectors were able to skilfully tap on their social networks and local knowledge to unlock the “hidden” strengths (e.g., volunteers and residents with different skill sets) and assets (e.g., standby vehicles, donations and sponsored meals) that various individuals could offer and harness them for the benefits of the local community. Equally important was their ability to reach out to residents of different profiles and connect them through shared purposes.

One such community connector stood out for her ability to not only establish a long-standing food support system for her neighbours, but also help to establish similar systems in other neighbourhoods. The founder of Provider 2L actively sought out and coordinated multiple and diverse sources of food that allowed her to distribute food regularly to as many as 18 other community groups that provided food to their residents. Yet another resident volunteer, the founder of Provider 2M, leveraged her social network to set up a library at the void deck of her flat in addition to distributing both fresh and rescued cooked food. A few community connectors who served as grassroots

**‘I think last week, one lady, her husband just passed away, she’s home alone, nothing to do. I told her, come here to help out, make friends, pass the time. ... Encourage them out. Don’t stay home thinking too much. Here, you can make friends, go out to eat together.’**

volunteers were able to source for different services and support for the residents and to bring together different groups of volunteers to create various community initiatives. For example, one grassroots leader from Provider 2J partnered multiple food support providers to support different groups of residents. Yet another grassroots volunteer from Provider 2I mentored various volunteer groups to develop new initiatives. **These community connectors thus played a critical role in strengthening neighbourly ties**, reducing social isolation and building community inclusivity and trust.

## FOOD SUPPORT TYPE 2: FRESH PRODUCE

## Challenges Specific to This Food Support

Providers distributing purchased food and rescued food faced similar logistical constraints. Apart from one provider which depended on supermarket delivery, the rest of the providers needed to ensure that the food remained fresh and consumable when it reached the hands of the recipients — not a simple feat in our tropical climate. Cold chain logistics would play an especially important role in this type of food support, but **none had vehicles with refrigeration systems**. Inevitably, some of the fresh produce would spoil by the time they can be distributed, leaving some recipients to complain about the quality of food received. Nonetheless, most recipients expressed satisfaction with what they collected, which helped to cut down their grocery bills to some extent. **Logistical and space constraints also substantially limited the capacities** of many providers from expanding their reach. Providers also encountered distinct challenges associated with their food source.

### Purchased Food

Provider 2C, which ordered food for delivery direct to its recipients, often faced issues with having some of the **food items not delivered to the recipients due to the supermarket's supply running out**. Online orders from supermarkets did not support bulk orders when the food items were meant to be delivered to different addresses. When some ordered items were not delivered, the provider would have to process the refunds from the supermarket and issue compensatory vouchers to the affected recipients, generating additional administrative work. Provider 2D, which sourced for food sponsors, encountered the issue of **high demand but limited supply for certain food**, such as fresh or frozen chicken.

### Rescued food

One feature of food rescue was the **unpredictability of its supply** given that businesses donated what they were unable to sell off. Another common issue was the irregular hours at which these businesses required the rescue groups to collect the food, often at short notice as getting the unwanted food out of the way was crucial for these businesses when storage space was tight. This posed a challenge to even providers with storage capacity as their storage space might not be able to accommodate the sudden influx in addition to their regular supply. Negotiation and compromises were often needed to salvage whatever amount that could be accommodated. Providers must also have a ready supply of standby volunteers who could salvage the food any time when required. Volunteers also needed to **be highly adaptable** given the fluidity of food rescue operations in which sudden changes were common.

**'It's literally a collect by this time so that you're at this spot by this time, quickly distribute and then back to base again. Yeah. So it's tight planning. That's why I say some days we are like LalaMove.'**

The large variety of food rescued, especially by the rescued groups, meant that there would be **certain less common food that might not be as well-received** as recipients lacked the knowledge to prepare and cook it. Recipes were sometimes shared through social media with the recipients to encourage them to take the food. Rescued groups also faced challenges in convincing some residents to accept cosmetically unappealing food even though they were perfectly edible. Ironically, greater acceptance of such food had led to some food businesses (e.g., supermarkets) selling such food at a discount, reducing the supply of food that the providers received from them.

## FOOD SUPPORT TYPE 2: FRESH PRODUCE

**Convincing businesses to donate their food surplus had not been an easy task.** The passing of the Good Samaritan Food Donation Bill in 2024 has been a great help to food rescuers and their distribution partners as the Bill protected them from criminal and civil liability (provided they meet specific food safety conditions) and increased their food sources. Nonetheless, some businesses were still hesitant in donating their food due to concerns about reputational damage and risks of investigation if complaints were made against them, with some expecting the rescue groups to bear the liability by signing indemnity forms. Businesses might also be wary about how the food donations could impact their sales and branding. One solution adopted by rescue groups to address this was to remove the original packaging from the fresh produce (e.g., fruit) prior to food distribution. Providers needed to keep their food donors anonymous to protect the latter's business interests (e.g., no photos of food on social media). Some businesses also expected "reports" from the providers on the recipients' responses to their food, adding to the administrative demands on the providers who often had their own full-time jobs or businesses besides food rescue. Though rare, some businesses made use of the rescue groups to dispose of their unwanted food, the bulk of which were no longer consumable. Rescued groups also flagged their **concerns about whether they could continue using the space currently available for food collection at the wholesale centre**, without which they would either have to scale down their operations or spend more funds on space rentals.

**Not all community groups were able to secure the necessary approvals to utilise a public space** where they could conduct their food distribution regularly, possibly due to concerns about sustainability, utility usage, fire hazards and liability of food poisoning. Provider 2M was one that faced this issue. Similar concerns also prevented some prospective providers from getting the approvals to secure a public space to house community fridges.

'Quantity can change, right? Shape, form, whatever can change. ... Right down to timing, etc. ... And our volunteers will not get angry like, "Aiya, but I already planned what to do." By now, you should know already. There's nothing guaranteed until the item comes into my hands.'



FOOD SUPPORT TYPE 3: COOKED MEALS

# Food Support Type 3: Cooked Meals

**Food distributed:**

Catered, rescued or community cooked meals



**Operating models:**



**Meals on Wheels programme**

- **Nationwide daily meals** to homebound clients, subsidised by MOH: Provider 3A and 3B



**Community-initiated communal dining**

- **Communal meals** to engage young families that need support: Provider 3C
- **Breakfast programme** for rental residents to foster community bonding: Provider 2I



**Daily operated soup kitchen**

- **Three vegetarian meals** provided daily to promote compassion: Provider 3D



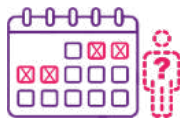
**Sharing of rescued cooked food**

- **Rescued cooked food** from restaurants: Providers 2F and 2M

**Challenges specific to this food support**



**Fundraising** to cover shortfall in operating costs



**Shortfall in volunteers** during long weekends



**Managing recipients' expectations**



**Service duplication**



**Potential tightening of food regulations**



Getting **reserved senior residents** to participate



Dealing with **food waste**

## FOOD SUPPORT TYPE 3: COOKED MEALS

## Overview

Five providers offered cooked meals as their signature food support. Of these, two providers ran the Meals on Wheels (MOW) programme, with the rest offering communal dining. In addition to these five main providers, a couple of providers offered rescued cooked food.

## Operating Models

### Meals on Wheels providers

MOW is a **community-based service** administered by the Agency for Integrated Care (AIC). It **delivers daily meals to homebound clients who cannot buy or prepare their own meals and have no one who can help them do so**. As of December 2025, there were six MOW service providers serving nine different regions in Singapore. Service users are typically the elderly without family support/caregivers or have children who are unable to support them.

The two MOW providers that **ordered meals from private halal-certified caterers** had meals delivered to the providers twice daily for distribution. The meals followed the **Health Promotion Board's Healthier Catering Guidelines** and can be catered to different dietary needs (e.g., vegetarian and special diets). Recipients could choose up to **four types of food texture** (blended, soft bite, chopped and normal) according to their physical condition. Recipients received one to two meals daily, depending on their needs and preferences, with the meals varied in terms of staples (e.g., noodles once a week during lunch as the providers reported that the elderly preferred rice) and dishes (at least one meat and one vegetable dish in each meal). Referrals were usually made by hospitals, AACs, social service offices (SSOs) and Silver Generation ambassadors. All MOW referrals went through AIC for

placement to MOW providers. The meals were **subsidised by the Ministry of Health**, with recipients mean-tested to determine the level of subsidy they were eligible for. These providers also raised funds to cover shortfalls when necessary.

Though they offered the same service, there were **distinct differences in how the two MOW providers operated**, particularly in their delivery personnel. Provider 3A had its own fleet of vans and employed drivers who also served as couriers to deliver meals to the recipients, supported by a small team of volunteers. On the other hand, Provider 3B tapped on a combination of volunteers, micro-jobbers and contracted delivery riders to deliver the food.

As service providers of MOW, the two providers also value-added to their services in unique ways. Provider 3A would **make home visits to ensure that the referral information** given was **accurate** and to establish the recipients' actual needs (e.g., whether they may need food over the weekends). For example, patients with poor mobility that were referred by hospitals might regain the ability to walk, or they might have employed domestic helpers that were noted during home visits. These changes to the recipients' life circumstances would remove them from the eligibility list and potentially reduce food wastage as such clients might not require meals provided by MOW anymore, thereby enhancing accountability to the tax-funded programme. Provider 3B went the extra mile to **reduce "food fatigue" by having different caterers** for lunch and dinner and changing their caterers every one to two years, a period when negative feedback from the recipients would typically start to rise. Their caterers were tasked to refresh the menu every three months, with the same meal not appearing more than once every month. This provider also worked with a vendor that specialised in pureed diets. While costlier than

## FOOD SUPPORT TYPE 3: COOKED MEALS

blended food, the frozen pureed food better retained nutrients and remained appetising after being heated. However, this option would not be suitable for recipients who might not know how to reheat food or were unable to reach their freezer (e.g., wheelchair-bound recipients). For this group of recipients, they were given blended food instead.

The standard operating procedures for both providers required the food **couriers to alert staff if they noticed that the previous meals had not been collected**. In such cases, staff would follow up by phone and, when necessary, make home visits to check on recipients. At times, these checks enabled timely assistance for seniors who had fallen. This approach offered a simple yet effective strategy to monitor seniors' well-being, particularly those living alone or experiencing social isolation. It also gave the couriers a greater sense of purpose and helped to sustain their motivation to continue serving. The couriers were also requested to photograph delivered meals for recipients who repeatedly reported not receiving them. They would also knock on the door to signal that the food had arrived. However, not all recipients might answer immediately or at all. Hence, recipients were encouraged to inform the staff in advance if they would not be home to minimise food wastage. The staff also conducted a **six-month periodic review** to assess any change in their needs. A nation-wide feedback exercise would usually be conducted by AIC every two years. To break the monotony, **special meals at higher costs, separately funded by corporate sponsors, were offered** as a treat to the recipients once a month by both providers.

**'When they start to communicate with each other, barriers will come down. When you don't communicate, there's no community, alright. And community is immunity.'**

## Community-initiated communal dining

Provider 3C was a newly set-up initiative that provided monthly catered **communal meals to selected young parents with their children**, with plans to increase the frequency to twice monthly. Meals were designed to be nutritionally balanced (including proteins, vegetables and carbohydrates) to **promote awareness of healthy eating**. The communal meals functioned as an engagement platform for staff to build rapport with participating families and to better understand their challenges, as well as their aspirations in personal, family and career domains. The longer-term goal was to leverage these relationships to provide support, particularly in **addressing barriers that hindered the families from achieving stable, long-term employment**. The staff actively sought feedback from the participants on improvement for the food served and the activities for the communal dining. Feedback included requests for child-friendly options, such as soupier meals and boneless chicken. The initiative **catered from home-based businesses** (with hygiene certification) to provide these local small-scale businesses with opportunities.

