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Implementation of the Free Nutritious Meals (MBG) Program: A health policy perspective from Jakarta

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ABSTRACT

The Free Nutritious Meals (MBG) Program is a flagship initiative of the Indonesian Government aimed at addressing malnutrition and strengthening human capital development. The program seeks to improve access to nutritious food, reduce stunting, and support the development of a healthy and competitive generation toward Indonesia's Golden Age 2045. This qualitative descriptive study was conducted at SMP X Jakarta. Data was collected through in-depth interviews with field implementers directly involved in program execution. The analysis focused on examining implementation processes through a health policy perspective. The findings indicate that the program aligns with core health policy principles, particularly in promoting health through school-based interventions. Field implementers reported that the program contributes to meeting students' nutritional needs and is associated with improved concentration and school attendance. The program has received strong support from students and parents, who perceived it as relevant to household economic conditions and children's health needs. However, several challenges were identified, including diverse student consumption behaviors, a large target population, limited facilities, and suboptimal food preparation processes. Additionally, the absence of detailed operational guidelines, limited technical training, and unclear division of authority required schools to independently adjust the implementation mechanism. While the MBG program demonstrates substantial benefits in supporting student nutrition and educational engagement, strengthening governance structures, technical guidance, and operational coordination is essential to optimize program sustainability and scalability.

1. Introduction

Nutrition issues in children are a major concern because they can hinder physical growth and cognitive development, which in turn can have a negative impact on future productivity and quality of life [1]. Nutrition during school years is essential for the physical, mental, and psychosocial development of children and adolescents aged 6 to 19 years. Across developing countries, an estimated 66 million school-aged children go to school hungry every day, and about 23 million of them are children experiencing hunger in Africa [2].

Children in Indonesia currently suffer from malnutrition, which tends to cause difficulties in concentration and academic achievement [3]. Based on the 2024 Indonesian Nutrition Status Survey (SSGI), the national prevalence of stunting has decreased to 19.8 percent. This figure is down 1.7

percent from 21.5 percent in 2023. Despite this decline, this achievement still needs attention, considering that the threshold for nutritional problems is generally set when the prevalence of malnutrition exceeds 10 percent, indicating that nutrition issues remain a public health challenge in Indonesia [4].

The government is striving to create policies to address these issues, one of which is a program launched by the president-elect of the Republic of Indonesia for 2024-2029, Prabowo Subianto, called the Free Nutritious Meals (MBG) program [5]. This program has been included in the 2025–2045 National Medium-Term Development Plan (RPJPN) and the 2025–2029 National Medium-Term Development Plan (RPJMN) and is reinforced by Presidential Regulation No. 83 of 2024 concerning the National Nutrition Agency [6].

The MBG is one of the government's flagship programs, launched to overcome malnutrition and improve the quality of human resources in Indonesia. The main targets of the MBG program are children, students, and pregnant women [7]. The main objectives of the MBG program are to guarantee access to nutritious food, reduce stunting rates, and create a healthy, intelligent, and competitive generation ahead of Indonesia Emas 2045[8].

Prior research shows that free school meal programs improve students' nutritional status. This program acts as a protective factor against various health indicators, particularly Body Mass Index (BMI) and hemoglobin levels, and is significantly effective in reducing the prevalence of anemia among school-aged children. The regular provision of healthy, nutritious food not only improves individual nutritional status but also contributes to public health [9–12]. Thus, free school meal programs are one of the strategic interventions that support the achievement of sustainable development goals, particularly in efforts to meet children's nutritional needs [13]. In line with these findings, the implementation of the MBG in schools has shown a significant impact on students' nutritional status. Regular provision of nutritious meals can increase children's energy and protein intake, ultimately supporting optimal physical growth [14]

Furthermore, the impact of lunch programs on nutritional status in various literature shows varying results. Of the two studies conducted in Indonesia, one study showed no difference in nutritional status between students who received lunch and those who did not. Meanwhile, another study showed that lunch could increase the average BMI/U by 0.14±0.24 ($p<0.001$) [15]. The implementation of MBG policies is greatly influenced by the readiness of schools as implementers, including aspects of infrastructure, food distribution channels, internal coordination, and the availability of human resources [16]. Field implementers such as school principals, teachers, MBG coordinators, UKS officers, and food providers have a strategic role in ensuring that policies are implemented in accordance with their objectives [17].

