

A Legal and Socio-Normative Review of Supporting and Hindering Factors in the Free Nutritious Meal (MBG) Policy in Pare District, Kediri

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Abstract

This study discusses the implementation of the Free Nutritious Meal (MBG) Policy in Pare District, Kediri Regency. The focus is on legal and socio-normative aspects of the policy. This study uses a qualitative descriptive approach. The data are taken from statutory regulations, government documents, academic literature, policy reports, and relevant media publications. The findings show that several factors support the implementation of the MBG policy in Pare. These factors include the commitment of local government, support from schools and other local institutions, and public acceptance of the program. In Pare, community values such as mutual assistance and local participation also help the program run at the local level. However, the implementation of the MBG policy still faces several problems. The main problem is regulatory uncertainty. This can be seen from unclear institutional mandates, incomplete operational standards, weak oversight mechanisms, and limited public participation in monitoring and evaluation. Food distribution also remains a challenge, especially when coordination among actors is not yet strong. From a legal perspective, the MBG policy needs clearer implementing regulations and stronger accountability mechanisms. From a socio-normative perspective, the program also needs to consider local conditions, community participation, and equal access to nutritious food. In Pare District, legal certainty and community support must work together so that the policy can be implemented in a fair, accountable, and sustainable manner. This study argues that the effectiveness of the MBG policy does not depend only on food provision. It also depends on regulatory certainty, institutional responsibility, public oversight, and the consistent enforcement of service standards. These elements are important to ensure that the MBG policy supports child nutrition, public welfare, and social justice, aligning with Sustainable Development Goals (SDGs) 12: Responsible Consumption and Production.

KEYWORDS *Driving and Hindering Factors, Policy Impelementation, Free Nutritious Meals, Sustainable Development Goals (SDGs).*

Introduction

The Free Nutritious Meal (MBG) Policy is one of the strategic policy programs presented by President Prabowo. The manifesto was first drawn up during the 2024 presidential campaign, and is not aimed at enhancing nutritional quality among children in Indonesia. The separate national scale-filling is specifically aimed at increasing the nutritional quality of children and reinforcing the state as an institution most responsible for fulfilling basic wellness needs in Indonesia.¹

This policy can not be dissociated from the problem of Continue prevalence of malnutrition in Indonesia that still occurs among children aged 0 – 59 month, particularly those who are Less and Middle income. These are not simply public health issues, but expose deeper problems of social injustice, mal-distribution of food, and state failure in meeting the rights of children. Stunting and malnutrition may cause a delay in physical and cognitive development, hindering children's ability to perform daily activities or participate in academic processes.² In the long term, these conditions may weaken the quality of national human resources and reduce Indonesia's competitiveness at the global level.³

The MBG policy is designed not only as a nutritional intervention, but also as an instrument of social protection and public welfare. Its implementation is expected to reduce malnutrition and stunting rates while ensuring that children receive adequate nutritional intake in accordance with the applicable Nutritional Adequacy Standards.⁴ The program also carries an egalitarian function, as it seeks to provide children from economically disadvantaged households with access to nutritious food comparable to that available to children from more prosperous families. In this regard, the MBG policy may be understood as a long-term investment

¹ Government of the Republic of Indonesia, *Visi Bersama Indonesia Maju Menuju Indonesia Emas 2045* (Jakarta: Government of Indonesia, 2024).

² Republic of Indonesia, *Constitution of the Republic of Indonesia 1945*, art. 34.

³ Ministry of Health of the Republic of Indonesia, *Indonesian Health Profile 2024* (Jakarta: Ministry of Health, 2025), 112–118.

⁴ John Rawls, *A Theory of Justice*, rev. ed. (Cambridge, MA: Harvard University Press, 1999), 52–65.

in human resource development and as part of the state's obligation to promote substantive equality in access to basic needs.⁵

The MBG policy is still in a phased implementation stage, and its effectiveness may vary across regions according to factors such as local administrative capacity, budgetary readiness and coordination among institutions. Such a condition shows that the success of the policy requires not only political commitment, but also unambiguous regulatory instruments, functioning implementation mechanisms and measurable norm standards for related service delivery. The fact that it has been implemented in steps shows that the policy was not only politically decided but also appropriately planned, budgeted, co-ordinated and monitored. Legally, government commitment needs to be reflected in clearly defined regulatory instruments, accountable implementation processes and measurable standards of service delivery.

Local governments have an important role in the actor configuration necessary for the successful implementation of MBG policy, as they are located at an interface between national policies and local administrative capabilities needed to meet goalsthe central government enforcement of a national strategy with adequate administrative procedures locally. Nutrition needs, target beneficiaries must also be identified and food distributed in a transparent, accountable, fair and equitable way at the regional level. You need community participation as well, because without it you'd lose support in monitoring and overseeing the public itself to keep this program accountable to the true conditions of its expected-beneficiaries.

