

Implementation of the Free Nutritious Meal Program in Indonesia: A Systematic Review of Governance, Institutional Capacity, and Implementation Gaps

Muh. Firyal Akbar¹

¹Master of Public Administration Study Program, Universitas Muhammadiyah Gorontalo, Indonesia

Email: firyalakbar@umgo.ac.id

Abstract

The Free Nutritious Meal (MBG) Program is a national strategic policy that integrates nutrition fulfillment, education, social protection, and human resource development agendas. However, Indonesia's scale and territorial heterogeneity create implementation challenges that cannot be explained solely through distribution achievements or nutritional outcomes. This study aims to synthesize scientific evidence on MBG implementation from a public policy perspective by examining gaps between policy design and practice, institutional capacity, inter-actor governance, local adaptation, and implementation fidelity. The study employs a systematic review guided by PRISMA 2020, with literature searches conducted through Scopus, Web of Science, PubMed/MEDLINE, Crossref, and OpenAlex. Eligible studies were analyzed using narrative thematic synthesis with a deductive-inductive approach. The synthesis shows that MBG implementation does not follow a uniform pattern. The ability of Nutrition Fulfillment Service Units (Satuan Pelayanan Pemenuhan Gizi, SPPG), implementer competence, facility and logistics readiness, food safety, multilevel coordination, and the capacity to modify national standards to local conditions all play a role in the success of implementation. However, regulatory clarity and resource support are crucial foundations. When coverage growth is not followed by corresponding operational capacity, supervision, and policy-learning processes, gaps between policy-as-designed and policy-as-implemented occur. Policy design → implementation capacity → inter-actor governance → local adaptation → implementation fidelity → program outcomes are all positioned as interrelated mechanisms in this review's synthesis model. Therefore, a change from an expansion- and output-oriented strategy to adaptive governance that strikes a balance between standardization, local capacity, equity, food safety, accountability, and outcome-based monitoring is necessary for the sustainability of MBG.

Keywords: Free Nutritious Meal; Policy Implementation; Public Governance; Implementation Fidelity

Received: April 19, 2026

Revised: May 7, 2026

Accepted: June 27, 2026

Introduction

Meeting children's nutritional needs through educational institutions is increasingly viewed not merely as a health intervention, but as part of state investment in human capital formation. School feeding programs can bring together health, education, social protection, and economic development objectives within a single policy instrument, particularly where access to nutritious food remains shaped by social and geographic inequality. Prior to the Free Nutritious Meal (MBG) Program, Indonesia's experience with school feeding, such as the School Children Nutrition Program (ProGAS), shows that school-based interventions can enhance the learning

environment and a number of nutritional indicators, though their outcomes are heavily influenced by beneficiary context and implementation quality (Prameshti et al., 2025). In a broader sense, MBG is positioned as an investment in human resource development that connects education, long-term productivity, and nutrition (Suprpto et al., 2025; Hadinata, 2026). Therefore, a public service system that can guarantee that meals are safe, nourishing, correctly targeted, consistent, and responsible is necessary for the ideal school feeding program, which goes beyond simply having food available. According to this paradigm, MBG is a large-scale social policy intervention in which the state guarantees nutrition services for target groups while simultaneously serving as policy director. Although the program is intended to improve nutritional quality and human resource development, its implementation intersects with issues extending far beyond food provision. Production, food procurement, distribution, food safety, human resources, financing, inter-agency coordination, supervision, and relations between the central government and local implementers form an interdependent implementation chain (Suprpto et al., 2025; Bajuri et al., 2026). This complexity is reinforced by the involvement of SPPGs, educational institutions, local governments, suppliers, operational personnel, and communities in heterogeneous policy environments (Purnawati et al., 2026; Ariyani et al., 2026). Conceptually, MBG success should therefore be assessed not only by the number of meals distributed but also by the capacity of the implementation system to maintain service quality at every link in the delivery chain.

Normatively, this direction has gained a stronger institutional foundation through Presidential Regulation No. 115 of 2025 on the Governance of the Free Nutritious Meal Program. The regulation covers program delivery as well as monitoring, supervision, control, evaluation, reporting, financing, and procurement of goods and services, indicating that the government increasingly treats MBG as a cross-functional governance system rather than merely a food distribution activity (Republic of Indonesia, 2025). Consistent authority divisions, efficient interagency coordination, implementable service standards, responsive supervision procedures, and the ability to modify the program to local circumstances without compromising national standards are all ideal outcomes of regulatory clarity. Coordination, sustainability, technology utilization, and multi-stakeholder participation are also highlighted in studies of MBG governance (Bajuri et al., 2026; Wibowo et al., 2026). Therefore, regulation serves as a basis, but it cannot ensure accuracy in implementation on its own.

Public policy rarely moves in a straight line from design to results. Between the two lies an implementation arena in which rules are interpreted, resources allocated, interests negotiated, and day-to-day decisions made by organizations and frontline implementers. This is particularly relevant to MBG because national scale must interact with regional variations in institutional, geographic, social, and economic capacity. Research in North Sulawesi has used a policy implementation perspective to identify field constraints and distribution effectiveness, while research in Magelang explicitly identified a policy-to-practice gap between national policy design and local adaptive capacity (Rares et al., 2026; Orbawati et al., 2025). Village-level research also shows that resource support can strengthen implementation, while facilities, implementer competence, and supervision remain areas requiring improvement (Purnawati et al., 2026). These findings reveal a fundamental issue: the same policy can produce different implementation experiences when it enters different local configurations.

