

THE SUCCESS OF THE FREE NUTRITIOUS MEALS PROGRAM IN WEST JAVA IN 2026: A SCOPING LITERATURE REVIEW

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ABSTRACT

Introduction: The Free Nutritious Meals Program (MBG) is a national priority program intended to improve human resource quality through nutrition fulfillment for schoolchildren and other vulnerable groups. **Purpose:** This study aimed to analyze the factors determining the success of MBG implementation in West Java Province in 2026. **Design/methods/approach:** A scoping literature review was conducted using a structured search of books, technical guidelines, laws, presidential regulations, government policy documents, health profiles, international reports, and national and international journals related to school feeding, nutrition governance, food safety, policy implementation, and regional health systems. **Findings/results:** The success of MBG in West Java is determined not only by food availability, but also by governance clarity, targeting accuracy, human resource capacity, menu quality, food safety, SPPG effectiveness, integration with Puskesmas and Posyandu, multisectoral coordination, local government support, local supply chains, and data-based monitoring and evaluation. **Conclusions:** MBG success should be measured using input, process, output, outcome, and food safety indicators, rather than the number of meals distributed alone.

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INTRODUCTION

The Free Nutritious Meals Program (Makan Bergizi Gratis/MBG) is a nutrition intervention and human development policy positioned as a national priority program to build a healthy, intelligent, and productive generation and to support the vision of Indonesia Emas 2045. Presidential Regulation Number 115 of 2025 defines MBG as a national priority program implemented by the government through the provision of nutritious meals free of charge, targeted appropriately, and aimed at

improving the quality of human resources by improving the nutritional status of target groups (Presiden RI, 2025). The regulation also emphasizes that MBG implementation requires governance arrangements, strengthening of the supporting ecosystem, and multisectoral collaboration at the central, regional, and village levels.

From a policy perspective, MBG should not be understood merely as a food distribution program. It is also a public health, education, social protection, local economy, and public service governance program. The

2026 Technical Guideline for MBG Governance explains that national nutrition fulfillment remains a serious issue because Indonesia faces a triple burden of malnutrition, including undernutrition, overnutrition, and micronutrient deficiency, as reflected in Riskesdas 2018 and various national health reports (BGN RI, 2025); (Kementerian Kesehatan, 2019). The guideline further states that MBG began on January 6, 2025, and continued in stages in line with the readiness of Nutrition Fulfillment Service Units (Satuan Pelayanan Pemenuhan Gizi/SPPG) across 38 provinces.

Globally, school feeding programs have long been used as instruments to improve school attendance, nutritional status, social protection, and linkages between education and local food systems. School feeding can contribute to education, health, nutrition, social protection, and agricultural development when it is designed with strong governance, sustainable financing, and multisectoral coordination (Bundy *et al.*, 2018). Wang *et al.* showed that school feeding programs in low- and middle-income countries can produce benefits for height, weight, and school attendance, although program design, intervention duration, menu quality, and monitoring strongly influence their outcomes (Wang and Young, 2021).

West Java is an important province to examine because it is one of Indonesia's most populous provinces, has highly diverse urban-rural characteristics, and faces complex health and nutrition challenges. The 2024 West Java Health Profile states that provincial health data are compiled from 27 districts/cities, Statistics Indonesia of West Java Province, the Population and Civil Registration Office, and other relevant institutions, making the profile a key basis for regional health policy planning (Dinkes, 2026). In the context of MBG, West Java's population scale demands stronger logistics, food supply chain management, food safety assurance, and monitoring systems than provinces with smaller target populations.

The 2022 Indonesian Nutritional Status Survey (SSGI) reported that stunting prevalence in West Java was approximately 20.2%, lower than the national figure of 21.6%, but still above the national target of 14% (Kemenkes, 2023a). Because of West Java's large population, this prevalence remains highly significant in absolute numbers. In addition, West Java also faces nutritional transition: stunting and undernutrition persist in several areas, while urban areas are increasingly challenged by overweight, obesity, high consumption of sugar, salt, and fat, and ultra-processed dietary patterns (Dinkes, 2026).

The success of MBG in West Java in 2026, therefore, needs to be analyzed not only by the number of meals distributed but also by whether the program is targeted, safe, acceptable to students, nutritionally adequate, capable of improving eating behavior, supportive of nutritional status, able to mobilize the local food economy, and equipped with a transparent evaluation system. School food policies should be directed toward creating healthy school food environments, rather than simply providing temporary meals (WHO, 2025). FAO and WFP also highlight the importance of menu design, food safety, local producer engagement, monitoring, and reporting in home-grown school feeding so that nutrition, education, and economic benefits can be achieved simultaneously (FAO, 2018).