In particular, Pare District within Kediri Regency serves as an appropriate locus to study the local perspective and experience of MBG policy implementation. The subdistrict is the largest town and one of the most important economically in eastern Kediri and has some public and social infrastructure like market, health facility, schools, as well higher education. The latter conditions render Pare an ideal site for understanding

⁵ World Health Organization, Malnutrition Fact Sheet (Geneva: WHO, 2024).

the translation of national welfare-oriented policies into local governance practice.⁶

Pare had envisaged as Kediri Regency's future administrative centre but it was eventually situated in Ngasem since 1978 due to its more central geographical position. However, Pare still remains strategically important socio-economically in the Kediri Regency. It has one urban village and nine rural villages constituting its administrative structure which perhaps signifies the dual nature (urban and rural) of the area that can have bearing on policy implementation such as identification of beneficiaries, food distribution, institutional coordination etc.⁷

Therefore, this article wanted to argue that regulatory uncertainty is the underlying problem of the ineffective implementation of MBG policy in Pare District. Albeit community participation, local leadership and educational institutions are important socio-normative support they provide a defeatist lens without well-defined legal mandates, coordinated institutionality and enforceable accountability mechanisms. Thus, the successful legal implementation of the MBG policy is contingent on ensuring that regulatory certainty, institutional accountability and public participation are instrumental in a unified framework for governance over equitable access to healthy food.

The provision of free nutritious meals programs in Pare relates closely to national and local policy objectives, especially stunting prevention, poverty reduction through social services/assistance, child protection as well as improvement of quality education. Integrated nutrition interventions were promoted by government institutions such as the Ministry of Health and local health agencies in health sector reviews and in public health and social welfare policies. Nonetheless, such initiatives in Pare are still fragmented and dependent on community input and support from the private sector. Despite promising operational and governance challenges regarding the MBG policy implementation. From an operational perspective, a standardized local implementation framework is absent,

⁶ Central Bureau of Statistics of Kediri Regency, Kecamatan Pare dalam Angka 2025 (Kediri: BPS Kabupaten Kediri, 2025), 1–15.

⁷ Kediri Regency Government, Regional Profile of Kediri Regency 2025 (Kediri: Bappeda Kabupaten Kediri, 2025), 23–27

resulting in differences in menu quality and food distribution timelines and compliance with nutrition standards. Some provide whole meals that contain protein and vegetables, while others give out free donated snacks of varying quality. At the governance level, stakeholder coordination gaps, weak accountability mechanisms and poor monitoring processes limited consistent oversight of programs which in combination restricted enforcement of quality standards and equitable access. Most of these initiatives are implemented in the form of school-based feeding programmes, mosque-based social kitchens, and also through local NGOs. Although these initiatives are indicative of social solidarity, their reliance on good will and short-term funding arrangements highlights the need for a greater degree of institutionalisation via public budgeting, clear regulatory instruments and accountable governance mechanisms.⁸

Soci-economically, Pare people are diverse between: small traders, teachers, local residents and some students from various other regions come to this place to learn a language. While such diversity helps advance dynamic community networks, it also results in rapidly changing demand for food that is neither regular nor completely nutritious. Providing low-income households with regular meals according to healthy, balanced and nutritious diets remains an ongoing challenge. Due to the increasing cost of food, cheap street foods are usually the more feasible alternative, but these meal options rarely fulfill balanced nutrition needs, especially protein and micronutrient requirements. As local health post data show that undernutrition and mild anemia continue to be visible problems, this situation particularly concerns children and adolescents.⁹

The Kediri Regency Government have started designing how the Free Nutritious Meal Program could be implemented within the current education and health policy framework. According to reports, some preliminary initiatives have already been established for primary schools and early childhood education centres through collaboration with local cooperatives and women's community groups. The initiative tends to focus

⁸ Central Bureau of Statistics of Kediri Regency, Kediri Regency in Figures 2025 (Kediri: BPS Kabupaten Kediri, 2025), 45–50.

⁹ Dinas Kesehatan Kabupaten Kediri, Profil Kesehatan Kabupaten Kediri Tahun 2023 (Kediri: Dinkes Kediri, 2023), 64

instead on cooked rather than packaged snacks, using local ingredients like tofu, tempeh, vegetable and eggs. Besides supporting nutritional enhancement, this approach would also benefit the local economy by engaging agricultural producers and small-scale food enterprises.

Nevertheless, these programs continue to be limited in sustainability, primarily due to lack of funding, poor logistics coordination and inadequate nutrition surveillance. These challenges show that MBG can only succeed if there is a clear legal basis for the policy, strong political support and much better institutional coordination so that the standards of implementation can actually be enforced.¹⁰

In Pare community involvement was one of the important sociological norms supporting the whole activity of non-charging nutritious meal. Food-sharing or sedekah makanan activities, which portray local essences of solidarity and mutual cooperation (gotong royong), have been commonly held by religious institutions, youth groups, private contributors etc. These practices reflect strong social capital in the community. Still, much of these initiatives remain ad hoc and are not yet part of a more coherent policy framework. Consequently, their role in improving nutrition has been difficult to quantify (especially where no clear indicators, reporting structures, and institutional accountability exist). This leads to a demand between local civil society actors for a more structured collaboration between state institutions, private actors and people within the community in order to achieve continuity, transparency and public accountability.¹¹

With regard to health indicators, Pare still has high degrees of malnutrition as those faced by other semi-urban districts in Indonesia. In the latest district health profile stunting among under fives remains a visible problem, overweight among adolescents has risen with an increase in consumption of processed goods. This double burden of malnutrition clearly shows that the solution to child nutrition is not only providing food, but it also requires nutritional education, standardization of menus and

¹⁰ Brian Z. Tamanaha, *On the Rule of Law: History, Politics, Theory* (Cambridge: Cambridge University Press, 2004), 114–126.