When food safety and quality are involved, these conditions become even more crucial. Failure at one stage of the production or distribution chain might turn a nutrition intervention into a health risk in a large-scale program that serves children. According to recent analyses, in order

to ensure food safety and quality, rapid program expansion must be matched by institutional capability, technical leadership, sufficient integration of nutrition staff, and policy coherence. Local issues included service coverage, implementer competency, food sanitation, uneven access, and the strain of administrative processes on frontline responsiveness, according to a study conducted in Pamulihan, Sumedang (Agnia et al., 2026). A Yogyakarta case study similarly identifies food safety and structural-institutional challenges as central to understanding MBG implementation (Tristiya & Achidsti, 2026). Policy effectiveness therefore cannot be separated from the quality of processes connecting production kitchens, distribution, schools, implementers, and beneficiaries.

Nevertheless, implementation conditions do not constitute a narrative of failure alone. Local evidence also reveals adaptive capacity and institutional opportunities that can serve as assets for strengthening the program. Research in Jatimulyo Village found resource support and indications of benefits for nutrition fulfillment and local economic activity, although facilities, competence, and supervision still required improvement (Purnawati et al., 2026). Research in an Islamic boarding school environment in Jombang showed a degree of institutional readiness to implement MBG, but capital requirements for SPPG facilities constrained expansion of beneficiary coverage (Fajrin et al., 2026). Governance analyses also highlight the potential involvement of local farmers, micro, small and medium enterprises, and food providers in generating wider economic effects when coordination mechanisms and supporting technology operate consistently (Bajuri et al., 2026). The relevant scientific question is therefore not simply whether MBG implementation succeeds or fails, but under what conditions, through which mechanisms, and within what institutional configurations different outcomes emerge.

The MBG literature developing through 2025 and 2026 shows an academic shift from normative argument toward empirical evaluation and policy analysis. Suprpto et al. (2025) conducted a multidimensional implementation review linking health, education, economic, and socio-environmental dimensions and comparing MBG with international experience. Hadinata (2026) subsequently situated the program within public policy, fiscal, political-economy, and institutional-capacity perspectives using international evidence. Other studies have examined implementation and implications for human resource development and the education system, as well as MBG's contribution to nutritional status and educational quality (Yuliani et al., 2026; Suprpto et al., 2025). This emerging state of the art shows that MBG has been studied across disciplines, but its knowledge base remains dispersed across different questions and units of analysis.

A subsequent layer of literature moves closer to the core of policy implementation. A Yogyakarta case study examines structural and institutional dimensions of MBG implementation (Tristiya & Achidsti, 2026), while research in Baranti, Sidenreng Rappang focuses on implementation and governance at the educational-unit level (Ariyani et al., 2026). The Magelang study frames the problem as a policy-to-practice gap, whereas research in North Sulawesi uses Grindle's framework to analyze policy content and implementation context (Orbawati et al., 2025; Rares et al., 2026). Other perspectives include street-level bureaucracy at SPPGs and collaborative governance, both of which position relationships among actors as important implementation determinants (Agnia et al., 2026; Wibowo et al., 2026). These studies enrich understanding but also reveal theoretical fragmentation: each captures a particular part of the implementation system, while relationships among those parts have not yet been systematically synthesized.

The principal research gap therefore lies not merely in the limited number of publications, but in fragmented evidence and the absence of an integrated public-policy framework connecting the various dimensions of implementation. Existing studies address nutritional and educational outcomes, institutional readiness, SPPG capacity, school governance, food safety, inter-actor coordination, and local implementation variation, but generally as separate analytical pieces. Many empirical studies are geographically bounded case studies—Magelang, Yogyakarta, North Sulawesi, Jatimulyo, Pamulihan, Jombang, and Baranti—providing contextual depth but insufficient grounds for explaining national implementation patterns. A further gap concerns the relationship between formal policy design and actual implementation: national regulations govern delivery, supervision, evaluation, financing, and procurement, while field evidence indicates that implementer competence, facilities, coordination, organizational capacity, discretion, and local adaptive ability continue to determine the service actually received by target groups. No systematic synthesis has yet specifically connected policy design, institutional capacity, inter-actor governance, contextual adaptation, implementation fidelity, and program outcomes within a single analytical model.

From a state-of-the-art perspective, this represents an important transition. Early MBG studies largely questioned program rationale, potential benefits, fiscal implications, and possible contributions to nutrition and human development. More recent literature has entered the policy ‘engine room’ by examining institutional readiness, SPPGs, coordination, school governance, street-level bureaucracy, policy-to-practice gaps, and food safety. The next scientific agenda therefore cannot be limited to counting program outcomes. More pressing questions concern why particular outcomes arise, what implementation configurations precede them, and whether those mechanisms remain consistent across different territorial contexts.

Based on these gaps, this study offers novelty through a systematic synthesis centered on policy implementation mechanisms. The review presents policy design, institutional capacity, inter-actor governance, contextual adaptation, and implementation integrity as an analytical sequence that explains how results are achieved rather than primarily addressing nutrition, education, or program effectiveness as endpoints. Therefore, findings about SPPGs, schools, local governments, food safety, finance, supply chains, human resources, coordination, and supervision can be interpreted as parts of an interconnected implementation system rather than as a stand-alone list of challenges (Suprpto et al., 2025; Purnawati et al., 2026; Bajuri et al., 2026; Agnia et al., 2026). The review consequently moves from the descriptive question of ‘what problems does MBG face?’ toward the explanatory question of why implementation varies and which governance mechanisms can explain that variation.