Mentioned previously as one of the community-based food support groups, Provider 2I combined its weekly rescued bread and fresh produce distribution with a **breakfast programme**. While registration and queue numbers were required for those who wished to collect the fresh produce, no registration was required for the breakfast programme. Breakfast was served at the void deck of a rental block to encourage residents, especially the seniors, to interact with each other. **Resident volunteers used both rescued and purchased food for cooking**. Funds were raised to purchase food for the breakfast. Supported by over 20 volunteers, this provider reached out to around 80 residents of the rental block and nearby blocks using **communal dining to foster community bonding and reduce social isolation**. Volunteers knew the residents well, including their needs, thus ensuring that timely

## FOOD SUPPORT TYPE 3: COOKED MEALS

support (e.g., letter reading, referrals to social services and notifications to grassroots events), could be provided whenever necessary. Residents also participated in exercise classes and game sessions.

### Daily operated soup kitchen

Provider 3D was the only **soup kitchen** that participated in our interview. It was open to all and served **three vegetarian meals daily, promoting compassion through diet**. The number of meals served daily ranged from 700 to 800 on a typical day and can go up to 1,500 to 8,000 on special occasions. **Sited within a temple**, diners included devotees, seniors living nearby, workers who worked in the vicinity, security guards from neighbouring condominium complexes and students who came for the evening religious classes. More varieties of dishes (four to five vegetarian dishes, rice/noodles, soup and dessert) were served during lunch when there were the most diners. Fewer varieties were served during dinner where the number of diners was the lowest. Meals served were not intended to be luxurious but healthy with reduced salt, oil, and sugar (for desserts). Due to food safety reasons, diners were not allowed to bring the food home using their own containers. They were requested to throw away their leftover food in pails provided and to rinse their utensils, which were then machine washed. This segregation method aimed to discourage diners from taking more food than needed and to prevent plates from being thrown away, which happened when large bins for the disposal of leftover food were provided in the past. The leftovers in the pails also indicated the less popular types of food. Meals were prepared by seven to eight chefs, supported by three to four dishwashers and over 20 volunteers who helped to prepare the vegetables and serve the food to diners. Food for the central kitchen were either bought or came from donations-in-kind. This provider also

**supplied dry rations to other food support providers** including other soup kitchens, whenever they received more food than could be served by the kitchen. A **separate food support programme supplied dry rations to means-tested recipients** twice a month.

### Sharing of rescued cooked food

Some food rescue groups (e.g., Providers 2F and 2M) also actively **recovered cooked food from restaurants**, particularly those with buffet spreads. Volunteers had to be registered with the restaurants and bring along their own containers to collect leftover food. All items collected had to be weighed and documented. The quantities could be substantial (ranging from 20 to 35kg per collection site) and volunteers might not be able to rely on public transport and instead had to arrange for private transport, often at their own expense, to deliver to distribution sites. Different groups had different operational models, with some distributing the food to people living in rental flats or whom they knew were in need, while others distributed it to their neighbours or people in their food rescue networks. Providers would do a **taste test to see if the food was still consumable** before distribution. For food safety reasons, some providers would only allow recipients to consume the food at the site of distribution, while others would remind recipients who brought the food home to reheat or refrigerate it. One provider required residents to bring their own cutlery; otherwise, a fee applied.



## FOOD SUPPORT TYPE 3: COOKED MEALS

## Challenges Specific to This Food Support

Given their different operating models, providers supplying cooked meals by delivery and communal dining encountered distinct challenges.

### Delivery of cooked meals

Although subsidised by the government, the MOW providers still had to fundraise to cover part of their operating costs, particularly transport and manpower. **Financial constraints reduced their capacity to enhance services for recipients.** Drivers employed by Provider 3A were also ageing, and the absence of career pathways hindered the recruitment of younger drivers. Vehicles also had to be replaced over time, incurring substantial costs for both the Certificate of Entitlement (COE) and vehicles. The alternative approach of getting volunteers to make deliveries was also demanding as not all volunteers were able to cycle or drive or be available on weekdays. Provider 3B also noted the **shortfall in volunteers during long weekends.** While micro-jobbers provided a potential source of couriers, these were typically seniors who could only deliver a limited number of meals to recipients living close to their residences. Many more manpower hours were also required to coordinate the couriers when they came from different sources.

**Sourcing suitable and willing caterers** was not always easy, as not many caterers had the capacity to provide two meals daily without any days off. **Managing recipients' expectations** such as delivery timings, food fatigue and tastes also took up manpower resources. Although rare, providers sometimes encountered **service duplication**, where recipients were found to be receiving meals from more than one source. This not only led to food wastage but also

dampened volunteer morale, especially among those who believed they were serving people in need. Preventing such overlaps was difficult because providers were typically not aware of other (non-MOW) providers operating in the same area. The staff also expressed other concerns about these alternative meal arrangements, in that without prior communication and proper handovers, vulnerable recipients could be left without meals, while some recipients might exploit the situation by repeatedly switching between MOW and non-MOW providers.

'We have some people that call in to say, "Wah the food has really improved, please maintain this standard." And then we have the same (group of) people calling for the same session, the same meal, "The food is horrible, please change it." So it becomes very, very contradictory. We don't know what to do.'

FOOD SUPPORT TYPE 3: COOKED MEALS

Communal dining

**Constraints in facilities** were a particular issue that groups providing communal dining raised. This included the challenge of sourcing for halal-certified kitchens, as well as the lack of toilets, fans, electrical points and space at the dining site, typically void decks. An emerging concern among these providers was the **potential tightening of food regulations** relating to communal dining, in particular, the costs and practicalities of sending volunteers for food hygiene courses. Such costs can be prohibitive for small groups, especially if they have foreigners, who do not qualify for course subsidies, serving as volunteers alongside them. In communal dining, volunteers faced **additional demands in managing preferences and expectations**, including recipients wanting to pack food home, wasting food by taking excessively,

expecting unrealistic food quality or providing contradictory feedback. Getting reserved senior residents to participate in communal dining was also not easy, despite them standing to benefit most from the social engagement.

For large soup kitchens, **dealing with food waste** was critical. Food waste included not just leftovers and food thrown away by diners, but also large quantities of vegetable trimmings discarded during the meal preparation. Food waste management comprised staggering smaller portions of food served, cooking fewer dishes for the last meal of the day, and composting, though Provider 3D, which adopted these measures, also highlighted their limitations. Finally, employing chefs to work in soup kitchens was a challenge for the same reasons as employing drivers to deliver cooked food.



FOOD SUPPORT TYPE 4: VOUCHERS AND CREDITS

## Food Support Type 4: Vouchers and Credits

Distribution of vouchers or credits that allow recipients to procure food from supermarkets and/or food and beverage businesses

### Operating models:



#### Supermarket vouchers

- **Interim stopgap measure** through referral by social workers: Provider 4A
- **Tiered component** of overall service provision complementing main food support: Providers 1B and 2C



#### Meal credits

- **Meal coupons for migrant workers**, supplemented by communal dining events: Provider 4B
- **Meal redemption via QR code** using self-developed digital app: Provider 4C

### Challenges specific to this food support



Determining **adequate voucher amounts**



**Administrative demands** in ensuring accountability



**Recipients' preference** for certain supermarkets



**Persuading stallholders** to participate and calibrating the number of food stalls onboarded

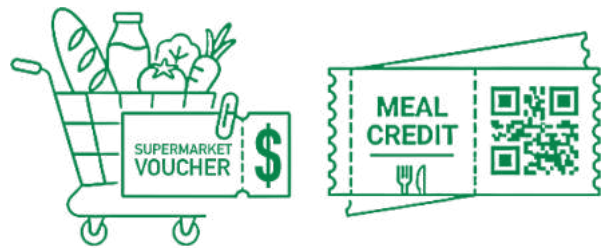


**Recruiting regular volunteers** with relevant digital skills

## FOOD SUPPORT TYPE 4: VOUCHERS AND CREDITS

## Overview

This food support covers the distribution of vouchers or credits that allow recipients to procure food from supermarkets and/or food and beverage businesses. Five providers provided such an option. Three of them provided supermarket vouchers while two providers provided credits for purchasing cooked meals from food establishments that have enrolled in their programmes.



## Operating Models

### Supermarket vouchers

Provider 4A distributed **supermarket vouchers as an interim stopgap measure** to cover food purchases and household essentials. The goal was to ease immediate financial strain rather than providing long-term assistance. Accordingly, recipients had to **reapply every six months, and applications could be submitted only through social workers** from hospitals, SSAs and SSOs. Social workers submitted an application detailing the recipient's profile and needs. The provider then assessed each case using a set of indicators and a scoring system to determine eligibility for monthly collection. Around 70% of the applicants were approved. Recipients could collect the vouchers during the centre's opening hours, while doorstep delivery was reserved for individuals with mobility issues. Due to an **increase in applicants over the years** (annual increase of 25 to 30%, with more than 400 in each cycle), the **value of the supermarket vouchers was lowered to support more families**. Limited resources also meant that voucher value was no longer tiered to the household size. Vouchers allowed the recipients to afford food purchases that other food support models might not be able to accommodate, including the purchase of festive goods and costlier healthy food items. Explicit restrictions of the use of vouchers include not buying pet food, toys and clothes,

apart from the usual supermarket vouchers' restrictions on purchases of cigarettes and alcohols. Providers also **distributed food bundles and household essentials donated by corporates and schools to selected households** (usually those living in rental flats) via home delivery on an ad hoc basis.

Among the three groups that offered supermarket vouchers, only Provider 4A considered this as its main food support programme. One possible reason that only this provider viewed supermarket vouchers as food support was that **staff reviewed recipients' supermarket receipts from the previous month** before issuing the next month's voucher, to ensure that most credits were spent on food. This helped keep the programme aligned with the original intent and promoted recipient accountability.

The other two providers<sup>5</sup> (1B and 2C) offered additional forms of food support and **treated supermarket vouchers as a tiered component of their overall service provision** rather than as primary food support. Both issued supermarket vouchers only to selected recipients under stricter eligibility criteria, specifically to provide the flexibility to purchase items that their circumstances required. Examples included households needing diapers, recipients whose food bundle did not meet their needs, and those who were unable to cook.

<sup>5</sup> These two providers were also discussed in previous sections on dry ration and fresh produce food support.

## FOOD SUPPORT TYPE 4: VOUCHERS AND CREDITS

Vouchers were also used as a means of engaging families to better support case management. Case workers generally avoiding issuing vouchers to clients known to have gambling habits. Under Provider 2C, recipients collected vouchers in person, while Provider 1B used either self-collection or home delivery, depending on the case worker's recommendation. Across all three groups, **vouchers were issued in printed form** rather than as digital credits.