¹¹ Pusat Kajian Gizi dan Kesehatan Universitas Indonesia, *Community-Based Nutrition Intervention Models in East Java* (Depok: UI Press, 2021), 43.

persistent health monitoring. In this context, apart from providing beneficial access to free nutritious meals must also be accompanied by effective food hygiene and safety education in order to avoid risk of foodborne diseases and ensure compliance with public health standards during meal distribution.¹²

One reading of the emergence of free nutritionally adequate meals initiatives in Pare may see them as local social innovation bringing together state accountability and community participation. Yet, in legal and institutional terms the sustainability of these kinds of initiatives is conditioned on adequate budget allocation at central as well as regional levels; inclusion of nutritional training programmes into schools and community institutions; transparent management systems involving public oversight, in addition to a consequent link with local agricultural supply chains to promote food sustainability. All of this is essential in order that the initiative doesn't rely on voluntary action and focus on short-term donations. When backed up with meaningful regulatory instruments and strong accountable governance, the Pare model could exemplify how local implementation practices or specification can add up to complement the national goals around food security, child welfare and human resource production.¹³

With stronger regulatory governance and public participation, however, the MBG policy in Pare may contribute to the fulfilment of children's rights, social welfare, and equitable access to adequate nutrition.¹⁴ Existing discussions on free nutritious meal programs tend to focus on nutritional outcomes, fiscal feasibility, or policy implementation in general. This study differs by examining the MBG policy through a legal and socio-normative lens, particularly by analysing how regulatory certainty, institutional accountability, and community participation shape implementation at the local level.

¹² Dinas Kesehatan Kabupaten Kediri, *Laporan Status Gizi Balita 2023* (Kediri: Dinkes Kediri, 2024), 18.

¹³ Food and Agriculture Organization (FAO), *Urban Food Systems and Local Governance in Indonesia* (Rome: FAO, 2022), 32.

¹⁴ World Health Organization, *Nutrition in Southeast Asia: Building Sustainable Local Food Programs* (Geneva: WHO, 2023), 41.

Method

This study employs a qualitative descriptive approach to examine the implementation, operational challenges, and socio-legal dynamics of the Free Nutritious Meal (MBG) Program in Pare District, Kediri. This approach is suitable for capturing complex phenomena shaped by policy frameworks, institutional arrangements, and community participation, without manipulating variables or imposing experimental controls.¹⁵

The research was a case study using Pare chosen for its semi-urban characteristics, strategic role as an education center in East Java and among the highest levels of civic engagement. The reliability of the information was assured by utilizing primary and secondary data sources that provided a greater understanding of policy implementation and socio-normative factors. Primary data were collected using semi structured interviews and direct observations from schools, community kitchens and health centres (puskesmas) involving local government officials, school principals, PKK members as well as volunteers who support nutrition program. These data shed light on the legal and institutional mandates, administrative practices, and operating constraints that impact MBG implementation. Secondary data were collected from official documents such as the Kediri Health Profile 2023, Regional Food and Nutrition Action Plan (RAD-PG) for 2023–2027, and other supporting reports from the Ministry of Health, BPS, WHO, and FAO about community-based nutrition intervention and stunting prevention. Data was collected using a triangulation method which utilized observation, interviews and document analysis to ensure validity, reduce bias, and rigor of method.¹⁶

We conduct 396 observations of everyday food systems operations alongside interviews that address program design, regulatory compliance and monitoring, sustainability monitoring and funding mechanisms.

Data analysis was guided by the interactive model developed by Miles and Huberman, which includes three main components — data

¹⁵ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 5th ed. (Los Angeles: SAGE Publications, 2018), 53

¹⁶ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 5th ed.

reduction, data display and conclusion drawing/verification — we initially conducted coding of common themes (community participation, nutrition adequacy, legal/institutional compliance and sustainability)¹⁷

This study situates methodological rigour in the context-sensitivity through this approach, to proliferate methods how existing social-technical structures of local governance, patterns of civic engagement and social innovation interplay with each other leading to the eventual delivery of MBG policy at Pare. This methodology allows for the identification of enabling and constraining factors from legal, institutional, and socio-normative perspectives and thus constitutes a solid basis for further assessment and recommendations.

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Result & Discussion

We conclude that this study demonstrates the Free Nutritious Meal (MBG) Program in Pare District, Kediri to be a novel example of local social innovation within Indonesia's wider nutrition policy landscape. Its evolution has been the result of a complex dynamic involving national policy imperatives, local administrative capacity, and community engagement. Although this initiative is in line with national efforts to reduce stunting and alleviate poverty, the implementation of this program

¹⁷ Dinas Kesehatan Kabupaten Kediri, Profil Kesehatan Kabupaten Kediri Tahun 2023 (Kediri: Dinkes Kediri, 2023), 64; Kementerian Kesehatan Republik Indonesia, Rencana Aksi Nasional Pangan dan Gizi 2021-2025 (Jakarta: Kemenkes RI, 2022), 18

¹⁸ Dinas Kesehatan Kabupaten Kediri, Profil Kesehatan Kabupaten Kediri Tahun 2023 (Kediri: Dinkes Kediri, 2023), 64

in Pare is still bound by socio-economic contexts, institutional capacity, and regulatory constraints. The semi-urban setting of Pare—comprising a complex environment of schools, small businesses and dry group markets—offers favorable conditions for the ongoing maintenance phase in addition to some execution roadblocks. The MBG program operates in this context and serves not only as a food distribution initiative, but also a social-institutional mechanism that harmonizes education, public health, and community engagement under one policy governance system.¹⁹