More specifically, the proposed framework views implementation through the sequence policy design → implementation capacity → inter-actor governance → adaptation to local context → implementation fidelity → program outcomes. This sequence is not intended as a deterministic linear relationship. MBG success is treated as the product of a configuration rather than a single variable. Accordingly, this study aims to identify, evaluate, and systematically synthesize evidence on implementation of the Free Nutritious Meal Program in Indonesia from public policy and governance perspectives. It maps the characteristics and development of the evidence base, identifies supporting and inhibiting factors, analyzes coordination and inter-actor governance configurations, examines gaps between policy design and implementation practice, and develops a conceptual model of conditions supporting implementation that is consistent, safe, equitable, adaptive, and sustainable. Ultimately, the review seeks to bridge

two domains that have tended to proceed separately: national policy ambition and local implementation reality.

Methods

This study uses a systematic review to identify and synthesize scientific evidence concerning implementation of the Free Nutritious Meal (MBG) Program in Indonesia from a public policy perspective. Reporting follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 (PRISMA 2020) to maintain transparency in study identification, selection, eligibility assessment, and synthesis (Page et al., 2021a; Page et al., 2021b). Because MBG is a relatively new policy and the available empirical studies remain limited and heterogeneous, the review uses narrative thematic synthesis rather than meta-analysis. This approach enables quantitative, qualitative, mixed-methods, and policy studies to be analyzed systematically without forcing statistical pooling across different outcomes. Literature searches were conducted in Scopus, Web of Science, PubMed/MEDLINE, Crossref, and OpenAlex, with Google Scholar used as an additional citation-search source. Searches focused on publications from 2024 to the final search date using Indonesian and English keyword combinations: ("Makan Bergizi Gratis" OR "Program Makan Bergizi Gratis" OR "free nutritious meal" OR "school feeding") AND (Indonesia) AND (implement* OR polic* OR governance OR institution* OR coordination OR accountability OR management OR procurement OR monitoring OR "food safety" OR stakeholder*). To account for the limited number of publications explicitly using implementation terminology, a more sensitive supplementary search used ("Makan Bergizi Gratis" OR "Free Nutritious Meal") AND Indonesia. Search strategies were adjusted to each database syntax and reported according to PRISMA 2020 reproducibility principles.

Studies were included when they addressed MBG in Indonesia and provided empirical evidence or policy analysis on at least one implementation dimension, including policy design, governance, coordination, institutional capacity, resources, financing, procurement, distribution, food safety, monitoring, accountability, participation, access, or implementation outcomes. Quantitative, qualitative, mixed-methods, case studies, program evaluations, and empirical policy analyses in Indonesian or English were considered. News reports, opinions, editorials, duplicates, and writings that merely described MBG without traceable methods or analysis were excluded. Because the MBG evidence base is still developing, no restrictions were imposed on location, beneficiary group, or research design provided that substantive relevance and minimum methodological quality were met. All retrieved records were deduplicated before title and abstract screening. Potentially eligible articles were then assessed in full text, and reasons for full-text exclusion were recorded. The identification and selection process was reported through a PRISMA 2020 flow diagram showing records identified, duplicates, records screened, full texts assessed, exclusions, and the final number of studies included in the synthesis. The number of studies was not predetermined because it depended on actual search and screening results.

Data from selected articles were extracted into a matrix covering author and year, research location, study design, unit of analysis, policy actors, implementation dimensions, supporting and inhibiting factors, main findings, and policy implications. Methodological quality was assessed proportionately to study design using principles from the JBI Critical Appraisal Tools, while mixed-methods studies could be assessed using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018a; Hong et al., 2018b). Quality appraisal informed the strength of evidence interpretation and did not automatically exclude studies with methodological

limitations that nevertheless provided relevant contextual information. Synthesis was conducted deductively and inductively. Deductively, findings were grouped into five domains: (1) policy design and clarity, (2) institutional capacity and resources, (3) governance and inter-actor coordination, (4) adaptation and contextual barriers, and (5) implementation fidelity and program outcomes. Inductively, new themes were added when they appeared consistently across empirical evidence. Relationships among findings were then analyzed through the framework policy design → implementation capacity → inter-actor governance → local-context adaptation → implementation fidelity → program outcomes. Findings were classified as consistent, emerging, contradictory, or evidence gaps so that the limited number of studies would not encourage generalization beyond the strength of the available evidence. Regulatory documents and official MBG guidelines were used in a limited manner as a policy corpus rather than as scientific articles in the systematic review. These documents served to reconstruct policy-as-designed and were then compared with empirical evidence concerning policy-as-implemented. This comparison enabled identification of implementation gaps between national policy objectives and standards and local implementation experience. The review therefore does more than inventory implementation barriers; it seeks to explain the policy mechanisms shaping implementation variation.

Result and Discussion

Characteristics and Development of the Evidence

The synthesis indicates that literature on implementation of the Free Nutritious Meal Program remains in an early stage of knowledge formation. Available publications developed primarily from 2025 and increased in 2026 alongside program expansion and the consolidation of a national regulatory framework. Methodologically, the evidence is dominated by qualitative research, local case studies, policy analyses, and literature reviews, while longitudinal studies and national-scale outcome evaluations remain limited. Suprpto et al. (2025), for example, assessed early MBG implementation across health, education, economic, and socio-environmental dimensions and found substantial potential for human-capital development, but insufficient direct evidence for several specific outcomes. Hadinata (2026) likewise shows that MBG cannot be separated from the regulatory, fiscal, institutional, and political-economic capacities accompanying expansion. Local empirical studies increasingly reveal implementation variation at SPPG, school, village, and local-government levels (Orbawati et al., 2025; Purnawati et al., 2026). The evidence base is therefore growing quickly, but its depth and geographic coverage remain uneven.