### Meal credits

Provider 4B offered **meal coupons** worth a certain value **for migrant workers, particularly those who were injured** and were attending treatment at the provider's centre. The food support was intended to ensure that the injured workers did not undergo acupuncture treatment or physiotherapy on an empty stomach, which can result in complications. **Eateries serving culturally familiar food** to migrant workers from Bangladesh, China and India were **enrolled** into the programme to provide meals. Over 400 meals were provided each month, across three days per week. The credits were sufficient to include a protein dish to supplement workers' carbohydrate-heavy diets. If their orders exceeded the credit value, workers could pay out of pocket. Although only one meal was provided on treatment days, the support **encouraged unemployed workers to seek treatment** by offsetting transport costs, as many had to travel a fair bit to the centre. Social interactions with fellow workers and staff also helped to sustain morale during a period when they were unable to remit money home and the future felt uncertain, as shared by workers interviewed. Staff actively sought and responded to workers' feedback to ensure they were not treated rudely or shortchanged by participating eateries. Workers were also **encouraged to share photos of their meals** so staff could verify that the food received was commensurate with the credit limit.

On an ad hoc basis, the provider organised **communal dining events** on days when the therapy sessions were held for the workers. The communal dining tapped on the assets of workers who enjoyed cooking, while **promoting social engagement and cross-cultural understanding** through collaboration with student volunteers who helped in the food preparation and serving. Workers reported high satisfaction with this approach as they got to choose what they wanted to cook and share their culinary traditions with students (e.g., how Bangladeshi biryani is different from Indian biryani and Malay biryani). Participation was typically kept small (fewer than 30) by inviting workers who were regular visitors in the centre.

The provider also **coordinated the distribution of donated and rescued food items** (e.g., canned food, yoghurt) to workers who visited the centre and those living in dormitories. Another initiative was "one piece of meat", under which volunteers distributed protein items such as chicken wings or soy milk to workers in dormitories. These efforts aimed not only to raise awareness of balanced nutrition, but also to build trust and rapport with workers, encouraging them to seek help and participate in other programmes offered by the centre.

**Provider 4C developed its own digital app and web platform** that enabled donors to purchase meals online. **Recipients redeemed these meals using a QR code**, either printed on a sticker or stored on their phone. Food stalls (e.g., in hawker centres and coffee shops) near the recipients' residences were invited to join the programme. Upon enrolment, **stallholders downloaded an app to scan recipients' QR codes** at the point of redemption. The system then deducted the meal credit and automatically disbursed payment to stallholders at the end of each month. The increasing prevalence of QR-code payments helped ease stallholders' reluctance to adopt the technology.

## FOOD SUPPORT TYPE 4: VOUCHERS AND CREDITS

Most recipients were seniors and/or rental flat residents, assessed by a volunteer team to need food support. The programme previously onboarded families as well but found that they used the meal credits less consistently. Depending on assessed needs, some recipients could claim up to two meals a day, while others were entitled to one meal daily. A **two-hour interval between consecutive claims** was imposed to reduce misuse and ensure that meals were redeemed for personal consumption. The

platform was also made available to other charitable groups that wished to support their service users through meal credits. Beyond funding the meals, partner organisations only needed to onboard recipients by entering basic details such as the recipient's photo, name, validity period, and daily meal entitlement into the system. This made the **platform highly scalable**, allowing different initiatives to raise their own funds while using the platform as a shared engine for food support.

## Challenges Specific to This Food Support

### Supermarket vouchers

**Determining adequate voucher amounts.** This can be tricky for providers especially when demand exceeds what the funds raised can accommodate. They must balance helping more households and ensuring that those who are in need get adequate support to avoid them getting into bigger crises, such as health-related issues. Staff from Provider 4A, for example, had to manage aggrieved phone calls from unsuccessful applicants and those who received less support than anticipated. It was also challenging to determine the appropriate amount that would be sufficient to cover the essential needs without encouraging misuse, incidents which could become a lightning rod for public censure and donor backlash.

**Administrative demands in ensuring accountability.** Providers also need to ensure that the vouchers are spent on the intended purposes, for which they are accountable to donors when raising funds. Reviewing past receipts was one example of an administrative procedure that ensured recipients stick to the original intent of the voucher. Additional effort was also invested by Provider 4A to remind recipients to collect their vouchers when they neglected to.

### Recipients' preference for certain supermarkets.

One form of feedback that providers found difficult to address concerned the choice of supermarkets for voucher use. Recipients might prefer certain chains over others due to accessibility and cost considerations, perceiving their preferred supermarkets as more convenient, better value for money, or cheaper overall.

### Meal credits

Although enrolling food stalls onto Provider 4C's digital platform was not administratively demanding, providers still had to **persuade stallholders to participate**. Some stallholders were concerned about whether they would be paid, particularly if few recipients redeemed credits at their stalls over time. Providers thus had to **calibrate the number of stalls** onboarded. Inadequate stall numbers could limit recipients' access and choice, while too many could dilute usage and discourage stallholders from staying in the programme. Economic rice, vegetarian, and halal stalls were often preferred because they offered a wider variety of dishes. **Complaints about poor treatment or short-changing by stallholders** prompted different responses: one provider terminated the relationship, while another expanded the pool of stalls to give recipients more alternatives. Provider 4C also found it **difficult to recruit regular volunteers with the digital skills** needed to manage the digital platform and app.

## General Challenges, Tensions and Gaps

### Food cannot walk!



Constraints in transportation, storage, manpower and funding created bottlenecks that reduced providers' capacity:

- **Transport:** Finding and procuring vehicles for delivery and distribution
- **Timing/scheduling conflicts:** Coordinating food collection with multiple stakeholders
- **Storage:** Lack of storage space, including cold chain facility
- **Manpower:** Intensive manpower demands and needs for volunteers with specialised skills and strength
- **Funding:** Escalating costs with limited operating cost support from funders/sponsors

Less food than otherwise possible was also rescued and distributed.

### Do all roads lead to Rome?



Dilemmas and tensions that providers grappled with in their partnerships with funders and sponsors:

- Funding for food vs Funding for operations
- Tax relief vs Every dollar goes to food
- One-off vs Regular support
- Donors' choice of food vs Recipients' preferences
- Donors' need for publicity vs Recipients' privacy
- Donors' needs for convenience vs Providers' operational demands

### Balancing on tight rope



Tough choices needed to optimise food distribution with limited resources:

- Supporting more vs Supporting adequately
- More food items vs More nutritious food
- Healthier food options vs Recipients' preferences
- Tailoring food support vs Operational efficiency
- Reliable source of food vs Instilling self-reliance
- Providers' accountability vs Recipients' autonomy
- Volunteers' availability vs Recipients' convenience
- Volunteers and staff's welfare vs Recipients' rights
- Digitalisation vs Accessibility

### Groping through the dark...



Food support providers often operated with fragmented, outdated, or missing information.

**Informational gaps** hindered potential collaborations and partnerships, and could result in uneven food supply, inequitable distribution and food wastage.

## GENERAL CHALLENGES, TENSIONS AND GAPS

## General Challenges, Tensions and Gaps

Despite their unique operations, most if not all providers encountered a common set of challenges, which were logistical, financial, social and informational in nature.

### Food Cannot Walk!

All providers needed a reliable system to bring food quickly and safely to the recipients, which inevitably entailed well-coordinated logistical planning and support. As the survey results clearly indicated, storage, transportation and funding constraints were the three topmost encountered challenges. The interviews fleshed out how the demands of these, and other aspects affected their operations.

### Transportation

While it is obvious that home delivery requires transportation, self-collection also requires food to be transported from the donors to the distribution points. This entails vehicles typically in the form of vans and lorries that can carry food of widely varying volumes and sizes, ranging from a few food bundles/baskets to multiple pallets. Not all providers had their own vehicles, which meant that they either relied on volunteers with vehicles or paid for transportation (e.g., platform drivers). Even those providers, who managed to raise funds to purchase vehicles, must optimise their delivery schedules to ensure that the food was transported in a timely manner, particularly if they had no or limited storage capacity. Most of the providers we

**'Drivers and cars, these are precious people. These are the most precious in the supply chain management. Because if you have an item and you don't know where it's got to go, how do you move it?'**

interviewed did not own a vehicle and those who did possessed between one and four. Any unexpected breakdown of vehicles would disrupt their delivery schedules as the limited number of vehicles meant that all were usually fully optimised during operation hours. Providers needed to be resourceful to source for alternative vehicles (e.g., volunteers with vehicles or even an unused private ambulance from a nursing home) when the unexpected happened or when the volume of food to be transported exceeded their vehicle capacity.

For providers who dealt with large volumes of food for their deliveries, other considerations included whether the collection or destination sites had a loading bay and were equipped with pallet jacks. Without the jacks, manpower would be needed to help in removing the cartons from the pallets before unloading carton by carton. Unloading of six to seven pallets of food could, for example, took up as much as 1.5 hour.

### Timing/scheduling conflicts

Such conflicts often resulted when the parties donating and receiving the food could not find a common timing for the delivery. Different parties might have different operating/working hours and lunch breaks, making advance planning essential. More than one person would be needed to receive the goods if the volume of food was large, making coordination even more challenging since the sector relied heavily on volunteers. Considerations on the nature of food, whether they were fresh or frozen, were also required to ensure that it could be delivered timely to avoid spoilage. Traffic congestion could also disrupt the delivery schedule and cause a cascade of problems downstream. To optimise fuel efficiency, providers with more than one vehicle type also tried to strategise which vehicles to use depending on the volume of goods. The logistics planner would therefore need to be rather resourceful and flexible to these multiple considerations.

## GENERAL CHALLENGES, TENSIONS AND GAPS

### Storage

Providers usually had a range of storage capacity from a fridge, a couple of shelves, a storeroom or shop, to a warehouse. As food would usually be distributed on selected days, storage was often needed for the food to be kept before distribution. Providers who purchased their food tended to have greater control over when the food was delivered to them, while those who rescued food often had to collect it at short notice. Food rescue groups that did not own any storage space would have to quickly distribute the food collected, making transportation all the more crucial for their operation. Even food rescue groups with warehouses faced space constraints due to the large volume of food (e.g., more than 100 pallets) that might come in at short notice.

**Cold storage was another big challenge** especially for providers who purchased or rescued fresh produce, including frozen products. In our tropical climate, fresh vegetables can wilt quickly if they are not stored well and distributed promptly enough. The vehicles owned by the providers typically did not have refrigeration systems, which meant fresh produce had to be distributed by the next day or be kept in fridges. Providers needed to consider their storage capacity when determining how much food they could rescue and they often had to decline when supply exceeded their storage capacity.

Storage was identified as the operational challenge that most affected operations in the survey.

### Manpower

Food distribution is manpower intensive. Transporting food from one place to another requires manpower not only to drive but also manually load and unload heavy baskets or cartons of food onto and from the vehicles. Providers with their own vehicles might employ their own drivers but some relied entirely on volunteer

drivers. Manpower was also needed to plan the logistics and coordinate the collection and distribution of food. Even more manpower was needed for the last-mile food distribution, either in managing the queue for self-collection or deliver the food to home-bound recipients. Less obvious but no less important was the administrative work required to ensure accountability to donors and food sponsors as well as the education and advocacy work needed to raise awareness of their cause. Providers with IPC status faced added demands to ensure regulatory compliance.

**'I think one of the biggest challenges ... is that I think people generally expect that if you work in charity, your salary would be lower than what you get in the other sectors. ... It's not the right mindset. I think as an ageing society, we need to be mindful of the fact that we need ... to encourage individuals into the sector.'**

Volunteers played a critical role, especially for providers with no staff or those operating with very lean teams. The larger the number of volunteers involved, the more coordination and planning work required to manage their volunteering schedules. Given the manual nature of the food delivery, volunteers with the strength to carry the food were often in high demand, especially among those who rescued food. Volunteers with specialised skill sets such as compliance, accounting and social media/marketing were also highly valued but also in short supply. Over the past few years, providers faced a declining number of volunteers who joined their cause, especially those of younger ages.