Governance-wise, local actors; such as the schools, PKK (Family Welfare Movement) groups and local cooperatives constitute a crucial part of operationalizing free meal initiatives often scaling up limited state funding and fragmented institutional support. Based on the values of *gotong royong* (mutual cooperation), these participatory mechanisms increase social cohesion and strengthen relationships between citizens and local institutions. Allow me to also highlight here community-based initiatives like *sedekah makanan* or group meal preparation, as a form of civic action that works hand in hand with government roles. But these programs still depend on voluntary contributions and do not benefit from institutionalized support. Without legally binding financial roads and working protocols, as well as appropriately robust nutritional monitoring, the program has reduced capacity for sustainability over time, compliance with oversight regulation and systematic evaluation of impacts contemporaneous with policy enactment.

Nutrition programs this sense: the normative and policy framework that governs nutrition in Indonesia constitutes a legal basis but also an institutional limitation to local initiatives such as the ones carried out in Pare. At the national level, the nationally mandated *Strategi Nasional Percepatan Pencegahan Stunting 2021–2024* (National Strategy for Accelerating Stunting Prevention) targets multi-sectoral integration of health, education and social welfare sectors. Yet, this framework is typically implemented vertically on a limited scale between central policy directives

¹⁹ Bappenas, *Strategi Nasional Percepatan Pencegahan Stunting 2021-2024* Pusat Kajian Gizi dan Kesehatan Universitas Indonesia, *Community-Based Nutrition Intervention Models in East Java* (Depok: UI Press, 2021), 43.14-16.

and local administrative capacity. This fragmentation is reflected in Pare through extremely un-synchronized funding cycles, overlapping institutional mandates among district offices and data-sharing deficit between the two sectors of Health and Education. As a result, while local officials may be committed to improving child nutrition, they are limited by bureaucratic inflexibility as well as poor inter-sectoral coordination and the lack of a cohesive local implementation framework. While there have been numerous free meal initiatives, these often remain ad hoc and localised rather than being integrated into formal government schemes; this leads to inconsistency in terms of menu quality, food safety standards and distribution coverage.

The second factor that influences the nutritional status of Pare town is income inequality, local food culture, and different nutritional literacy perspectives which in a social economic aspects. Many low-income households depend on cheap carbohydrates- and fat-rich but protein, vitamin, and essential micronutrient-poor street food. Also, the restricted nutritional knowledge impact this dietary pattern since parents and caregivers still take in terms adequacy nutrient with satiety. Hence, in this narrative, the MBG program represents both a kind of food supplement and public education tool with the potential to change community norms surrounding adequate nutrition. Teachers and health officers said that repeated use of school-based meals led to increased food diversity awareness among the children, including thanks to vegetables, protein-rich foods. These behavioral changes have slowed considerably but still represent an important socio-normative foundation for progression of nutrition literacy within communities.²⁰

However, the programme's implementation also highlights structural weaknesses in local nutrition governance. According to data from the Kediri District Health Office, regional health spending specifically for nutrition programs is still below five percent of total expenditure. This budget restriction has encouraged dependence upon community-driven revenue, short-term donations, and support from personal or non-

²⁰ Dinas Kesehatan Kabupaten Kediri, Profil Kesehatan Kabupaten Kediri Tahun 2023 (Kediri: Dinkes Kediri, 2023)

governmental stakeholders. Further, the lack of standardized nutritional targets has led to high variability between meal composition, frequency and distribution channels used. Some elementary schools can help provide full meals twice a week, while others are still reliant on donated high-calorie snacks with little nutritional value. These inequalities really compromise equity of access, and through this they significantly undermine the program's potential to act as a public service based on rights principles. These results suggest the importance of integrated local regulation to ensure consistent standards for quality, access, nutrition adequacy and accountability mechanisms in the implementation of the MBG policy²¹

How local government governing with the useful MBG policy in Pare also very much depends on the institutional ability. Kediri Regency Government has developed a plan called Rencana Aksi Daerah Ketahanan Pangan dan Gizi 2023–2027 (Regional Action Plan for Food and Nutrition Security) to implement the PP No.240/2019, yet its execution has been hampered because of poor inter-agency coordination as well as lack of performancebased monitoring. Interviews with officials suggest that planning documents often focus on output indicators, such as the number of meals distributed, instead of outcome indicators related to nutritional improvement, food security and community resilience. It is a symptom of a systemic issue in public administration, where short-term administrative deliverables overshadow large-scale institutional transformations. What is, therefore, needed strengthening of institutional accountability beyond increased funding includes: legal mandate; service standards & criteria (based on measurement); integrated data systems; and performance evaluation punctuated by correlation in financial allocation. Simply distributing meals cannot nor should be the only yardstick by which the success of the MBG policy is measured, but rather its ability to have any measurable effect on nutrition status, legal endorsement and public service delivery equity.²²

²¹ Dinas Kesehatan Kabupaten Kediri, Profil Kesehatan Kabupaten Kediri Tahun 2023 (Kediri: Dinkes Kediri, 2023)

²² Robert Agranoff and Michael McGuire, *Collaborative Public Management: New Strategies for Local Governments* (Washington, D.C.: Georgetown University Press, 2003), 28.