This pattern requires careful interpretation. The dominance of case studies is not itself a weakness, because such studies capture implementation details that are difficult to observe in aggregate data. Limitations arise when experience in one locality is treated as nationally representative. In Magelang, a policy-to-practice gap involved limited menu variation, dependence on external supplies, and the absence of nutrition-outcome evaluation, while political support, the SPPG structure, and cooperative involvement were implementation strengths (Orbawati et al., 2025). In Jatimulyo, funding support was considered relatively adequate, whereas facilities, implementer competence, and supervision still required strengthening (Purnawati et al., 2026). In a Jombang Islamic boarding school setting, institutional readiness existed but capital needs for SPPG facilities constrained coverage expansion (Fajrin et al., 2026). These variations demonstrate that MBG implementation does not produce a single homogeneous national pattern.

Table 1. Thematic Synthesis of Evidence on MBG Implementation

Domain	Main Pattern of Findings	Policy Interpretation
Policy design	Strong national objectives and an increasingly developed regulatory framework	Clarity of objectives does not automatically ensure implementation consistency
Institutional capacity	Funding is available in several contexts, but facilities and competence vary	Implementation capacity mediates the relationship between policy and services
Governance	Implementation involves BGN, SPPGs, schools, local governments, partners, and communities	Actor complexity increases the need for horizontal and vertical coordination
Local adaptation	Supply conditions, facilities, consumption culture, and institutional readiness differ across regions	Standardization must be accompanied by controlled room for adaptation
Food safety	Sanitation, staff competence, supervision, and process control are critical issues	Food safety is both an outcome and an indicator of governance quality
Coverage and equity	Several studies identify limited coverage and unequal access	Quantitative expansion must be balanced with service capacity
Monitoring and evaluation	Outcome evaluation and data integration are not yet consistent	The policy-learning system still requires strengthening
Outcomes	Potential nutritional, educational, and local economic benefits are identified, but causal evidence remains limited	Long-term success claims cannot yet be made prematurely

Source: Analysis of the MBG Review Document

Policy Design and the Implementation Gap

The synthesis shows that the principal MBG problem is not the absence of policy objectives, but the process of translating those objectives into consistent services. Formally, the policy architecture has become clearer through Presidential Regulation No. 115 of 2025, which regulates implementation, monitoring, supervision, control, evaluation, reporting, financing, and procurement. The National Nutrition Agency (BGN) has also developed technical guidance on MBG governance, SPPG food safety, partner management, food-component provision and distribution, and implementation in remote areas. In 2026, coordination arrangements were further strengthened through regulations concerning the MBG Implementation Coordination Team. Institutionally, these developments indicate rapid formalization (Republic of Indonesia, 2025; BGN, 2025, 2026).

Empirical evidence, however, indicates that greater regulatory density does not necessarily equal greater implementation capacity. Orbawati et al. (2025) explicitly identified a gap between national direction and local adaptive capacity in Magelang. The Yogyakarta study concluded that implementation was not yet fully effective when assessed through communication, resources, disposition, and bureaucratic structure (Tristiya & Achidsti, 2026). Research at the Pamulihan SPPG identified problems of coverage, staff competence, sanitation, unequal access, and administrative routines that could shift attention away from service

orientation (Agnia et al., 2026). Read together, these contexts suggest that the implementation gap stems less from unclear policy objectives than from imbalance between national standardization and local execution capacity.

The policy-to-practice gap should therefore not be reduced to implementer noncompliance. In a national program, increasingly detailed standards also require greater administrative, technical, financial, and coordinative capacity. Additional regulation without corresponding capacity can create an implementation paradox: rules become more complete while the gap between standards and implementer capability remains open. Evidence from Jatimulyo and Jombang reinforces this argument, because support for the program can coexist with limitations in facilities, competence, or institutional capital (Purnawati et al., 2026; Fajrin et al., 2026). MBG implementation is thus better understood as a problem of alignment between policy ambition and implementation capacity than merely one of administrative compliance.

Institutional Capacity and the Strategic Role of SPPGs

SPPGs emerge as the most decisive nodes in the MBG implementation chain. At this level, national policy objectives are translated into food procurement, processing, storage, packaging, and distribution. Implementation quality therefore depends heavily on SPPG capacity to manage human resources, facilities, food safety, logistics, and relationships with schools and other actors. Purnawati et al. (2026) show that funding availability can support implementation, but facilities, competence, and supervision still require improvement. Fajrin et al. (2026) identify a similar issue in institutional readiness: willingness to participate does not necessarily translate into operational capacity when facility investment is still needed. In Pamulihan, Agnia et al. (2026) identified limited staff competence in nutrition and food sanitation as an implementation problem.

These findings reveal an important distinction between institutional readiness and operational readiness. An organization may accept program objectives, demonstrate commitment, and even possess certain funding sources without having the technical capacity to deliver services safely and consistently. Operational readiness in MBG requires infrastructure, trained personnel, logistics systems, quality control, sanitation standards, reporting mechanisms, and incident-response capacity. The number of SPPGs or beneficiaries is therefore insufficient as a proxy for implementation success unless accompanied by measures of capacity and service quality. This is consistent with Suprpto et al. (2025), who caution that expansion should be accompanied by adequate outcome measurement and implementation systems.