However, in practice, the implementation of health policies often faces challenges in the form of limited operational budgets, suboptimal food distribution, delays in food supply, human resource capacity, and a lack of comprehensive policy dissemination [18]. In the context of public policy, field implementers are key actors who can interpret, adapt, and modify policies based on field conditions [19]. Therefore, the research aims to describe the implementation of the Free Nutritious Meals Program at SMP X Jakarta from the perspective of field implementers of health policy.

2. Method

This study employed a qualitative descriptive design to explore the implementation of the MBG Program from the perspective of field implementers. A qualitative approach was selected to gain an in-depth understanding of experiences, perceptions, challenges, and facilitating factors in program implementation, without manipulating the study variables.

The research was conducted at SMP X Jakarta, a school purposively selected because it has implemented the MBG program. The study took place from February to December 2025, with field data collected over two days in May 2025. Two key informants participated in the study: the school principal and the teacher responsible for coordinating the MBG program. Both were purposively selected due to their direct roles in planning, supervising, and implementing the program at the school level.

The study did not involve children or vulnerable populations. All participants were adult policy implementers. Therefore, formal ethical approval was not required. Before data collection, participants received a full explanation of the study objectives and their rights, provided informed consent, and were assured of confidentiality and voluntary participation.

Data were collected through semi-structured, in-depth interviews lasting 30-60 minutes. Interviews were conducted at the school, audio-recorded with consent, and transcribed verbatim. Data collection ceased once thematic saturation was achieved. Data were analyzed using thematic analysis, involving repeated reading of transcripts, initial coding, theme development, and interpretive synthesis. Source triangulation across interviews, observations, and documents was applied to enhance credibility.

3. Results and Discussion

3.1. Results

Overview of the Implementation of the MBG

Findings from interviews with field implementers indicate that the MBG Program has been implemented, although several technical challenges emerged during the initial phase. During the pilot stage, food distribution was considered inefficient due to the large number of beneficiaries, 840 students. This finding is consistent with previous studies by [20] and [10], which indicate that school meal programs generally require an adaptation phase, particularly in terms of distribution mechanisms and time management, especially in schools with a high number of students.

Initially, teachers were assigned to assist with food distribution. However, this arrangement disrupted classroom instruction. As an adaptive response, the school rescheduled the distribution and required students to bring their own lunch boxes. This mechanism was later revised by delegating distribution responsibilities to administrative staff, which reduced distribution time to approximately 10 minutes during recess. In line with the findings of prior research [21], which emphasized the importance of facility support in the sustainability of school meal programs, the solutions adopted during implementation included rescheduling the program and encouraging students to bring lunch boxes from home. Despite these improvements, timing remained a concern. When meals were distributed near the end of the school day, particularly during examination periods, some students chose not to eat them. Although the school introduced alternative packaging after repeated losses of lunch boxes, the overall eating process sometimes lasted up to two hours and did not run efficiently. As a result, up to 100 meal portions were left unconsumed per day, largely due to scheduling issues and student absences.

In terms of coordination, implementers reported limited technical guidance from program organizers. Communication regarding MBG implementation was primarily directed to the school principal, while operational adjustments were largely left to the school's discretion to avoid disrupting teaching and learning activities. Nutritionists were involved in menu planning and food quality assessments. Although food ingredients were generally considered adequate, informants noted that preparation and presentation required improvement to enhance student acceptance. This

aligns with a study that found that school autonomy in the implementation of meal programs can increase effectiveness as long as it adheres to established implementation standards [22].

Overall, the program was perceived to have positive effects on student attendance and concentration. Implementers observed increased student enthusiasm during learning activities and reduced absenteeism. The parent also responded favorably, particularly appreciating the program's economic relief and nutritional support.

Supporting and Hindering Factors in MBG Policy Implementation

Several factors facilitated the implementation of the MBG program. First, strong parental support contributed to smooth implementation, as parents expressed minimal complaints and recognized both the economic and nutritional benefits of the program. This is in line with the findings [23] which show that the Free Nutritious Meal Program (MBG) at the Kedungsari Kitchen, North Magelang, has been implemented well, particularly in terms of internal control and coordination among relevant stakeholders, such as suppliers, nutritionists, schools, and parents. This collaboration has also been effective in the production and distribution of meals that meet nutritional standards, including the handling of students with specific dietary needs such as allergies.