### Funding

In land-scarce Singapore, both transportation and storage are scarce resources that often come with high costs. Providers that owned vehicles must bid for the COE and bear ongoing expenses such as fuel and

<sup>6</sup> Government subsidies available to SSAs, registered charities and IPCs for use in procuring technology, e.g., The Transformation Sustainability Scheme, Charities Capability Fund (CCF), and the Info-Communications Technology (ICT) Grant.

## GENERAL CHALLENGES, TENSIONS AND GAPS

vehicle maintenance. Those with warehouses similarly needed to budget for rental costs. Manpower costs are also significant, especially for providers with extensive operations and/or IPC status given the demands of planning, execution, governance and accountability. Organisations that relied on technology must contend with costs of procurement, maintenance and upgrades.<sup>6</sup>

Funding such expenses invariably required fundraising which could put a strain on providers' time and attention, limiting their capacity to plan strategically and strengthen operations. Some providers also reported that funding constraints prevented them from expanding services to meet rising demand, even as more requests for assistance came in.

Taken together, **constraints in transportation, storage, manpower and funding created bottlenecks that reduced providers' capacity** and compromised the reach and effectiveness of food distribution. Less food than otherwise possible was also rescued and distributed.

### Do All Roads Lead to Rome?

As Figure 19 illustrates, providers depend on their donors for their funding and source of food. This intricate relationship means that providers need to balance their donors' needs, preferences and expectations with their own. While both sides may start off with the same intention of supporting those who are food insecure, they may differ in their expectations of how best to support them, resulting in dilemmas and tensions that providers need to grapple with so that both sides can reach the same goal.

### Funding for food vs funding for operations

Private and corporate donors were often more willing to fund food purchases than operational costs. However, as noted above, food does not move on its

'Let's say we want to bring the meals to the dormitory, 2,000 pack or whatever. People willing to pay for the 2,000 pack, but nobody willing to pay for how we bring that 2,000 pack to (the recipients). ... That means the people managing the program, the staff ... That's the nature of the funding of the social service - willing to pay for a project, but not willing to pay for how to run that project. ... Some were willing to maybe pay up to 10% as a project management cost. Yeah. But, it's still a one-off, which doesn't sustain actually, you know. I mean you run any organization, manpower is the biggest.'

own: getting it from source to recipient requires complex logistics and coordination. Even with the help of volunteers, some providers operated at a scale that necessitated full-time staff to manage and sustain day-to-day operations. Limited funding for manpower can constrain the number of staff employed, increasing workload pressures and ultimately affecting operational effectiveness.

### Tax relief vs every dollar going to food

A provider noted how their lack of IPC status meant that they were receiving less donations over the years despite every donated dollar going to the purchase of food. As tax reliefs are only granted to donations to charities with IPC status, corporates are deterred from donating to providers without this status.

### One-off vs regular support

Many corporates preferred one-off donations, especially near the end of their financial year. While such donations were appreciated, the irregularity and unpredictability of such donations, especially donations in-kind, created famine-and-feast cycles in supply that complicated operations.

## GENERAL CHALLENGES, TENSIONS AND GAPS

### Donors' choice of food vs recipients' preferences

Donor assumptions about what recipients wanted might diverge from actual needs. Items such as cereals and oats, which were frequently donated, were often poorly received. Some recipients were unfamiliar with them as staples, while others received them so often that they could not finish eating them.

**'Our clients really don't like oats. ... But then corporates keep giving us oats because they think it's a healthier option ... there was once I went to some conference, and then it was this bunch of agencies that all provide food rations of some sort, and we were complaining about the same issue ... with different donors giving us oats.'**

### Donors' need for publicity vs recipients' privacy

Another tension faced by providers was when corporates' need for publicity clashed with recipients' preference for privacy. Photo-taking was often a requirement for corporate donors as evidence of their CSR activities, increasingly viewed as crucial for building brand trust and loyalty. However, providers faced challenges in gaining consent for photo-taking from recipients, who were concerned about preserving their privacy and dignity.

### Donors' needs for convenience vs providers' operational demands

Donors such as corporates worked within their own budgets and manpower constraints, which might not always align with the operational demands of the providers. For example, they might only be willing to

fund a certain number of food bundles which represented only a fraction of the recipients served by the provider. Providers might then have to look for other sources to fund other households or selectively distribute the bundles. Some providers also noted how some corporates made demands that might not always fit into their work processes, for example, expecting the company's volunteers to serve in areas near their workplaces, work as a large group rather than being separated or volunteer their time on specific days and timings.

### Balancing on Tight Rope

Apart from standing between the donors and recipients, providers also make tough choices given the need to optimise their food distribution with their limited resources. Making these choices entail balancing trade-offs that rarely have perfect answers. Below are some examples of the tough choices providers routinely face, and the considerations that shape their decisions.

### Supporting more vs supporting adequately

Weighing between breadth against depth, providers must decide whether to served more households with smaller, basic food bundles or fewer households with more comprehensive support. Serving more households can offer cost relief to more people, including those from the sandwiched class who are experiencing high costs, but thin support may ironically lead to a scarcity mindset among recipients, leading them to hoard food items that they may not consume eventually. Conversely, serving adequately reduces reach as more regular and nutritionally complete food demand higher per-recipient spending and much more complex logistics. Such a goal remains an aspiration that only very few providers (e.g., MOW) could offer.

## GENERAL CHALLENGES, TENSIONS AND GAPS

**'It's a scarcity mindset. ... I think we can't really blame them. ... Because I think they grow up in a period of time when they have gone through a lot of hardships in life and they have no idea when their next meal will be. If they don't take it, then they do not know when they'll have it. So they have probably developed this hoarding mentality.'**

### More food items vs more nutritious food

Volume purchasing maximises calorie coverage and hunger relief, while nutrition-focused purchasing prioritises freshness, nutrient levels and lower sugar and sodium. While the latter approach can lower downstream healthcare burdens and improve well-being, the lack of stable and adequate funding meant that providers grappled with such tension that could be sharpened by price differentials, as nutritional food often costs more and requires cold-chain capacity. Many healthier foods (e.g., proteins such as chicken, fish and eggs) are perishable and logistically demanding to store and distribute. Shelf-stable items (e.g., biscuits, breakfast cereals) offer stable and long-lasting supply, reduced waste and easier distribution cycles, but may be ultra-processed or high in refined carbs. Providers must decide whether to prioritise storage efficiency and low spoilage or to take on the costs and risks of handling perishables for better nutrition.

### Healthier food options vs recipients' preferences

Recipients' preferences further complicated the balancing act: culturally familiar staples (e.g., white rice), comfort foods (e.g., instant noodles) and easy-to-prepare ingredients (e.g., nuggets, hotdogs) favoured

by children could improve acceptance and reduced waste, yet might not align with dietary guidelines.

Providers must also contend with public perception and brickbats when distributing food options that were perceived as unhealthy even when such food items were rescued and distributed on an occasional basis. One provider described how they once received criticism for distributing a popular chocolate snack perceived as "unhealthy", even as recipients valued them for enjoyment and social connection (e.g., sharing with grandchildren). Other food items of contention cited by providers were instant noodles, white bread, biscuits and a popular malt drink. Such tension reflected the dual accountability placed on providers: being good stewards of health and nutrition while honouring autonomy and cultural norms.

### Tailoring food support vs operational efficiency

Customising food bundles to household sizes, personal and cultural preferences, health conditions and cooking capabilities could increase utility and reduce waste, but tailoring was labour-intensive as the process required better data and complicated inventory, packing and distribution workflows. Conversely, standardised bundles enabled streamlined logistical planning in terms of purchasing and packing, simpler volunteer training and more efficient distribution. However, an inability to customise the food bundles might mean that some households received more than they could consume while others with more members might not have enough.

**'As much as you want to introduce a healthy eating food like that meat that special diet right? But actually people may not really want it because they're not used to it, it's not something familiar to their taste buds or their diet.'**

## GENERAL CHALLENGES, TENSIONS AND GAPS

**'Some of these ad hoc (food distribution) although the initiative is great, it leaves the residents hanging. I get it today, but next month I'm not sure. ... So that is why it creates this anxiety. So as long as I get stuff, I'd rather choose to get it than not.'**

### Reliable source of food vs instilling self-reliance

Long-term and predictable support stabilises households but may risk dependency if not paired with pathways to self-sufficiency. Conversely, strictly time-limited or conditional support can result in benefit cliffs and potentially push people into hardship cycles. Such tension was acutely felt by providers who provided wrap-around services with food support programmes intended as a stopgap measure among other support services. In such situations, the case workers supporting the households would need to judiciously calibrate eligibility durations and step-down models, and work together with the recipients to enhance their self-reliance.

### Providers' accountability vs recipients' autonomy

One provider flagged a dilemma faced when a recipient openly "barter traded" the food collected, raising questions about accountability as they have explicitly raised funds to provide food for direct consumption by their recipients. They eventually removed the recipient from their collection list after this person repeatedly ignored their warnings not to exchange the fresh produce with a stallholder for cooked food. However, some providers were more open when their recipients exchanged food either among themselves or with others. Providers, especially those whose primary aim was to encourage

community bonding, welcomed such exchanges viewing such acts as a form of mutual support within the community.

### Volunteers' availability vs recipients' convenience

Volunteer-driven operations meant that distribution hours were set around volunteers' availability. The distribution schedules might thus not suit every food-insecure individual, especially if the timing clashed with their work hours. Such tension was observed not just in makeshift collection sites (e.g., void decks) but also more permanent facilities such as community shops. As far as our study could find, the current existing community shops, not just the one interviewed, often had limited distribution hours of just a few hours for two to three days a week. While extending hours increased outreach and offered greater autonomy to recipients, it also raised volunteer demands and risked burnout. On the other hand, infrequent distributions resulted in long queues and disadvantaged certain profiles of recipients who were unable to collect during the distribution hours. Vending machines offered similar affordances as community shops such as autonomy for recipients, albeit fewer choices given their smaller sizes. Even then, they were high in costs (e.g., lease for machine, electricity, insurance) and required constant refilling. Finding sponsors who were willing to fund them for an entire year could be especially challenging. Given its costs, whether a vending machine is more cost-effective than other food support services remains an open question.

GENERAL CHALLENGES, TENSIONS AND GAPS

**Volunteers and staff’s welfare vs recipients’ rights**

Front-line workers and volunteers who distributed food to recipients directly faced physical strain and exposure to stressful situations. Providers narrated how their staff ended on the receiving ends of scolding by unsuccessful applicants of the food support or volunteers being verbally and even physically abused for preventing the recipients to collect more food than allocated. Providers thus had to balance the needs of their workers and volunteers with those of the recipients to ensure a sustainable operating environment that was conducive and harmonious for everyone involved.

**‘Because a few of them, they demand more ... they want to pack food back, ... sometimes they don't take no for an answer ... they will get angry and stomp off.’**



**Digitalisation vs accessibility**

It is widely accepted that technology can enhance efficiency and productivity. Digitalisation thus can avoid many constraints that traditional modes of distribution such as self-collection face. However, not all recipients were comfortable or savvy in the use of technology or might not own a smart phone required to access digital credits for collecting their food support.

**Groping through the dark...**

Food support providers often operated with fragmented, outdated, or missing information, which could result in uneven food supply, inequitable distribution and food wastage. On the supply side, they rarely had real-time visibility of excess stock that food suppliers could donate, as well as the quantities and timelines. This led to missed rescue opportunities.