Theoretically, SPPGs are not merely food-production units but street-level implementation organizations. At this level, national standards encounter time constraints, limited resources, demand variation, supplier conditions, school characteristics, and beneficiary needs. Agnia et al. (2026), using a street-level bureaucracy perspective, show how administrative routines can reduce implementers' focus on substantive service needs. Fidelity is therefore shaped not only by procedural compliance but also by micro-level decisions made every day under operational pressure. SPPG capacity consequently acts as a mediating variable between national policy design and beneficiaries' actual experience.

Multilevel Governance and Inter-Actor Coordination

MBG is fundamentally a multilevel and multi-actor governance policy. Implementation involves BGN, ministries and agencies, local governments, SPPGs, schools, health personnel, provider partners, communities, and local economic actors. Such a structure creates opportunities to share resources and knowledge but also produces high coordination costs.

Wibowo et al. (2026) position collaborative governance as an important element of MBG implementation, while recent work on collaborative management in schools highlights the need for relationships among levels of government, operational units, and schools to maintain implementation processes (Sangaji et al., 2026). The Yogyakarta study also found that communication and coordination problems can generate inconsistent understandings among implementers (Tristiya & Achidsti, 2026).

From a public-policy perspective, MBG coordination cannot be built solely through formal task allocation. It requires two-way information flows, problem-solving mechanisms, interoperable monitoring, and clarity over who makes decisions when implementation deviates from standards. Strengthened coordination regulation in 2026 indicates that this need has also been recognized formally. Yet coordination effectiveness is determined by how structures work in practice, not merely by the existence of teams or forums. MBG governance therefore needs to shift from coordination by structure toward coordination by function—coordination that produces decisions, corrections, and operational learning.

The evidence also indicates that local governments should not be treated merely as administrative extensions of the central government. Geographic heterogeneity and differences in local capacity make regions important spaces for policy adaptation. The Magelang study identifies opportunities through cooperatives, nutrition literacy, and pilot kitchens, while also noting dependence on external supplies and fiscal risks (Orbawati et al., 2025). The Jatimulyo study identifies potential for stimulating local economic activity (Purnawati et al., 2026). Such co-benefits are possible when local ecosystems are integrated, but they do not emerge automatically; relationship designs must preserve national standards while allowing accountable local solutions.

Food Safety as an Indicator of Governance Quality

Food safety is among the most critical themes in the evidence. The Yogyakarta study was motivated in part by incidents of mass food poisoning among students, while research in Pamulihan reported poisoning incidents, problematic food quality, and limited staff competence in food sanitation (Tristiya & Achidsti, 2026; Agnia et al., 2026). These problems cannot be treated merely as technical kitchen failures. In the MBG service chain, food safety is the cumulative product of ingredient procurement, storage, hygiene, cooking processes, packaging, distribution time, staff competence, monitoring, and incident response. A food-safety incident can therefore signal vulnerability in one or more parts of the implementation system.

Institutional responses show growing attention to this issue. In 2025, the Ministry of Health strengthened supervision through standardized reporting, food-safety certification, and layered oversight, including attention to Hygiene and Sanitation Eligibility Certificates (SLHS) and HACCP. BGN subsequently reinforced food-safety standards and facilitator roles in regional implementation, while its technical guidance incorporated SPPG food-safety certification into program governance (Ministry of Health of the Republic of Indonesia, 2025; BGN, 2026). This illustrates policy learning in which implementation experience generates stronger standards and oversight mechanisms.

A more fundamental issue remains: certification and inspection have limited value if food safety is understood primarily as verification after processes have occurred. In a high-volume, time-sensitive program, risk control should move toward preventive governance—the capacity to identify risks before harmful events occur. This requires integration of standards, staff

training, supply-chain oversight, temperature and time recording, rapid reporting mechanisms, and cross-SPPG learning. Food safety should therefore be treated not as an additional MBG domain but as a central measure of implementation fidelity and program governance capacity.

Local Adaptation, Equity, and the Standardization Dilemma

The synthesis reveals a persistent dilemma between national standardization and local adaptation. MBG requires sufficiently strong standards so that service quality is not determined by where a beneficiary lives. Yet Indonesia displays major variation in food access, distribution distance, infrastructure, institutional capacity, consumption habits, and beneficiary characteristics. The Magelang study identifies menu and supply variation as implementation issues, while the Jombang study shows how the characteristics of Islamic boarding school institutions affect program readiness (Orbawati et al., 2025; Fajrin et al., 2026). BGN's subsequent issuance of special technical guidance for remote areas further supports the argument that one operational mechanism cannot always be applied identically across all regions.

From an implementation perspective, adaptation is not synonymous with deviation. It can be a mechanism for preserving policy objectives when local conditions do not match assumptions embedded in central design. The challenge is to distinguish productive adaptation from implementation drift. Productive adaptation changes local procedures while preserving nutrition, safety, access, and accountability standards. Implementation drift occurs when adjustments reduce the substance of program objectives or systematically produce different service quality across regions. Evidence from Magelang, Jombang, and Jatimulyo indicates a need for adaptive space, but that space must be accompanied by minimum standards and monitoring capable of protecting equity.

This leads directly to the equity dimension. Evidence from Pamulihan concerning limited coverage and unequal access shows that aggregate success can conceal groups that remain unserved (Agnia et al., 2026). MBG success indicators therefore cannot be limited to national meal counts or beneficiary totals. Evaluation should consider coverage gaps, geographic equity, service consistency, and groups repeatedly beyond service reach. In Indonesia, equity may be one of the most important tests of implementation capacity because the areas most difficult to serve are often those requiring the greatest policy support.