The full discussion also analyzes the MBG policy and its effects on economic livelihoods in these regions. The program indirectly supports the rural economy and strengthens local supply chains by sourcing ingredients from nearby farmers, tofu and tempeh producers, and small-scale food vendors. It is also consistent with local food sovereignty, the right of communities (perhaps located close to a school) to determine their own agriculture and food systems, in consideration of given regulatory frameworks. In order to build predictability of these budget allocations, and high standards of public financial management, the procurement mechanisms must also be transparent. Without those mechanisms, suppliers can be subjected to delayed payments or constantly changing demand levels that can break program continuity. These examples underscore the importance of linking social sector and economic planning at local government level, as well as regulatory capacity to ensure synergies between nutrition impacts and livelihoods.²³

A third important area relates to education and behaviour change communication as complementary interventions to support successful policy introduction. MBG programs are more effective together with nutritional education in schools, especially nutrition lessons, handwashing and local food festivals. Meal-only programs, without the educational components of comprehensive programs, generally produce limited sustainable outputs²⁴

Now that people have heard COVID-19 references from behavioral scientists around the world asserting that this is not outrageously out of line with social learning theory, and note that such learning must be both positive reinforcement and context (pun intended) to truly become a force for sustainable behavioral change. Implementation of education requirements into institutional comprehensive, action-oriented school-based programs aids policy enforcement and accountability and supports

²³ Food and Agriculture Organization (FAO), *Urban Food Systems and Local Governance in Indonesia* (Rome: FAO, 2022), 32.

²⁴ Food and Agriculture Organization (FAO), *Urban Food Systems and Local Governance in Indonesia* (Rome: FAO, 2022), 32

the implementation and sustainability of public health nutrition initiatives.²⁵

The study identifies enabling and constraining factors with clear legal and institutional significance in assessing the sustainability of programs to leverage change. Enablers are defined as those factors with strong civic participation, close fit into the normative lens of collective welfare and growing awareness among policymakers about nutrition-linked human capital. Limitations include reliance on shortterm funding, the lack of a mechanism for rous data collection for monitoring, and voluntary participation. Both trends indicate Pare's MBG program is shifting from a charity-oriented model to a rights-based and institutionalized social protection system over there. Institutionalizing program continuity requires coordinated legal and policy measures (e.g., formal MBG adoption at the district level; multi-stakeholder governance frameworks; capacity building of local implementers). The academic institutions involvement in research, monitoring and evaluation can make evidence-based policymaking much stronger and do the replication of good practices on innovative ones across other districts.²⁶

The Pare experience through the lens of public health and administrative law reflects broader challenges of decentralization for Indonesia's nutrition sector. In health and education the transfer of powers for administration to local governments was supposed to increase responsiveness and participation; but it has led instead a more variable policy and regulatory capability. Local types of civil society and healthier local institutional environments in such subdistricts as Pare allow people to move from the grassroots up, while less organized regions may not be able to implement models like this. This emphasizes national institutions as enablers rather than masters providing technical assistance, fiscal transfers and flexible regulatory frameworks enabling local experimentation while also supporting accountability and legally binding. This is where Pare's MBG program can provide a policy laboratory of sorts for the nationwide

²⁵ Albert Bandura, *Social Learning Theory* (Englewood Cliffs, NJ: Prentice-Hall, 1977), 23-24.

²⁶ Norman K. Denzin and Yvonna S. Lincoln, *The SAGE Handbook of Qualitative Research*, 5th ed. (Los Angeles: SAGE, 2017), 345

rollout of community nutrition programs in Indonesia, with lessons on how to structure fit-for-purpose legalities, institutional capacity-building and stakeholder management.²⁷

Lastly, the conversation highlights the implications of policy integration between MBG policy and Indonesia's overall human development. Reducing and eliminating hunger also helps strengthen cognitive development, academic performance, productivity, and the ability to achieve sustainable economic growth [11]. The lessons of Pare illustrate that public investment aimed at nutrition should not be seen merely as welfare expenditure but rather as an investment in human capital and as social protection. To institutionalise these programs, a sustainable funding model has to be created with support from inter-ministerial coordination between ministries related to education, health, social affairs and local governance. Furthermore, digital monitoring systems such as mobile nutrition dashboards could enhance transparency and improve real-time evaluation and evidence-based decision-making. They may minimize administrative inefficiency, enhance accountability, and bolster public acceptance of the governance in social welfare programs.²⁸

This is conclusion that the MBG policy in Pare District (Kediri) embodies a local manifestation of Indonesia's changing nutrition governance by relying on community solidarity and local initiative to partially fill regulatory and institutional vacuum. This program points out value of participatory governance, integrated policy design, sustainable financing and measurable public service standards. While there are still many challenges to consider, the learning from Pare suggests that small-scale enterprise can serve social and economic value when anchored in local culture, collective sense of ownership and accountable governance. Thus, making the MBG policy more robust through formal regulatory frameworks, consistent budget allocations, institutional coordination and periodic evaluations will be required to convert it from a patchy

²⁷ James Manor, *The Political Economy of Democratic Decentralization* (Washington, D.C.: World Bank, 1999). 51