Across the ecosystem, providers lacked a district-level map of who was serving where, what types of food support they offered, and how frequently. Overlaps and gaps could thus go undetected: some neighbourhoods might receive multiple food support services while others might be overlooked. At the recipient level, providers often could not tell who was already receiving support, from whom, what and how much they received, and how often. This could result in duplication of services, including cooked meals delivered daily. Finally, some providers were unable to obtain the necessary regulatory approval to use common facilities and amenities for food distribution. Greater clarity on the eligibility and processes needed to get approval would help the providers in meeting their needs.

Together, these informational gaps leave providers “groping through the dark” and hinder potential collaborations and partnerships that could enhance operational efficiency and effectiveness, streamline referrals, optimise available resources, minimise duplication, reduce food wastage and address gaps.

NATURE OF PARTNERSHIPS

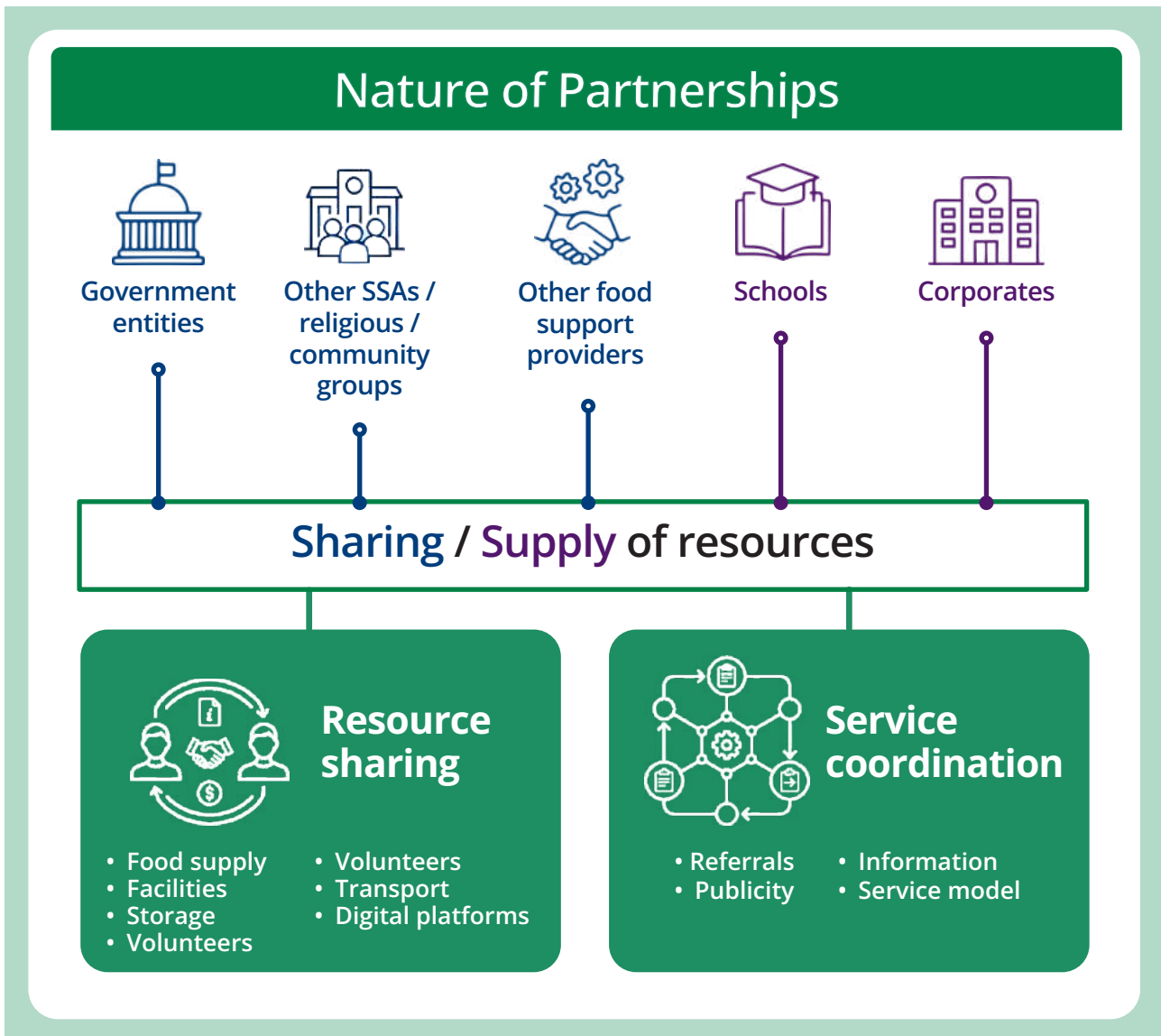


Figure 25. Nature of Partnerships

One approach adopted by the providers to mitigate their resource limitations was to collaborate with other providers and organisations (Figure 25). These organisations included SSAs, religious groups, community groups, government entities, schools and corporates. The nature of partnerships varied and can be broadly categorised into two broad types: resource sharing and service coordination.

## NATURE OF PARTNERSHIPS

## Resource Sharing

**Food supply.** When food supply exceeded their capacity to distribute it, providers would tap on their networks to identify other organisations, often those distributing similar food types, that could take over. This helped minimise wastage and enabled food to be shared across a wider range of communities. SSAs, religious and community groups, schools and corporates were also known to organise food drives in partnership with providers.

**Facilities.** These partnerships typically involved government entities (e.g., community clubs, residents' networks, town councils) that provided access to public facilities (often void decks) where providers could site community fridges and store necessary equipment and furnishing (e.g., tables, chairs and trolleys) needed during food distribution.

**Storage.** Some providers were also able to secure storage spaces (e.g., storage rooms, warehouse) by working with partners, which allowed them to store their food. This is especially useful for providers who distributed both fresh produce and dry rations on a weekly basis. As quantities of fresh food supply fluctuated, the stored food (e.g., canned food) could even out supply across time, ensuring that recipients were able to collect a reasonable amount during each distribution.

**Volunteers.** It was not uncommon for volunteers to support multiple providers when needs arose. Religious groups, schools and corporates also partnered with providers by contributing volunteer teams.

**Transport.** Providers were known to tap on each other's vehicles for transporting the food.

**Digital platform.** Various providers tapped on the digital platform developed by a provider to provide food support to their own recipients.

## Service coordination

**Referrals.** As not all providers had ground knowledge of individuals or households in need of food support, some providers partnered with grassroots organisations, SSAs and other community groups for referral. This allowed the providers to better target recipients that fit the food support type distributed. Providers might also refer recipients to other more suitable providers if the food support needed does not align.

**Publicity.** Providers also received support in publicising their food distribution which expanded their outreach.

**Information.** Some providers also exchanged information when needed, for example, after discovering that certain recipients were receiving meals from multiple providers around the same timings, which likely led to food wastage. Information about food sources was also exchanged, particularly when a provider lacked the capacity (e.g., cold chain facility) to store and distribute certain types of food offered.

**Service model.** A provider was known to share her service model to other community groups who were interested in providing food support.

The diversity of partnerships developed is testament to the high adaptability and resourcefulness of the providers' response to resource constraints. This was despite the information gaps that were prevalent in the sector. The following sections outline the interviewees' perspectives of the crucial ingredients that enabled and hindered partnerships.

## NATURE OF PARTNERSHIPS

### Enablers of Partnership

Effective partnerships among providers were **underpinned by strong social networks and a clear understanding of each partner’s needs and capacities**. Alignment in priorities, values (e.g., willingness to serve rather than seeking personal glory) and working styles (e.g., communication norms and administrative processes) reduced friction and supported joint decision-making. The ability to accommodate partner’s constraints was also crucial, especially when food had to be collected at short notice and unusual hours.

**Reciprocity was key**. Partnerships were more sustainable when partners looked out for one another, provided mutual support and were willing to share credit for outcomes. **Consistency and reliability were also critical for operational continuity**, especially for providers that depended on food rescue groups. For example, partners that ensured their volunteers were present to receive and unload food and even stepped in to provide their own transport when needed signalled commitment and responsiveness. Likewise, food rescue groups had to be dependable in collecting items from suppliers. Over time, these behaviours built trust and goodwill, forming the foundation for sustainable

collaboration. A strong reputation also signalled credibility and helped facilitate new partnerships.

### Barriers of Partnership

Conversely, partnerships among food support providers could be **hindered by misaligned priorities, values and target recipient groups**, making it difficult to agree on shared goals and service models. For instance, food rescue groups might focus primarily on reducing food wastage and therefore be less concerned about fluctuations in food supply. This could create challenges for providers serving food-insecure recipients who require regular and predictable support.

**Resource constraints could also limit the time and capacity needed to coordinate effectively.**

Consistent with this finding, our survey also indicated that more than half of the providers (58.3%, 21 out of 36) who partnered with other providers reported encountering “resource limitations” in their collaboration.

**Data-sharing presented another barrier:** many providers lacked clear guidance, tools or formal agreements to share recipient information securely and in compliance with privacy requirements. Providers also feared reputational and operational fallout if collaboration broke down.

## Trends

Figure 26 below lists some of the key trends as highlighted by the providers relating to providers, recipients and donors.



Figure 26. Trends in the food support sector

## 7. DISCUSSIONS

The **local food support sector functioned as a tightly woven network of stakeholders** — food sponsors and donors, food banks, fresh food rescue groups, last-mile food providers, volunteers and other parties such as SSAs, grassroots organisations and government agencies — each playing its part to enhance food security for as many people as they could reach. Our desktop research and survey results revealed broad patterns: most providers operated at a small scale, relied primarily on private funding and focused on dry rations delivered through self-collection more so than home delivery, with minimal use of digital distribution. Their main target recipients were low-income families and seniors, and the most cited operational challenges were storage, transport and funding. In-depth interviews with individual groups further illuminated how distinctive operating models emerged from each provider's primary goals and capacities. Their models were shaped by their resources and what they prioritised and valued, defining the nature of food provided, the modes of distribution, the recipients targeted and the scope of operations. Motivations were varied: mitigating food insecurity, reducing food wastage, fostering volunteerism, strengthening community bonding or bringing festive joy. Crucially, food support also acted as a conduit to reach people who needed help in other areas but might not know what services existed or how to access them. Many providers explicitly integrated food rescue with addressing food insecurity, demonstrating how **social and environmental objectives could work hand in hand**.

At the same time, the sector's current configuration limited its ability to comprehensively reduce food insecurity. Except for those providing daily meal

deliveries, **most models were constrained by scope, accessibility and/or nutritional value**. Although framing efforts around food insecurity can make fundraising easier by tugging at heartstrings, ad hoc or infrequent donations are not a robust way to mitigate food insecurity, which includes access to healthy food; at best, they help offset the cost of living. **If addressing food insecurity is the primary aim, then serving appropriate quantities and the right kinds of food to specific groups, while acknowledging varying needs and cultural preferences, requires a more thoughtful, targeted approach**. It is also important to recognise that not everyone who utilises food support is necessarily food insecure. Some are trying to cut costs amid inflation, especially since the COVID-19 pandemic, while others participate to support sustainability by reducing food wastage. Beyond conventional providers, people also obtain food through low-cost meal initiatives (e.g., coffee shops' budget meals<sup>7</sup> and value-meal vending machines<sup>8</sup>). Taken together, the **landscape is mission-driven and highly adaptive, yet fragmented and under-coordinated**. This calls for greater reflection and a reconsideration of the current modes of operation.