From Outputs to Outcomes and a Policy-Learning System

The literature strongly tends to associate MBG with improved nutrition, education, human-capital development, and local economic activity. These potential benefits are plausible and supported by broader experience with school feeding. However, MBG-specific evidence remains too immature to establish long-term causal relationships. Suprpto et al. (2025) explicitly state that direct effects on stunting and anemia have not yet been verified because of targeting problems and the absence of adequate formal outcome tracking. Hadinata (2026) likewise emphasizes that program benefits must be interpreted in relation to regulatory, fiscal, and institutional capacity. Local findings on nutritional or economic benefits should therefore be treated as emerging evidence rather than final conclusions regarding national effectiveness.

The implication is fundamental: MBG monitoring must move from an input-output orientation toward an input-process-output-outcome framework. The number of SPPGs, portions, schools, and beneficiaries remains important, but these indicators do not establish whether meals arrive on time, meet standards, are safe, are accepted by beneficiaries, reduce disparities, or generate intended change. The absence of links between process and outcome data also limits the

government's ability to understand why one region performs better than another. Findings on weak outcome tracking, supervision problems, and coordination needs indicate that monitoring should function as a learning mechanism rather than merely a reporting obligation.

Synthesis of MBG Implementation Mechanisms

When the evidence is read as an integrated whole, implementation variation can be explained through a chain of mechanisms more complex than a direct policy-outcome relationship. National design establishes objectives, standards, resources, and authority structures. Its influence is mediated by the institutional capacity of SPPGs and local organizations, then shaped by the quality of inter-actor coordination and the ability to adapt to context. These interactions determine implementation fidelity, which in turn influences safety, coverage, quality, equity, acceptance, and ultimately program outcomes. This pattern is supported by findings on policy-to-practice gaps, institutional readiness, SPPG capacity, collaborative governance, and local variation reported in previous studies (Orbawati et al., 2025; Fajrin et al., 2026; Purnawati et al., 2026; Wibowo et al., 2026).

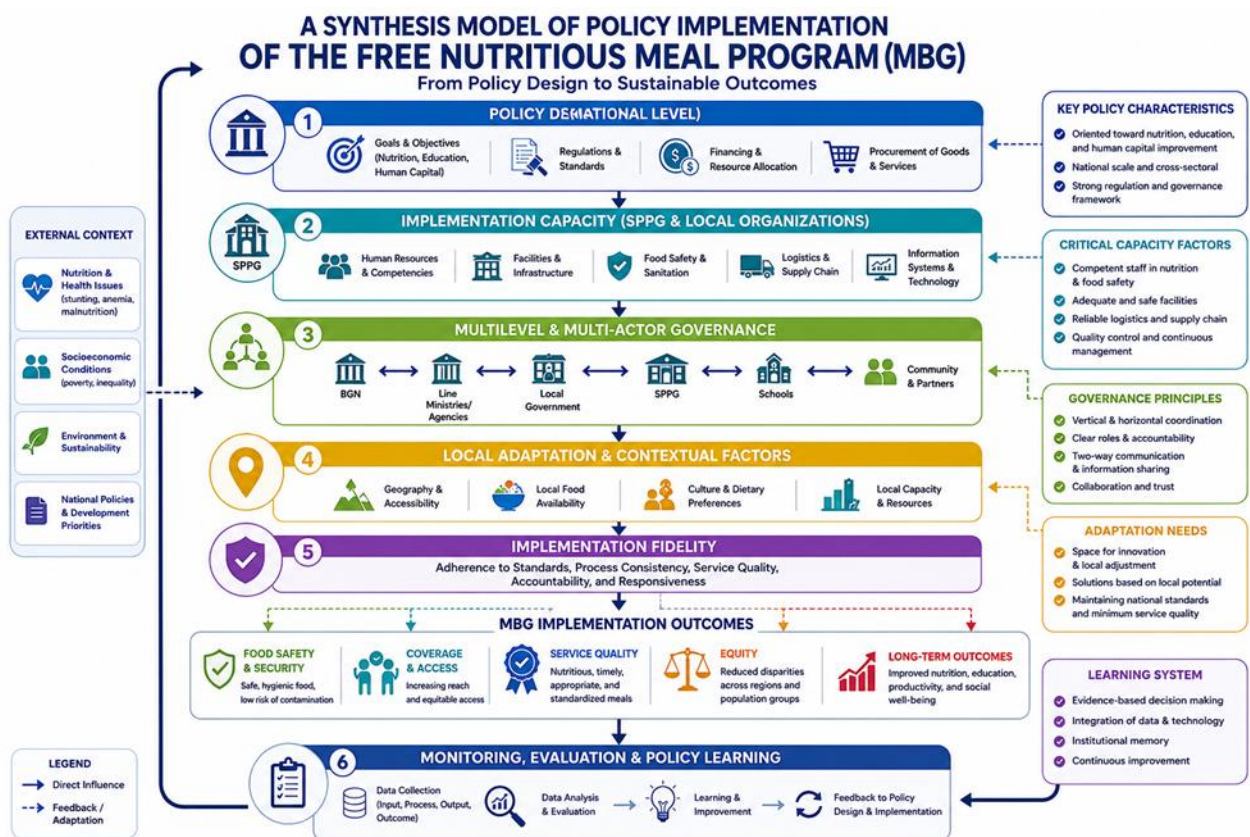


Figure 1. Synthesis Model of MBG Policy Implementation

The model is the review's principal contribution. MBG success does not arise simply because a policy has strong objectives or a large budget. Outcomes result from alignment across the implementation configuration. Strong capacity without coordination can produce fragmentation; coordination without capacity can produce agreements that cannot be executed; standardization without adaptation can create local mismatch; and adaptation without standards can create unequal quality. Evidence from Magelang, Yogyakarta, Jatimulyo, Jombang, and

Pamulihan illustrates fragments of these mechanisms in different contexts (Orbawati et al., 2025; Tristiya & Achidsti, 2026; Purnawati et al., 2026; Fajrin et al., 2026; Agnia et al., 2026).