²⁸ World Health Organization, *Nutrition in Southeast Asia: Building Sustainable Local Food Programs* (Geneva: WHO, 2023), 41.

community meal initiative into an inclusive and sustainable form of nutrition governance.²⁹

From the kind of legal, sustainable regulating MBG they must also be tied to rules on food safety, public health protection and administrative accountability. Food provide → Offer more than just food: ensure safety and hygiene, sufficient nutrition for the population, covering all standards of service quality This means that food procurement, preparation, storage and distribution must be done in accordance with relevant public health standards, norms and administrative procedures when implementing institutions. The lack of coherent technical standards exposes beneficiaries, especially children, to the risk of food contamination, unequal quality and varying nutritional content of the support provided. Along these lines, the MBG policy demands a more specific regulatory environment for standards of food safety, institutional accountability, mechanisms to register and process complaints, and monitoring by appropriate health and education sectors.³⁰

Third, the role of private providers, community kitchens, schools, cooperatives and local organizations needs to be legally defined. Without straightforward procurement processes and effective accountability, the program remains at risk of ineffectiveness, inequitable access, and poor quality assurance. This would mean that the selection of food suppliers and management of program funds be guided by public procurement principles; transparency, fairness, efficiency and accountability. Legal accountability will also clarify the degree of responsibility for foodborne illness, misappropriation of funds and reduction in meeting minimum nutrition standards. The moral and ethical issues clearly show that MBG mechanism cannot remain solely dependent on goodwill or community participation as this can only be facilitated by legally enforceable rules, institutional oversight, and public participation tools to ensure that the

²⁹ United Nations Development Programme (UNDP), Human Development and Nutrition Policy Integration in ASEAN (Bangkok: UNDP, 2023), 37.

³⁰ United Nations Development Programme (UNDP), Human Development and Nutrition Policy Integration in ASEAN (Bangkok: UNDP, 2023), 38.

program serves the beneficiaries, accountable and meets your stated welfare objectives.³¹

There are still many legal, institutional and technical constraints in implementing the MBG policy in different regions. Not only do these constraints have an impact on the administrative efficiency of the program, but they also affect more general compliance with principles such as legal certainty and accountability in terms of equitable access to services and quality of public services.

Following main headings should be provided in the manuscript while preparing. Tables and Figures are presented center and cited in the manuscript. The figures should be clearly readable and at least have a resolution of 300 DPI (Dots Per Inch) for good printing quality. Table made with the open model (without the vertical lines) as shown below:

The main inhibiting factors in the implementation of the MBG policy can be classified into several dimensions, as presented in the following table:

TABLE 1. Factors Hindering the Implementation of MBG Policies

No.	Aspect	Isse	Remarks
1.	Government	The existing regulations governing MBG are not comprehensive	The absence of legislative regulations, ranging from national laws to regional and village regulations, that govern MBG in a synergistic and continuous manner
		The relationship between government authority and local government	The relationship between the central government and local governments, including the delineation of responsibilities and functions of each institution, as well as the

³¹ United Nations Development Programme (UNDP), Human Development and Nutrition Policy Integration in ASEAN (Bangkok: UNDP, 2023), 39.

		mechanisms for collaboration and coordination, has not been clearly established.
	The budget allocation and distribution	The nature of the financial relationship between the central government and local governments remains unclear, particularly regarding the mechanisms by which the regional budget (APBD) is utilized as a funding source for MBG, along with the specific allocation amounts.
	Multi-actor collaboration	The lack of clarity regarding efforts to establish multi-actor collaboration among the government, local authorities, the private sector, NGOs, and the broader community
2.	Implementation	The region mapping
		The process of mapping schools targeted by the MBG policy lacks detailed criteria, resulting in the exclusion of several deserving schools in various regions from receiving free nutritious meals.
		Production process
		The oversight of food quality and the standards for nutritious food provided free of charge have not been fully optimized, leading to instances of food poisoning.

		Distribution process	The distribution process remains suboptimal, as evidenced by delays in food delivery to schools in various regions, resulting in nutritious meals not arriving on time, alongside infrastructure challenges faced by remote and hard-to-reach areas.
		Coordination among stakeholders	The coordination among stakeholders involved in the production and distribution of free nutritious food is not yet optimal, leading to incidents of food poisoning, delays in distribution, and similar issues in certain areas.
3.	Society	Health promotion	The government's promotional efforts regarding the significance of health and nutritional adequacy for children in various regions have not yet reached optimal effectiveness.
		The engagement of small and medium enterprises (SMEs)	The technical regulations and detailed guidelines regarding the involvement of micro, small, and medium enterprises (MSMEs) located near schools in the production and distribution of free nutritious food remain unclear.

The involvement of educational institutions along with parents of students	The guidelines regarding the involvement of educational institutions and parents in the management and production of nutritious free meals remain unclear.
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Sources: Authors, 2021 (edited)

As per the above analysis, it is most important to systematically identify, examine and analyse the factors which restrain/ hamper the implementation of MBG policy. This kind of approach provides clarity on barriers that require legal and administrative interventions to better enable the implementation of the MBG policy and realization of its hoped-for outcomes in terms of child nutrition and broader human capital impacts in Indonesia.