'I guess the core issue is structural, how do we actually partner with one another, enhancing each other's strength, rather than duplicating? ... Because right now we are seeing a lot of duplication. I guess the core intention is good, because everyone wants to help those who have food insecurity but how can we enhance each other's strength and build upon that?'

<sup>7</sup>This refers to the initiative that Housing Development Board (HDB) works together with coffee shop operators to provide more affordable meal options for residents (see <https://www.gowhere.gov.sg/budgetmeal/>)

<sup>8</sup>See <https://www.straitstimes.com/singapore/launch-of-vending-machines-in-punggol-shore-brings-food-daily-essentials-closer-to-residents> (Tan, 2025)

# Current Strengths of Local Food Support Sector

## Hard-won capabilities of providers



**High adaptability**



**Intricate network of partnerships**



**Localised knowledge of recipients' needs**



**Diverse referral pathways and extensive reach**



**Strong volunteer team and good volunteer management systems**



**Integrated social and environmental objectives by food rescue groups**

## Impact on recipients



**Immediate and tangible relief for recipients, particularly cost relief**



**Catalyst for social and health benefits**

## Impact on volunteers and micro jobbers



**Building of confidence and agency**



**Opening of pathways to skill development**



**Reduction in social isolation**

## Impact on community



**Open doors for caseworkers to build trust and discuss deeper issues**



**Building of social trust and the kampong spirit**



**Reduction in carbon footprint with food rescue**

## DISCUSSIONS

## Current Strengths of Local Food Support Sector

Prior to considering areas for reflection, it is important to acknowledge the **hard-won capabilities of providers** that enabled smooth distributions and the adaptive innovations that had emerged from practice. Providers demonstrated **high adaptability**: being resourceful, flexible and innovative in seeking diverse food supplies and mitigating the varied resource constraints, tensions and dilemmas that emerged from aligning multiple stakeholders' needs and expectations. These qualities underpinned much of the sector's effectiveness, especially when paired with strong relationship-building in forming an **intricate network of partnerships**. Trust, goodwill and a shared willingness to serve acted as the glue binding donors, providers, volunteers, partners and recipients together. Community connectors were especially pivotal: they multiplied connections and capacities within and across communities, using food as a practical currency to engage residents and to solicit volunteers. **Localised knowledge of recipients' needs** and how best to engage them, donors' priorities, community assets that could be leveraged, and the constraints and possibilities of available resources thus shaped and underpinned the complex system of food support services. Many providers benefitted from **diverse referral pathways, extensive reach, strong volunteer teams** and good volunteer management systems that helped them reach and support targeted populations. **Food rescue groups added further strength** through their wide networks and a sophisticated understanding of local food industries, enabling them to rescue and channel surplus food effectively. These strengths show a sector capable of mobilising quickly, grounding decisions in community realities, and connecting people and resources in ways that matter.

As a sector, food support services delivered **immediate and tangible relief for recipients** while catalysing broader social and health benefits. Our survey highlighted three major benefits relating to health and well-being, knowledge and skills gain in food-related matters, and community building. Our interviews with providers and recipients further reinforced how support given enabled families to feed their children and redirected scarce finances to other pressing needs. Consistent and personable interactions with staff and volunteers forged **friendships and moral support** that recipients cherished. Reliable, regular home distributions also **opened doors for case workers** to build trust and discuss deeper issues, while community-based distributions created safe social spaces where residents lingered, chatted, and **built social trust and the *kampong spirit***. From an environmental perspective, food rescue **reduced carbon footprint** and re-channelled food to where it was needed.

For volunteers and micro-jobbers, **helping with food support services reduced isolation, built confidence and agency, and opened pathways to skill development**. Volunteers gained communication, budgeting, administrative capabilities, learned operational know-how and developed community-facing skills such as queue management, recipe sharing and engaging new migrants. Providers also observed identity transformations as once-isolated residents become contributing members. Some resident volunteers were proud to share how they became well-recognised in their own neighbourhoods. Finally, micro-jobbing (e.g., seniors delivering meals to nearby residents for MOW) offered seniors a modest allowance, structured engagement and stronger connections, with motivation reinforced by seeing direct community impact.

DISCUSSIONS

## Areas for Reflection

### Operational considerations



**No clear consensus** on what constitutes “healthy-enough” dry rations



**Unanticipated outcomes** generated by ad hoc, infrequent or irregular distributions



Potential of increasingly popular **community shops limited by short operating hours**

### Sustainability concerns



**Rising demand and escalating costs** reported by many providers



Concern with **succession planning** to ensure programme sustainability



**Balancing need** for sustainability with support for community initiatives

### Strategic gaps



**Gaps in information** exacerbating fragmentation



**Lack of outcome indicators** with success framed mainly in terms of service delivery



**Inconsistent targeting** of those with the greatest needs despite diverse referral pathways



**Sector-level indicators** necessitated by intricate partnership networks

## DISCUSSIONS

## Areas for Reflection

Despite these assets and benefits, the following issues demand further attention:

### Operational considerations

There appeared **no clear consensus on what constitutes “healthy-enough” dry rations**. While most providers agreed that fresh food was generally healthier, opinions diverged over the inclusion of items like instant noodles and biscuits. Some argued they should be avoided, others contended they were practical for keeping hunger at bay. Our survey also indicated that only 25% of the providers adhered to any nutritional guidelines.

**Ad hoc, infrequent or irregular distributions might generate unanticipated outcomes** such as scarcity mindsets and unnecessary hoarding. Ad-hoc events often occurred where organisers employed their connections or resources but not necessarily where needs were highest. This could produce “hot spots” of repeated aid and “cold spots” of neglect, deepening geographic inequities. Without predictable schedules, distributions might privilege those with time, proximity or informal networks. People might feel compelled to collect “just in case”, diverting resources from households in deeper need.

**Community shops were increasingly popular** because they combine greater autonomy with a dedicated space to pool rescued food, including dry staples and fresh produce. However, because staffing was tight, **their short operating hours often limited what they could achieve**. Limited opening hours reduce the cost effectiveness of community shops because fixed costs continue to accrue even when the shop is closed. Rent, utilities, insurance and certain maintenance fees are time-invariant. These fixed costs, when amortised over a small window of service, can drive up the per-recipient cost of access.

### Sustainability concerns

**Providers reported rising demand and escalating costs**. Economic uncertainties can swell the number of people seeking food support; and as food prices rise, demand increases further. Providers faced not only higher food costs but also inflation pressures related to manpower, fuel and other operational expenses. An economic slowdown may also make businesses hold on to their surplus food longer, increasing the risk of it spoiling before reaching rescue groups.

**Succession planning to ensure programme sustainability is another concern**. In some organisations, leadership succession was difficult due to the strenuous nature of the work and long hours, leading to a shortage of willing volunteers to take over. Without effective succession, programmes risked losing critical sponsor and donor networks and the accumulated knowledge that kept operations viable. If programmes cease, many people may be affected, and replacing the support provided may not be straightforward, underscoring the need for systemic thinking about how to sustain these efforts given the numbers served.

Yet, **focusing on sustainability must not come at the expense of allowing community initiatives to take root**. Instances have been observed where community initiatives’ requests to use common facilities were denied due to doubts about their sustainability. It is crucial not to overlook the impact of community bonding, which can outlast the originating group once established. Even registered societies and organisations can come and go. In a world of uncertainty and flux, seizing the moment to leverage community initiatives for long-term gains that outlast any single set-up may be more important.

## DISCUSSIONS

## Strategic gaps

**Gaps in information further exacerbate fragmentation.** Distribution could be uneven across areas due to information gaps and volunteers' varying capacity to network and find sponsors, which might result in some areas being better served than others. Although we recruited providers whose operations spanned the Urban Redevelopment Authority's planning areas islandwide, our data were not sufficiently granular to assess neighbourhood-level coverage. This raises the question of potential inequities in food distribution across neighbourhoods. Additionally, many providers targeted rental flats as their primary sites of outreach. As more rental units are dispersed within owner-occupied blocks, will residents in these flats become harder to identify and reach, and risk being inadvertently overlooked?

**Diverse referral pathways help cast a wide net, but they may not consistently target those with the greatest needs.** Consistent and reliable criteria to identify food-insecure households were often lacking, especially among volunteer-driven operations. Different eligibility criteria across providers further hindered collaboration. Even fewer providers assessed the depth of need. This raises a fundamental question: are we meaningfully reducing food insecurity or primarily easing the cost of living? The line between the two goals is thin. Nonetheless, clarifying which goal is being pursued is crucial for how we design programmes, allocate resources and measure effectiveness.

The **lack of outcome indicators** compounded this uncertainty. Apart from a few organisations that administered feedback surveys on the food offered,

success was **often framed in terms of service delivery**: how much food was rescued/collected, how frequently and consistently support was provided, and how many were served. Our survey likewise found that only a minority of providers reported observable positive outcomes among their recipients. More generally, outputs are easier to report than outcomes, and providers often lack the resources and expertise to assess impacts on recipients, such as the extent to which support relieves food insecurity and improves health and well-being. Moreover, **resources for systematic evaluations of programme impacts are intensive and hard to come by.** Most funders were reluctant to cover overheads, let alone the costs needed for robust monitoring and evaluation.

Intricate partnership networks added complexity to the sector, making it **necessary to develop sector-level indicators**, such as consistency and equity of access, responsiveness to demand variability, and coordination effectiveness, in addition to programme-level measures. Yet resourcing such sector-level measurement is challenging, resulting in limited information about programmes and sector effectiveness.

In sum, the sector's adaptability, community knowledge and connective capacity were undeniably strong. However, the persistent fragmentation and lack of coordination, spanning definitions of "healthy-enough", distribution regularity, equity of access, targeting of need and measurement of outcomes, call for greater reflection and a reconsideration of current operating models. Without that, efforts would remain energetic but uneven, mission-driven but not reliably hunger-mitigating, and community-anchored yet vulnerable to sustainability risks.

## DISCUSSIONS

## Suggestions for Consideration

This study has highlighted numerous concerns and barriers faced by providers in the local food support sector. However, it is beyond the scope of this report to prescribe comprehensive solutions. Many of these issues are complex and longstanding, and any change may have unintended effects on the broader ecosystem without careful study and stakeholder input. Nonetheless, we share the following ideas to catalyse deeper discussion on how the sector can move forward. In keeping with the spirit of earlier reports in this series (Hunger Report Part I and II, i.e., Nagpaul et al., 2020 and Sidhu et al., 2022), the focus here is on addressing food insecurity rather than other motivations for providing food support.

Previous studies have advocated addressing the social determinants of food insecurity (Chok, 2021) and improving food support models from the standpoint of recipients (Glendinning et al., 2018; Nagpaul et al., 2020; Sidhu et al., 2022). Building on provider feedback, we propose exploration in three other areas: (1) better targeting of food-insecure households, (2) enhancing food supply, and (3) improving cost-effectiveness in distribution.

### Better targeting of food-insecure households

Eligibility criteria often rely on income and housing status because they are administratively straightforward, but these proxies do not consistently identify food insecurity. Food insecurity can arise from high bills or debts, health limitations, and time constraints. For example, Glendinning et al. (2018) found that 27% of their sample experiencing food insecurity had monthly incomes of \$2,000 and

above. Conversely, low income does not always imply food insecurity when savings or family support are available. Similarly, not all rental residents need food support even if a substantial proportion do (Chok, 2021; Nagpaul et al., 2020). **More precise identification of food-insecure households** helps scarce resources reach those most in need.