Second, the involvement of nutritionists ensured that menus met nutritional standards and supported food quality control. Nutritionists play a critical role in the Free Nutritious Meal Program (MBG) by ensuring that the meals provided are safe, nutritionally balanced, and appropriate for beneficiaries' specific needs, particularly schoolchildren. Their duties include designing meal menus, setting appropriate portion sizes, monitoring food quality and safety, including hygiene practices, and delivering nutrition education to raise public awareness of the importance of adequate nutrition. Through these responsibilities, the program is also expected to support improvements in nutritional status, including efforts to reduce the incidence of stunting and anemia [24].

Third, policy flexibility allowed schools to adapt technical procedures to local conditions without disrupting instructional time. Effective internal coordination, particularly in rescheduling and reallocating staff roles, also strengthened implementation efficiency. Finally, observable positive behavioral outcomes among students, such as improved attendance and concentration, reinforced institutional commitment to sustaining the program. These findings are consistent with research indicating that the MBG Program has the potential to improve students' academic achievement. Based on academic evaluation data, students who receive nutritious meals show an average increase in exam scores of about 12% compared to the period before the program was implemented [25]. This indicates that good nutritional status is closely associated with enhanced cognitive abilities, memory, and students' academic performance.

Despite these strengths, several challenges were identified. Distribution timing, especially near dismissal, reduced students' motivation to eat and contributed to daily food waste of up to 100 portions. The same study also indicates that the challenges encountered in implementing the MBG program are largely technical. These challenges include low student acceptance of certain menu items, particularly vegetables perceived as less appealing, as well as a mismatch in the schedule for collecting food containers due to differences in class start times [26].

Limited supporting facilities, particularly the frequent loss of lunch boxes, created logistical and financial burdens. Additionally, the absence of clear operational guidelines and structured technical training required the school to independently develop implementation mechanisms. Similarly, several challenges have been identified, including food quality monitoring, limited budgets, and inadequate training for field implementers, which hinder efforts to optimize the protection of children's rights to adequate nutrition [27]. One of the main obstacles is the absence of clear technical guidelines, which creates confusion among implementers in applying the policy. This situation also

weakens coordination among the relevant agencies involved. Furthermore, the lack of detailed operational regulations has been identified as a key factor hindering the optimal implementation of the program [28].

Food processing quality was another concern. Although raw ingredients were adequate, issues related to taste and texture affected student acceptance. This is also supported by findings indicating that the monitoring of the quality of the food provided has not yet been carried out optimally. In several regions, the meals distributed do not fully meet the established nutritional standards. In addition, providing meals that are less balanced or lack sufficient variety may reduce the program's effectiveness and positive impact. Therefore, stricter supervision from the relevant authorities is needed to ensure that the meals provided truly meet nutritional standards and are safe for consumption [29]. Finally, the large student population required careful coordination and sufficient staff support. At an early stage of implementation, scheduling conflicts with the school canteen also affected the vendor's income.

3.2. Discussion

The findings demonstrate that the implementation of the MBG Program aligns with core health policy principles, particularly the promotion of health through school-based interventions [30]. Field implementers perceived improvements in students' nutritional intake, concentration, and attendance. These results are consistent with previous studies showing that school feeding programs positively influence educational sustainability, attendance rates, and children's nutritional outcomes, including improvements in BMI and hemoglobin levels and reduced anemia prevalence [25].

However, from a policy implementation perspective, program effectiveness depends significantly on institutional readiness at the school level. Limited facilities, the absence of operational guidelines, and a lack of structured technical training created administrative and logistical challenges during the early implementation phase. The top-down nature of the policy, without sufficient technical assistance, highlights a gap between policy formulation and field-level realities.