Current initiatives aimed to improve the adequacy and quality of human resources in Indonesia are still underway, but will continue requiring specific policy as well as institutional support for effective implementation. The MBG policy aimed notably at children is thus an urgent measure which requires both regulatory and operational support. Again, implementation challenges arise due to the enabling environment as well as some substantive and technical obstacles which needs to be addressed to improve program performance and sustainability.

With regards to sectoral regulation, the current operational technical regulations for MBG are set out in decree of deputy for distribution of National Nutrition Agency (BGN) Number 2 dated 2024. Although this decree creates a basic structure for the administration of programs, it is inadequate to fully regulate implementation throughout Indonesia. This, however, means that other legal instruments are required: several national laws and regulations at the regional level and for village-based legislation to provide a solid underpinnings of legality as well as determining roles and responsibilities for implementing stakeholders while protecting law against non-compliance. Such measures would, consequently, enhance institutional accountability within a uniform and standardised operational

framework that is transparent, enforceable in law and safeguards the rights of beneficiaries across jurisdictions for MBG.

The second aspect of how the MBG process works is that implementation is key to whether MBG is a success or failure. At least two elements related to the MBG implementation: actors impacts, nutritious food production process for free of charge, and distribution system.

This article will present policy recommendations aimed at improving the MBG initiative:

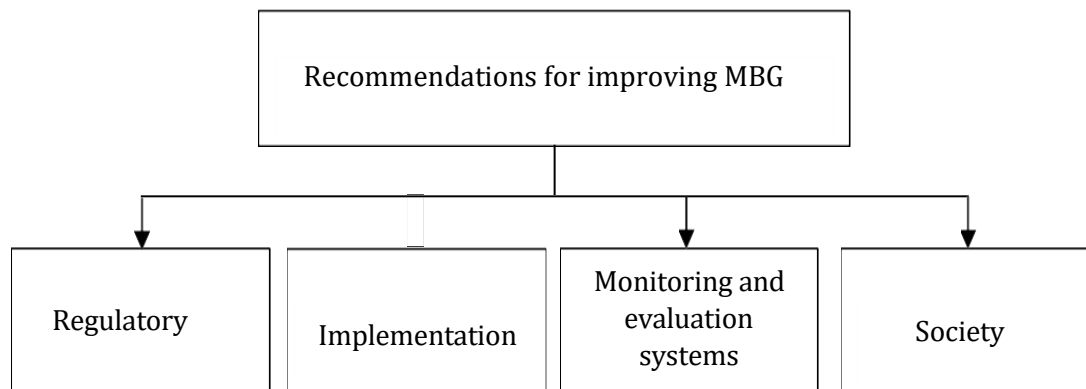


Figure 1: Policy Recommendations for MBG (Author's Analysis, 2025)

These three components must be enhanced and updated to improve the execution of MBG, which can be further illustrated in the following table:

Table 2. Aspects Related to the Implementation Process of MBG

No.	Aspect	Remarks
1.	Stakeholder	Stakeholder involved in the implementation of MBG must demonstrate a commitment to its success, ensuring that each participant fulfills their respective roles and responsibilities. Incidents such as food poisoning, delays in logistics distribution, and even indications of corruption can be mitigated if all actors are dedicated and operate within their capacities (Dirgantara & Carina, 2025a; Singgih et al., 2025). Therefore, continuous efforts to enhance the human resource capacity of MBG participants are essential.

2	Production	The production process of MBG commences with the procurement of raw materials and concludes with the packaging of MBG, ensuring adherence to nutritional quality standards and food hygiene. The occurrence of food poisoning in various regions indicates that the production process has not been executed effectively (Singgih et al., 2025), highlighting the necessity for improvements to ensure that the MBG production process complies with existing regulations.
3	Distribution	The mapping of regions and distribution networks is a crucial element in the successful implementation of the MBG policy. The delays in the distribution of free nutritious food indicate that the distribution process is not functioning effectively (Riyanto, 2025). Therefore, it is essential to optimize the distribution system to ensure timely delivery of free nutritious meals across various regions, including remote areas.

Source: Author's Analysis, 2025.

Referring to the above analysis, to strengthen the MBG policy in Pare District, Kediri Regency should first be supported by practical implementation that emphasizes sustainability and accountability of existing legal products. The goal of improving child nutrition is intimately linked to the social and human resource agenda, however it cannot be achieved through program expansion alone. It needs legal certainty and stable financing, adequate infrastructure, institutional coordination, as well as measurable standards of public service delivery.

Second, logistical and infrastructure barriers still limit the plausibility of implementation in many areas that lack adequate school facilities, kitchen capacity, storage space — and access to safe water. Such limitations may elevate the probability of food loss, hygiene issues, distribution delays and inequity in access amongst beneficiaries. Those conditions represent some minimum requirements of infrastructure and methods of operation that program-defined meals can accommodate before local meal distribution efforts begin.

Third, institutional coordination is still an important predictor of the effectiveness of policies. The MBG policy features a wide range of actors, e.g. central government institutions, local governments, schools including

teachers and school staff members, community organizations and private suppliers. Overlapping mandates, fragmented decision-making and weak accountability can impede implementation without a clear division of authority and responsibility. Thus the policy demands a holistic governance mechanism that specifies institutional mandates, coordination guidelines, reporting responsibilities and supervisory powers.