Feedback from providers have suggested that more people were willing to accept help when approached than in the past. There were also anecdotal accounts of how volunteers had been persistent in knocking on doors and encouraging residents to share their needs and seek help. However, these anecdotes tend to be confined to residents of rental flats. Hence, there is a need to better detect individuals who are food insecure beyond the usual eligibility criteria, including those who compromise food quality for cheaper, less healthy options (e.g., ultra-processed foods) due to financial constraints. One suggestion is to **develop and deploy a practical screening tool**, akin to the Needs Toolkit in Hunger Report Part II (Sidhu et al., 2022), to identify those experiencing food insecurity and assess its severity and the extent of needs. Such a tool could be especially handy for volunteer-driven providers without social workers. Beyond social workers and sector volunteers, **other frontline professionals (e.g., childcare educators, teachers, healthcare providers, and Silver Generation Ambassadors) can be enlisted to identify needs** and make timely referrals. With more accurate targeting, providers focusing on addressing food insecurity can better estimate demand and deliver deeper, more adequate support, rather than relying on broad proxies that diffuse resources.

## DISCUSSIONS

## Enhancing food supply

In 2024 alone, 784 000 tonnes of food waste was generated, of which only 18% was recycled (National Environment Agency, 2025). Internationally, **more countries are enacting new laws and policies that integrate sustainability goals with social support**. A policy toolkit produced by the Harvard Law School Food Law and Policy Clinic and The Global Food Banking Network outlines strategies spanning food safety, liability protection, date labelling, tax incentives and waste deterrence to redirect edible surplus from landfills to recipients (The Global Food Donation Policy Atlas, 2025).

**Exploring similar measures locally, tailored to our regulatory context**, could increase the supply of surplus food while reducing food waste and greenhouse emissions. The Good Samaritan Food Donation Bill, passed in Parliament on 7 August 2024, is an important step in this direction, although there could be scope to do more. Concurrently, public education is essential to build confidence in consuming surplus food, clarify safety standards and food expiry date labels, reduce stigma, and improve uptake.

## More cost-effective food distribution

Many providers rely on their own storage and transport, which are major cost drivers and operational bottlenecks. **Shared infrastructure could reduce operating costs** and improve efficiency. One potential model for consideration is a **centralised warehouse with cold-chain capacity that supplies a network of community shops across the island** (e.g., in CCs or void decks). These shops could operate daily or most days of the week, giving recipients flexible access and the ability to choose items that meet their needs. As the shops would not be profit-oriented, they need not match commercial retailers' opening hours but could

instead operate during periods of peak demand. Community shops could serve both food-insecure households and members of the public who wish to purchase surplus or cosmetically imperfect, yet safe and nutritious food at discounted prices. This approach could reduce the cost of living, normalise surplus consumption and lessen the stigma associated with consuming such food. A related and emerging concept is social supermarkets<sup>9</sup> where members pay for the food items at reduced or symbolic prices. Further ideas on how such social supermarkets can be structured and operated are discussed in Hentschel (2025).

Enabling infrastructure, including integrated digital systems and data sharing agreements, among service providers would be essential for such a model to work. In addition to substantial funding, manpower is a key requirement, especially for warehouse operations, inventory management and staffing the shops. While volunteers and micro-jobbers can support shop operations, the model could also leverage technology adopted in unmanned retail (e.g., access control, self-checkout and inventory tracking) to reduce staffing needs and improve efficiency.

Although such a model would require significant upfront and operating funding, it could unlock efficiencies through economies of scale, such as consolidated procurement, streamlined storage and logistics, and reduced duplication across providers. Coupled with better targeting of food-insecure households and enhancement of food supply, the benefits could translate into greater overall cost-effectiveness over time. Clearer visibility and attribution for donors may also make it easier to attract funding. In addition, these community shops could also serve as sites for complementary social interventions to encourage healthier eating habits and educate public on food sustainability.

Besides establishing new community shops, another potential approach is to leverage existing retailers as distribution points.

<sup>9</sup>According to Hentschel (2025, p. 14), "social supermarkets allow customers to choose and purchase low-cost food and other goods in a retail-like environment. They also go beyond simple food provision, by providing some form of 'social element.'"

## DISCUSSIONS

## Piloting new operational model and partnerships at town or district level

Implementing these ideas will require investment, system development, and iterative problem-solving. **A town-level pilot could be a good way to test these ideas**, as this would involve a smaller set of stakeholders and better facilitate coordination, monitoring and evaluation. Such a pilot can help assess feasibility, fine-tune operational processes and surface implementation barriers before scaling.

## Policy levers to strengthen targeted support

**Policy levers and incentives may be useful in encouraging common standards and shared planning among food support providers.** A more coordinated approach can mitigate operational bottlenecks, reduce overlaps and enable more nutritious, needs-aligned support for different segments of the food-insecure population. Taking the MOW programme — which benefits from broad referral pathways, comprehensive food provision, and clear nutritional and dietary standards — as a reference point, **additional coordinating mechanisms could be introduced to better support food support programmes for specific groups** for whom food insecurity is likely to have significant long-term impacts. Priority groups could include pregnant and lactating women (Lim et al., 2025), children and adolescents, particularly during periods when school-based support is unavailable. International studies have found that children who experienced food insecurity faced higher risks of poor health in adulthood and potentially lower earnings (Kirkpatrick et al., 2010; Victora et al., 2008). These downstream effects can constrain social and intergenerational mobility: poorer adult health and lower earnings increase the likelihood of food insecurity, potentially perpetuating disadvantage into the next generation.

Another potential group for prioritisation includes individuals with medically prescribed diets. For these individuals, an emerging international approach is to integrate food into health care through medically supportive food and nutrition interventions (see, for example, Seligman et al., 2025; SPUR, 2021).

## How Corporates and Public Can Contribute (Better)

As the sector's most common funding sources, **corporate and individual contributions are invaluable.** Nevertheless, there are opportunities to further strengthen how these contributions are directed and delivered for greater impact.

Corporates looking to support food assistance efforts should consider (1) **providing dedicated operating-cost support** (and not just food donations) and (2) **partnerships with local intermediaries.**

As highlighted in this report, providers struggled to bring the food to recipients effectively due to constraints in logistics and delivery capacity. Funders could allocate budgets or provide in-kind resources, specifically for transport, storage (including cold chain where needed), packaging, fuel, manpower and basic equipment, so food can be moved efficiently from source to recipient.

Corporates planning food-related CSR initiatives, such as food drives and distribution, could partner with CCs or SSAs that have established referral networks and on-the-ground knowledge. This improves targeting and coordination by aligning the type and quantity of food and distribution timing with recipients' needs. Such a partnership reduces food wastage and prevents unintended burdens on providers and volunteers (e.g., having to dispose of unsuitable items received by residents who are unable to consume them).

## DISCUSSIONS

**Individuals can support** the local food support sector **in multiple ways**, including transporting, processing, preparing or distributing food, and raising funds or awareness through social media and community networks. Importantly, **donors are encouraged to consider whether items are appropriate, durable and needed** (e.g., within expiry dates, and easy to handle/pack, nutritionally suitable, culturally acceptable, etc.) when contributing to food drives. This helps avoid unintentionally increasing the workload on volunteers who must collect, sort, pack and distribute donations, and reduces the risk of damaging items that would otherwise be valued by recipients.

A list of the support the providers wished to have is provided in the Appendix.

## Limitations of Study

This mixed-method study, combining a survey with qualitative interviews, is confined to the perspectives of food support providers themselves and therefore reflects self-reported accounts that are subject to the usual caveats of personal bias, recall error and social desirability. The second half of the report highlights the qualitative richness of individual cases, illustrating how unique each provider's context, practices and constraints can be. This very heterogeneity limits the generalisability of the findings. While this study offers a comprehensive picture of the sector's diverse operating models, challenges, tensions and gaps, the findings should be interpreted as indicative rather than definitive. Hence, they may not apply to every provider, especially those whose practices or circumstances differ from the sampled organisations and groups. Nonetheless, our survey results reflected similar trends as the desktop research in terms of types of food distributed, targeted recipients, frequencies of distribution and modes of distribution. Our study also does not include government schemes such as the Ministry of Education's financial assistance scheme, which includes meal subsidies for between seven and 10 meals per school week.

## Conclusion

Even in stable times, some people face circumstances beyond their control that leave them in need of food support. In today's VUCA ("volatile, uncertain, complex and ambiguous") environment, shaped by geopolitical tensions, fast-evolving technological changes and job disruptions, the number of individuals requiring assistance is likely to grow. Sustained attention to the resilience and sustainability of our food support system is therefore essential, so that it can withstand shocks and remain responsive when support is most critical.

Further research is also crucial. Beyond assessing the impact and cost-effectiveness of different models, we need a clearer understanding of the scale of need, risk profiles and the specific requirements of targeted groups — such as children who need support outside school hours, youths who are unemployed or in low-wage employment, and patients managing health conditions with dietary implications. Food insecurity in these vulnerable populations can have long-term implications for health and well-being. Addressing it early can yield particularly significant downstream benefits, particularly in an aging society like ours.

We hope this report provides a meaningful account of the local food support landscape and serves as a practical resource for stakeholders and interested parties. By catalysing discussion and encouraging collaboration, we hope it can support continued efforts such as volunteering, funding, research, and other forms of contribution that make the sector more effective and robust.

## 8. REFERENCES

- Anderson, S. A. (1990). Core indicators of nutritional state for difficult-to-sample populations. *The Journal of Nutrition*, 120 (Suppl 11), 1559–1600.
- Bazerghi, C., McKay, F. H., & Dunn, M. (2016). The role of food banks in addressing food insecurity: A systematic review. *Journal of Community Health*, 41(4), 732–740. <https://doi.org/10.1007/s10900-015-0147-5>
- Bhandari, S., Campbell, J. A., Walker, R. J., Thorgerson, A., Dawson, A. Z., & Egede, L. E. (2023). Dose response relationship between food insecurity and quality of life in United States adults: 2016-2017. *Health and Quality of Life Outcomes*, 21(1), 21. <https://doi.org/10.1186/s12955-023-02103-3>
- Carmichael, S. L., Yang, W., Herring, A., Abrams, B., & Shaw, G. M. (2007). Maternal food insecurity is associated with increased risk of certain birth defects. *The Journal of Nutrition*, 137(9), 2087–2092. <https://doi.org/10.1093/jn/137.9.2087>
- Casey, E. G., & Winsler, A. (2025). Impacts of food insecurity on child development: Strengthening the role of childcare. *Nutrients*, 17(15), 2427.
- Chen, X., & Yeung, W. J. (2024). How food insecurity affects children's behavior problems in early childhood: The nutrition and family stress pathways. *PLOS One*, 19(1), e0294109. <https://doi.org/10.1371/journal.pone.0294109>
- Chok, S. (2021). “People Give, Just Take And Eat”: Food Insecurity and Food Aid in a Public Rental Neighbourhood in Singapore. Beyond Social Services. <https://beyondresearch.sg/people-give-just-take-and-eat-food-insecurity-and-food-aid-in-a-public-rental-neighbourhood-in-singapore/>
- FAO, IFAD, UNICEF, WFP, & WHO. (2025). The State of Food Security and Nutrition in the World 2025 – Addressing high food price inflation for food security and nutrition. Rome, FAO. <https://doi.org/10.4060/cd6008en>
- Glendinning, E., Shee, S. Y., Nagpaul, T., & Chen, J. (2018). Hunger in a Food Lover's Paradise: Understanding Food Insecurity in Singapore. Lien Centre for Social Innovation, Singapore Management University. [https://ink.library.smu.edu.sg/lien\\_reports/12](https://ink.library.smu.edu.sg/lien_reports/12)
- Hentschel, C. (2025). Understanding Social Supermarket Best Practice Models: Responding To Food Insecurity In The Nephu Catchment And Beyond. Retrieved 12/02/2026, from <https://nephu.org.au/reports-and-publications/social-supermarkets-review/>
- Kirkpatrick, S. I., McIntyre, L., & Potestio, M. L. (2010). Child hunger and long-term adverse consequences for health. *Archives of Pediatrics and Adolescent Medicine*, 164(8), 754–762. <https://doi.org/10.1001/archpediatrics.2010.117>
- Lim, E. J. K., Ong, C., Said Abdul Rashid, N. S., Lee, J. J., Chew, J., & Chua, M. C. (2025). Food accessibility and nutritional outcomes among food-insecure pregnant women in Singapore. *Nutrients*, 17(5). <https://doi.org/10.3390/nu17050835>
- Nagpaul, T., Sidhu, D., & Chen, J. (2020). The Hunger Report: An In-Depth Look at Food Insecurity in Singapore. Lien Centre for Social Innovation, Singapore Management University. <https://lcsi.smu.edu.sg/research/the-hunger-report>
- National Environment Agency. (2025). Food Waste Management. Retrieved 19 February 2026. <https://www.nea.gov.sg/our-services/waste-management/3r-programmes-and-resources/food-waste-management>