Policy and Theoretical Implications

In practical terms, the review points to four interrelated priorities. First, expansion of coverage should be accompanied by capacity assurance so that the establishment or expansion of SPPGs follows readiness in facilities, personnel, food safety, and logistics. Second, monitoring should integrate process, quality, equity, and outcome indicators rather than focusing only on distribution volume. Third, governance should allow local adaptation while maintaining non-negotiable national minimum standards, particularly for food safety and nutritional quality. Fourth, coordination should be developed as a learning mechanism that enables information from schools and SPPGs to feed back into decisions at local and national levels. These priorities are consistent with evidence on capacity constraints, oversight needs, implementation gaps, and the importance of collaborative governance (Purnawati et al., 2026; Orbawati et al., 2025; Wibowo et al., 2026; Tristiya & Achidsti, 2026).

Theoretically, the findings indicate that MBG is better understood through a configurational implementation perspective than through a wholly linear model. The same policy can produce different outcomes because it operates through different configurations of capacity, coordination, implementer discretion, institutional characteristics, and territorial context. The findings connect top-down implementation perspectives, emphasizing national standards and objectives, with bottom-up and street-level bureaucracy perspectives, emphasizing implementer roles and local context. Collaborative governance further explains how some outcomes depend on the quality of inter-organizational relationships that cannot be fully controlled through formal hierarchy (Agnia et al., 2026; Wibowo et al., 2026; Sangaji et al., 2026). The theoretical contribution of the review therefore lies in understanding MBG implementation fidelity as the product of adaptive alignment between national standardization and local governance capacity.

These interpretations must nevertheless be situated within the strength of the available evidence. The MBG literature is still young, most studies are local and qualitative, and research distribution across regions remains uneven. Evidence on causal relationships between governance variation and nutritional or educational outcomes is also limited. The synthesis therefore does not conclude that any single implementation model has been proven nationally most effective. A more defensible conclusion is that institutional capacity, coordination, food safety, local adaptation, monitoring, and equity repeatedly emerge as critical implementation points. These limitations also establish a future research agenda involving comparative interprovincial studies, longitudinal designs, implementation-fidelity measurement, outcome evaluation, and analysis of relationships between governance variation and program performance.

Conclusion

This systematic review shows that implementation of the Free Nutritious Meal Program in Indonesia is a complex policy process strongly influenced by alignment among national policy design, institutional capacity, multilevel governance, adaptation to local context, and consistency of implementation at SPPG and educational-unit levels. Available evidence indicates that regulation, financing, and institutional structures do not automatically produce uniform implementation quality because variations in facilities, implementer competence, inter-actor coordination, food safety, geographic access, supervision, and regional adaptive

capacity continue to shape gaps between policy-as-designed and policy-as-implemented. Overall, MBG success should not be measured only through expanded coverage or beneficiary numbers, but also through implementation fidelity, service safety and quality, equitable access, accountability, and the capacity of monitoring systems to generate continuous policy learning. Strengthening MBG therefore requires an implementation approach that is adaptive while remaining standardized, supported by stronger SPPG capacity, functional coordination among actors, preventive oversight systems, and integration of process and outcome indicators so that the program can develop from a food-distribution policy into a consistent, equitable, and sustainable instrument of human development.

References

- Agnia, N., Asyifa, R., Himawan, A. F., Makarim, S. N., & Rahardian, R. (2025). Efektivitas Implementasi Kebijakan Makan Bergizi Gratis (MBG) di Satuan Pelayanan Pemenuhan Gizi (SPPG) Yayasan Persyarikatan Muhammadiyah Kecamatan Pamulihan Kabupaten Sumedang. *Jurnal Administrasi Publik dan Kebijakan (JAPK)*, 5(2), 111-122. <https://doi.org/10.30596/japk.v5i2.27547>
- Ariyani, N., Dema, H., & Irwan. (2026). Implementasi kebijakan dan tata kelola makanan bergizi gratis pada tingkat satuan pendidikan: Studi kasus di Kecamatan Baranti Kabupaten Sidenreng Rappang. *PAPATUNG: Jurnal Ilmu Administrasi Publik, Pemerintahan dan Politik*, 9(1). <https://doi.org/10.54783/japp.v9i1.1579>
- Badan Gizi Nasional Republik Indonesia. (2025). Petunjuk teknis tata kelola penyelenggaraan Program Makan Bergizi Gratis: Keputusan Kepala Badan Gizi Nasional Republik Indonesia Nomor 401.1 Tahun 2025. Badan Gizi Nasional.
- Badan Gizi Nasional Republik Indonesia. (2026). Pedoman teknis tata kelola Program Makan Bergizi Gratis di wilayah terpencil: Keputusan Kepala Badan Gizi Nasional Republik Indonesia Nomor 31679 Tahun 2026. Badan Gizi Nasional.
- Bajuri, D., Fitria, N. J. L., Sugiarto, S., Fatimah, E. S., & Elawati. (2026). Kebijakan tata kelola pelaksanaan Makan Bergizi Gratis terhadap kelayakan implementasi berkelanjutan yang berdampak secara multiplier effect dengan pemanfaatan teknologi. *Jurnal Educatio FKIP UNMA*, 12(1), 89–97. <https://doi.org/10.31949/educatio.v12i1.18180>
- Cia, W. M. B., Hamdani, M., & Putra, M. Y. A. (2026). Evaluation of the Free Nutritional Meal Program (MBG) policy in Indonesia based on William N. Dunn's perspective. *Jurnal Dialektika: Jurnal Ilmu Sosial*, 24(1). <https://doi.org/10.63309/dialektika.v24i1.1055>
- Fajrin, A. H., Abidin, Z. N., & Ichsan, A. F. (2026). Dari kebijakan ke praktik: Kesiapan lembaga dan implementasi Makan Bergizi Gratis. *Titian Ilmu: Jurnal Ilmiah Multi Sciences*, 18(1), 83–93. <https://doi.org/10.30599/tj956t19>
- Hadinata, M. (2026). Kebijakan Makan Bergizi Gratis di Indonesia di bawah Presiden Prabowo: Analisis kebijakan, fiskal, dan politik berdasarkan bukti internasional. *Jurnal Bina Praja*, 18(1), 65–78. <https://doi.org/10.21787/jbp.18.2026.2896>
- Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M. P., Griffiths, F., Nicolau, B., O'Cathain, A., Rousseau, M. C., Vedel, I., & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information