Analysis of Supporting and Hindering Factors

The analysis of factors supporting and hindering the implementation of the MBG Program uses Mazmanian and Sabatier's Policy Implementation Theory [31], which explains that the success of implementation is influenced by three groups of variables:

Problem Characteristics (Tractability of the Problems)

MBG addresses complex and multifactorial issues, including inadequate student nutrition and educational performance [32,33]. Although the program targets genuine nutritional and economic needs, particularly among students from low-income families, student consumption behavior proved difficult to modify. Food waste reaching up to 100 portions per day and reduced consumption when meals were distributed close to dismissal time indicate behavioral and contextual challenges. Similar role conflicts and logistical barriers in school meal implementation have been documented by [34]. Furthermore, large student populations require an adaptation phase in distribution systems, as noted in studies by [20,35]. Despite these challenges, the program's relevance to students' socioeconomic conditions strengthened its acceptance. The alignment between policy objectives and community needs was a significant facilitator.

Policy Characteristics

The clarity of the MBG's objectives, providing nutritious meals to support student welfare and learning [36], facilitated institutional acceptance. However, this clarity was not matched by structured implementation guidance. Schools did not receive standardized operating procedures or

formal training, requiring them to independently interpret distribution mechanisms. Research suggests that school-level autonomy can enhance implementation effectiveness when supported by clear standards and guidance [22].

The top-down communication structure, primarily directed at school principals, limited shared understanding among teachers and staff. Although the nutritionist's involvement ensured menu quality and food safety standards, [37] Operational support, such as standardized containers and distribution logistics, remained insufficient. The importance of adequate facility support in sustaining school meal programs has been emphasized in prior research [21]. Nevertheless, strong implementer commitment at the school level mitigated structural weaknesses. Adjustments such as rescheduling distribution and reallocating staff roles reflect adaptive capacity and a high level of policy disposition among implementers.

Environmental Variables

Environmental factors also shaped implementation outcomes. Strong parental support enhanced policy legitimacy, particularly among economically vulnerable families. Student responses, however, were mixed; taste preferences and scheduling issues influenced meal consumption patterns [38]. Institutional flexibility within the school, such as renegotiating distribution schedules and resolving conflicts with canteen vendors, supported smoother implementation. However, the large beneficiary population (840 students) increased operational demands, requiring more complex management and additional resources.

Overall, the findings reinforce that successful policy implementation depends not only on policy intent but also on institutional capacity, coordination mechanisms, and contextual alignment. While the MBG demonstrates clear benefits, strengthening governance structures, technical guidance, and logistical support will be critical to ensuring sustainability and scalability.

Based on the results of this study, the findings are strongly relevant to the MBG's implementation practices at the school level. The experiences of implementers in adjusting distribution schedules, organizing role-sharing, and making flexible decisions reflect the realities of school-based health policy implementation. The implementation patterns and adaptation strategies identified in this study have the potential to be applied to other schools with similar characteristics, especially those with large student populations and limited supporting facilities.

This study provides in-depth qualitative insights from key implementers directly involved in program execution. However, reliance on self-reported data may introduce informant bias. The study did not include quantitative assessments of nutritional or educational outcomes, nor did it incorporate student perspectives. Additionally, the single-site design limits generalizability. Future research should employ multi-site and mixed-method approaches, including objective nutritional indicators and academic performance measures, to comprehensively evaluate program effectiveness.

4. Conclusion

This study provides insight into the implementation of the MBG Program from the perspective of school-level policy implementers. The findings demonstrate that successful implementation depends not only on clear policy objectives but also on institutional readiness, structured implementation mechanisms, and the adaptive capacity of implementers. While the program shows meaningful benefits in supporting student nutrition, attendance, and learning engagement, operational gaps, particularly in technical guidance, facility support, and coordination, limit its optimal execution.

Policy implications highlight the need for clearer standard operating procedures, structured technical training, and improved distribution planning in the short term. In the long term,

strengthening monitoring and evaluation systems, cross-sector coordination, and adequate resource allocation will be essential to ensure sustainability and scalability.

Although the findings are context-specific and not statistically generalizable, they offer analytical insights relevant to similar urban public schools with large student populations and limited resources. Future research should expand to multiple sites and incorporate mixed-method approaches, including objective nutritional and educational indicators, to more comprehensively assess the long-term effectiveness of the MBG Program.

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Conflict of Interest

There are no conflicts of interest.

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