Fourth, monitoring and evaluation systems should be established to prevent corruption, ensure adherence to nutritional and food safety standards, and assess whether the program achieves demonstrable improvements in child health or learning outcomes. Evaluation cannot just consider the number of meals distributed, but should also examine nutritional adequacy; quality of foods in the programme; coverage (presence or absence; depth) with respect to children who need assistance; timeliness (i.e., keeping pace with timing needs), and most importantly actual impact on children's well-being. In this regard, a leading MBG policy should be conceptualised as the provision of a public service that is based on rights rather than one that distributes welfare.

The number of legal risks to be anticipated from MBG policy can also be institutionalized and formalized. Regulatory over-centralization is the first danger. National regulation that leans too far to the prescriptive side (not enabling enough local governance flexibility) could lead to implementation that fails to respond well to varied regional contexts. Drawing on a diverse geography, socio-economics and culture, Indonesia needs regulation that achieves the right balance between national uniformity and regional flexibility. Overly common norms can lead to ineffectivity or bad diet provision, if they serve communities that have other circumstances than those imagined by the national administrative model.

Another big risk relates to regulatory capture and corruption in large-scale food procurement. Mass procurement and distribution regimes, as well as continuing publicly funded expenditure without sufficient monitoring, are all open to the risk of a chorus of politically linked suppliers, rent-seeking intermediaries or others wishing to profit from poor regulation. Without transparency, public participation and enforceable accountability standards underpinning the procurement, distribution and quality control mechanisms, MBGs policy could entrench patronage

practices rather than securing equitable nutritional gains. Linked to this is the danger of regulatory loopholes, particularly around imprecisely defined minimum nutritional standards for food/beverages; food safety compliance responsibilities and supplier qualifications; grievance channels; and sanctions for noncompliance.

Thus, the visionary impact of MBG policy hinges on how effectively the government overcomes challenges pertaining to financing, infrastructure, governance and procurement integrity as well as legal accountability. The policy, without considered design and steady implementation, may well end up (a) creating an unsustainable burden on the exchequer or (b) more uneven inter-region outcomes. On the other hand, backed by clear legal mandates, transparent financing systems, accountability mechanisms and evidence from implementation evaluation of MBG policy could be an important tool for stunting reduction; progress towards education equity; reforming social protection; enhancing inclusive human capital development. Inadequate monitoring regulations, vague nutritional standards or lack of penalties for not complying can lead to low quality meals, wasted food and squandering taxpayer money.

In addition, it is necessary to anticipate carefully the fiscal risks inherent in the regulation of MBG policy. Yet if the legal framework sets unrealistic implementation objectives, given sustainability of financing sources are not materialized, the program may create an overwhelming burden on national budget. This would result in budgetary trade-offs, especially if resources will need to be diverted from previously prioritized sectors like health infrastructure or improving the quality of teaching, or beyond social protection programs. In this sense, fiscal realism should also be considered as a core principle in the planning of MBG regulations so that policy objectives remain within the state's real budgetary means and its medium-to long-term development priorities.

C. Governance risks arising from the MBG policy regulation The regulation of the MBG policy may also incur governance risk if the MDA distribution power of ministries and government institutions related to this authority have not been clearly conferred. The roles of the education, health, agriculture, social affairs and local government sectors will require a well-defined legal document outlining institutional mandates,

coordination mechanisms, budgeting responsibilities and supervisory power. Moreover, in the absence of such clarity, a web of overlapping authority could exacerbate regulatory confusion and slow decision-making, jurisdictional conflict, and eroded accountability, all threatening effective policy implementation.

In other words, while regulation is the main way to entrench and protect the MBG policy, bad designs can spell big-league problems that range from over-centralization and corruption to fiscal unsustainability and institutional balkanisation. To address those risks, the regulatory framework must be built on flexibility, transparency and intergovernmental cooperation with commensurate fiscal accountability mechanisms. These principles are needed because without them the objectives of MBG policy could not be achieved without engendering unwanted governance failures.

Conclusion

Conclusion contains a description that should answer the objectives of research. Provide a clear and concise conclusion. Do not repeat the Abstract or simply describe the results of the research. Give a clear explanation regarding the possible application and/or suggestions related to the research findings.

The successful implementation of the Free Nutritious Meal (MBG) policy in the Pare District, Kediri shows that synergies between law, institutional capacity and community participation can be critical for realizing child nutrition. It encourages local leadership, state and national institutional support, and favorable community response. On the other hand, hindering factors include poor legislative apparatuses, inflexible and disintegrated food distribution systems, insufficient monitoring mechanisms and inadequate operationalization of community participation.

Successful implementation of the MBG program involves more than just food provision; it requires multisectoral governance, explicit legal mandates and accountability mechanisms to ensure transparency and

adherence to public service delivery standards. For sustainable implementation, the program must be integrated into regional development planning and underpinned by continuous funding coupled with performance-based monitoring to ensure coordination of implementation between local entities and national authorities. In addition, by connecting nutrition programs more closely to other relevant policies (education, a

In conclusion, the implementation of the Free Nutritious Meal (MBG) policy in Pare District, Kediri, demonstrates the critical interplay between legal frameworks, institutional capacity, and community participation in promoting child nutrition. The study identifies driving factors that support the policy, including effective local leadership, institutional backing from government and educational entities, and positive community reception. Conversely, hindering factors encompass gaps in regulatory frameworks, rigid and fragmented food distribution systems, limited monitoring mechanisms, and insufficient institutionalization of community participation.

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