## REFERENCES

- Seligman, H. K., Angell, S. Y., Berkowitz, S. A., Elkind, M. S. V., Hager, K., Moise, N., Posner, H., Muse, J., Odoms-Young, A., Ridberg, R., Troxel, A. B., Yaroch, A. L., & Volpp, K. G. (2025). A systematic review of “Food Is Medicine” randomized controlled trials for noncommunicable disease in the United States: A scientific statement from the American Heart Association. *Circulation*, *152*(4), e32–e46. <https://doi.org/doi:10.1161/CIR.0000000000001343>
- Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of Nutrition*, *140*(2), 304–310. <https://doi.org/10.3945/jn.109.112573>
- Sidhu, D., Nagpaul, T., Lin, N. W., & Wewalaarachchi, T. D. (2022). The Hunger Report Part II: Targeting Specific Needs in the Wake of COVID-19. Lien Centre for Social Innovation, Singapore Management University. <https://lcsi.smu.edu.sg/research/the-hunger-report-2>
- SPUR. (2021). Integrating Food into Health Care: A Landscape Analysis of Medically Supportive Food and Nutrition Interventions in California. Policy Report October 2021, SPUR. [https://www.spur.org/sites/default/files/2021-11/SPUR\\_Integrating\\_Food\\_Into\\_Healthcare.pdf](https://www.spur.org/sites/default/files/2021-11/SPUR_Integrating_Food_Into_Healthcare.pdf)
- Tan, C. (2025, December 12). Launch of vending machines in Punggol Shore brings food, daily essentials closer to residents. The Straits Times. <https://www.straitstimes.com/singapore/launch-of-vending-machines-in-punggol-shore-brings-food-daily-essentials-closer-to-residents>
- Tan, N., Kaur-Gill, S., Dutta, M. J., & Venkataraman, N. (2017). Food insecurity in Singapore: The communicative (dis)value of the lived experiences of the poor. *Health Communication*, *32*(8), 954–962. <https://doi.org/10.1080/10410236.2016.1196416>
- Tevie, J., & Shaya, F. (2018). Does food security predict poor mental health? *Journal of Public Mental Health*, *17*(1), 3–10. <https://doi.org/10.1108/jpmh-12-2016-0058>
- The Global Food Donation Policy Atlas. (2025). Global Food Donation Law and Policy Atlas: Start Here Toolkit. <https://atlas.foodbanking.org/wp-content/uploads/2025/09/Global-Food-Donation-Policy-Atlas-Start-Here-Toolkit.pdf>
- Victora, C. G., Adair, L., Fall, C., Hallal, P. C., Martorell, R., Richter, L., & Sachdev, H. S. (2008). Maternal and child undernutrition: consequences for adult health and human capital. *The Lancet*, *371*(9609), 340–357. [https://doi.org/10.1016/S0140-6736\(07\)61692-4](https://doi.org/10.1016/S0140-6736(07)61692-4)
- Willatt, A., Beadle, R., & Brydon-Miller, M. (2021). Reshaping the food aid landscape. In H. Tam (Ed.), *Tomorrow's Communities: Lessons for Community-Based Transformation in the Age of Global Crises* (pp. 197–214). Bristol University Press. <https://doi.org/DOI:10.46692/9781447361138.013>
- Yeo, N. (2024, 24/08/24). These low-income families want to eat fresh, healthy food but it's becoming costlier and charities are strapped for donations. CNA Today. <https://www.channelnewsasia.com/today/ground-up/low-income-families-eat-fresh-health-food-costlier-charities-strapped-donations-4634976#:~:text=%E2%80%9CWhile%20we%20could%20try%20to,providing%20nutritious%20and%20fresh%20food.>

### APPENDIX: FOOD-SUPPORT RELATED WISH LIST AS INDICATED BY PROVIDERS

Type and nature of		Description
Manpower	Volunteers to provide administrative/operational support	<p>Skills required:</p> <ul style="list-style-type: none"> <li>• Ability to run fundraising events</li> <li>• Marketing/outreach to businesses to source for donors</li> <li>• Social media publicity and design (e.g., websites, posters, and banners) to improve outreach</li> <li>• Willingness to man helpdesks</li> <li>• Ability to drive, including larger vehicles such as trucks</li> <li>• Compliance/accounting skills to ensure accountability</li> <li>• Those with strength or who wish to build muscle: To load/unload and move food cartons</li> </ul>
	Volunteers to provide IT support	<p>Skills required:</p> <ul style="list-style-type: none"> <li>• Data analysis skills for analysing recipients' needs and preferences</li> <li>• Software programming skills to manage and maintain voucher platforms</li> <li>• Ability to run a tracking/inventory system</li> </ul>
Donations-in-kind	Food	<ul style="list-style-type: none"> <li>• Food drives in general: Non-perishables with more than five weeks of shelf life, in good, sealed conditions [Not appropriate: fresh produce, expired food, half-eaten food, food with packaging already open]</li> <li>• Specialised food required by certain providers:                             <ul style="list-style-type: none"> <li>• Milk powder for infant and elderly</li> <li>• Medically supportive food for patients</li> <li>• Ready-to-eat microwavable food</li> </ul> </li> <li>• Timely donations of (festive) food</li> <li>• Food retailers placing surplus unsold items in clearly designated donation pick-up points outside their shops</li> </ul>
	Storage space	<ul style="list-style-type: none"> <li>• Low-cost or free storage facilities</li> <li>• Cold chain storage (e.g., freezers and fridges)</li> </ul>
	Transport	<ul style="list-style-type: none"> <li>• Sponsored vehicles</li> <li>• Vehicles available for loan for certain days of the week</li> <li>• Fuel</li> </ul>
	IT systems	<p>For:</p> <ul style="list-style-type: none"> <li>• Documenting recipient demand and monitor changes in recipients' needs</li> <li>• Stock inventory using barcodes of food items</li> <li>• Voucher management</li> </ul>
	Waste management solutions	<ul style="list-style-type: none"> <li>• One-stop composting system for communal kitchens</li> </ul>
	Food dispensing machines	<ul style="list-style-type: none"> <li>• Machines that can cook and dispense food for communal kitchens</li> </ul>
	Shelter	<ul style="list-style-type: none"> <li>• Shelter outside community shops to shield recipients from the rain when queuing</li> </ul>

APPENDIX: FOOD-SUPPORT RELATED WISH LIST AS INDICATED BY PROVIDERS

Type and nature of		Description
Services	Maintenance for transport	<ul style="list-style-type: none"> <li>• Vehicle servicing and repair services</li> </ul>
	Maintenance of equipment	<ul style="list-style-type: none"> <li>• Kitchen equipment servicing</li> </ul>
	From food vendors/ supermarkets	<ul style="list-style-type: none"> <li>• Improved systems that allow (1) more streamlined processes of ordering and delivery of food to multiple addresses and (2) automated substitution of out-of-stock food items (for providers that purchase food from supermarkets and have them delivered doorstep to recipients)</li> </ul>
Platforms	Maps identifying specific HDB blocks, showing by block the type of support provided and the duration of support offered by providers	<p>Purposes:</p> <ol style="list-style-type: none"> <li>1.To consolidate information on providers</li> <li>2.For aid agencies to refer needy residents to for support</li> <li>3.To prevent service overlaps and food wastage</li> </ol> <p>Source of data: providers</p>
	Platform where food suppliers can update whenever they have surplus food to give away as well as where providers can highlight food items needed	<p>Purpose: Providers in need of food items can contact these suppliers to collect the donated food. Similarly, corporates looking to do CSR activities or donate food can contact these providers and donate what is needed</p> <p>Source of data: food suppliers and providers</p>
	Platform where providers can document recipients' needs and their food supply inventories (with access restricted to providers)	<p>Purpose: To identify gaps and minimise overserving of recipients</p> <p>Source of data: Providers</p>
	Platform indicating government agencies and social service agencies that can coordinate food support	<p>Purposes:</p> <ol style="list-style-type: none"> <li>1.For providers to seek consultation and partnerships</li> <li>2.For corporates to contact if they want to engage in food distribution</li> </ol> <p>Source of data: government agencies and social service agencies</p>
Funding	Operating expenses	<p>Purpose:</p> <ul style="list-style-type: none"> <li>o Purchasing food</li> <li>o Purchasing vehicles (including COE)</li> <li>o Storage facilities (e.g., storage space, fridges, freezers)</li> <li>o Staff salaries</li> <li>o Certification of volunteers in food hygiene and safety</li> <li>o Cleaning and packing materials</li> </ul>
	Program evaluation	<p>Purpose: To evaluate the impact of food support services on recipients</p>

APPENDIX: FOOD-SUPPORT RELATED WISH LIST AS INDICATED BY PROVIDERS

Type and nature of		Description
Policies	Incentives such as letters of appreciation/award, CSR credits, or (carbon) tax breaks	Purpose: To encourage businesses to give away surplus food items rather than disposing them
	Government grants	Purpose: To obtain funding for operational costs
	Support in obtaining necessary infrastructure at public spaces	Provision of infrastructure such as e.g., fans, lights, electrical outlets, CCTVs, toilets where food distribution and communal dining take place
Partnerships	Fundraising	Organisations/groups who can support fundraising events
	Sponsorships of food items	Businesses that are willing to sponsor food items
	Supply of fresh produce	Food rescue groups who can contribute fresh produce (fruit and/or vegetables)
	Provision of services in various areas of expertise	Organisations/groups that can give nutritional talks relevant to the food given to recipients
	Redemption of meals for cooked food	Food stalls that recipients can redeem meals from
	Provision of integrated support services	Community groups and social agencies to refer families and provide integrated support services



*Hunger Report III: Landscape Study of Local Food Support* is a study of the local food support sector that outlines how a tightly woven, yet informal network of stakeholders worked to improve food security in Singapore. By examining the roles of and constraints faced by various providers delivering community-targeted food support, the study surfaces their key challenges, documents existing collaborative efforts, and identifies gaps in the ecosystem. Bringing together evidence and practical insights, the study aims to inform practice and policy, share tried-and-tested approaches that can spur innovation and raise public awareness to strengthen community contributions toward a more equitable and resilient food ecosystem.

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#### About the authors

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