- professionals and researchers. *Education for Information*, 34(4), 285–291.
<https://doi.org/10.3233/EFI-180221>
- Hong, Q. N., Gonzalez-Reyes, A., & Pluye, P. (2018). Improving the usefulness of a tool for appraising the quality of qualitative, quantitative and mixed methods studies, the Mixed Methods Appraisal Tool (MMAT). *Journal of Evaluation in Clinical Practice*, 24(3), 459–467. <https://doi.org/10.1111/jep.12884>
- Hong, Q. N., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M. P., Griffiths, F., Nicolau, B., O’Cathain, A., Rousseau, M. C., & Vedel, I. (2019). Improving the content validity of the Mixed Methods Appraisal Tool: A modified e-Delphi study. *Journal of Clinical Epidemiology*, 111, 49–59.e1. <https://doi.org/10.1016/j.jclinepi.2019.03.008>
- Orbawati, E. B., Mukti, A., Fadlurrahman, Aufa, R., Karunia, I., & Ikhtiara, S. (2025). Policy to practice gap dalam Program Makan Bergizi Gratis: Studi SWOT di Magelang. *Jurnal Pemerintahan dan Politik*, 10(4), 797–810. <https://doi.org/10.36982/jpp.v10i4.5982>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021a). *The PRISMA 2020 statement: An updated guideline for reporting systematic reviews*. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>
- Page, M. J., Moher, D., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... McKenzie, J. E. (2021b). PRISMA 2020 explanation and elaboration: Updated guidance and exemplars for reporting systematic reviews. *BMJ*, 372, n160. <https://doi.org/10.1136/bmj.n160>
- Pramesthi, I. L., Wiradnyani, L. A. A., Anggraini, R., Februhartanty, J., Widaryat, W., Waluyo, B. H., ... & Fahmida, U. (2025). Evaluating the impact of Indonesia’s national school feeding program (ProGAS) on children’s nutrition and learning environment: A mixed-methods approach. *Nutrients*, 17(22), 3575. <https://doi.org/10.3390/nu17223575>
- Purnawati, L., Nurhalisha, E. V. B., Rosidah, M., Ningtyas, N. F. W., & Kurniawan, A. A. (2026). Program Makan Bergizi Gratis sebagai instrumen kebijakan publik: Studi implementasi di Desa Jatimulyo. *Governance: Jurnal Kebijakan & Manajemen Publik*, 16(1). <https://doi.org/10.38156/gjkmp.v16i1.406>
- Republik Indonesia. (2025). Peraturan Presiden Republik Indonesia Nomor 115 Tahun 2025 tentang Tata Kelola Penyelenggaraan Program Makan Bergizi Gratis.
- Suprpto, F. A., Praditya, E., Dewi, R. M., & Adiyoso, W. (2025). A policy implementation review of the Free Nutritious Meal (MBG) Program. *The Journal of Indonesia Sustainable Development Planning*, 6(2), 297–312. <https://doi.org/10.46456/jisdep.v6i2.798>

- Tanziha, I., Arifin, S. R., Ekayanti, I., & Ahmad, A. (2025). The impact of a free nutritious meal program on elementary school students' concentration levels. *AcTion: Aceh Nutrition Journal*, 10(3), 790–800. <https://doi.org/10.30867/action.v10i3.2737>
- Tristiya, K. G., & Achidsti, A. (2026). Implementasi Program Makan Bergizi Gratis: Studi kasus di Kota Yogyakarta. *JiIP: Jurnal Ilmiah Ilmu Pemerintahan*, 11(1), 105–127. <https://doi.org/10.14710/jiip.v11i1.30499>
- Wibowo, B. T., Rianestu, F. A. S., Meirinawati, & Gaol, I. D. L. (2026). Analisis collaborative governance dalam implementasi Program Makan Bergizi Gratis (MBG). *Jurnal Publikasi Ilmu Manajemen*, 5(2), 49–56. <https://doi.org/10.55606/jupiman.v5i2.6122>
- Yuliani, F., Juniarsih, W., Prayitno, H. J., & Indri. (2026). Kebijakan Makan Bergizi Gratis di Indonesia: Analisis implementasi, dampak terhadap sumber daya manusia, dan implikasinya pada kebijakan sistem pendidikan nasional. *Pendas: Jurnal Ilmiah Pendidikan Dasar*, 11(2). <https://doi.org/10.23969/jp.v11i02.46281>