Based on this background, this study addresses the following research question: What factors determine the success of the Free Nutritious Meals Program implementation in West Java Province in 2026? This study aims to analyze the factors that determine the success of the Free Nutritious Meals Program in West Java in 2026 through a scoping literature review. This review is important because MBG is a large-scale program requiring an academic foundation, policy evidence, and clear implementation indicators so that it does not stop as a food distribution program, but becomes

a measurable, safe, and sustainable public health development instrument.

METHODS

This study used a scoping literature review design. This design was selected because the study aimed to map, synthesize, and interpret scientific sources, regulations, technical guidelines, government reports, and international publications to understand the success factors of the Free Nutritious Meals Program in West Java in 2026. This approach is suitable for examining public policy issues that cannot yet be fully evaluated through long-term outcome data, but can already be analyzed using implementation frameworks, scientific evidence, and governance documents. (Snyder, 2019); (Miles, 2013).

A structured literature search was conducted between January and March 2026. The sources searched included Google Scholar, PubMed, Scopus, Garuda, ScienceDirect, the official websites of the National Nutrition Agency, the Ministry of Health, the World Health Organization, the World Food Programme, the Food and Agriculture Organization, Statistics Indonesia, and the West Java Provincial Health Office. The literature sources included books and policy implementation theories, MBG technical guidelines, Presidential Regulation Number 115 of 2025, documents from the National Nutrition Agency, the West Java Health Profile, regional development planning documents, WHO, WFP, and FAO reports, and national and international journals on school feeding, home-grown school feeding, food safety, and nutrition program implementation.

The search used combinations of Indonesian and English keywords. The Indonesian keywords included "Makan Bergizi Gratis", "MBG", "program makan sekolah", "gizi anak sekolah", "keamanan pangan sekolah", "implementasi kebijakan gizi", "monitoring dan evaluasi program gizi", "Jawa Barat", "SPPG",

"Puskesmas", and "Posyandu". The English keywords included "free nutritious meals", "school feeding", "school meal program", "home-grown school feeding", "food safety", "nutrition governance", "policy implementation", "monitoring and evaluation", "primary health care integration", and "local food supply chain". Boolean operators were used in combinations such as "school feeding" AND "food safety", "school feeding" AND "policy implementation", "MBG" AND "governance", and "nutrition program" AND "monitoring evaluation".

The search focused mainly on documents published between 2024 and 2026 to capture the most recent policy context of MBG implementation. However, foundational references published before 2024 were included because they provide established theoretical and methodological bases for school feeding, policy implementation, implementation outcomes, and thematic analysis, such as Braun and Clarke (2006), Kristjansson et al. (2007), Damschroder et al. (2009), Proctor et al. (2011), and Bundy et al. (2018).

The inclusion criteria were documents discussing MBG, school feeding, child nutrition, food safety, policy implementation, public program governance, school health, local food supply chains, or the health context of West Java; documents published by official institutions, scientific journals, international organizations, or government institutions; and documents relevant to the 2024-2026 policy period or foundational scientific evidence still used in school feeding studies. Exclusion criteria included opinion papers without data, popular articles without clear sources, documents with unclear institutional accountability, and literature unrelated to nutrition program implementation or school feeding.

A simple quality appraisal was applied to assess the credibility and relevance of each source. The appraisal considered four criteria: source authority, methodological clarity, relevance to MBG or school feeding, and recency

of evidence. The hierarchy of evidence was applied as follows: first, systematic reviews and meta-analyses; second, peer-reviewed empirical studies; third, implementation frameworks and conceptual papers; fourth, official government regulations, technical guidelines, and health profiles; and fifth, institutional reports from international organizations. Opinion articles, news reports, and documents without clear authorship or institutional accountability were excluded.

Data were analyzed using thematic synthesis based on Braun and Clarke's thematic analysis approach (Braun and Clarke, 2006). The analysis involved familiarization with the selected literature, initial coding, theme development, theme review, theme naming, and narrative synthesis. Coding was conducted independently by two researchers to improve trustworthiness. Each researcher reviewed the selected documents and generated preliminary codes related to governance, targeting accuracy, human resources, SPPG capacity, food safety, menu quality, multisectoral coordination, primary health-care integration, local supply chains, and monitoring and evaluation. Differences in coding were discussed until agreement was reached. This process was used to reduce individual bias and strengthen the credibility of the thematic findings.

RESULTS

At the beginning of the results section, the document selection flow is presented to show the quantitative basis of the review. The selection process identified 86 records from academic databases, government websites, and international organization sources. After removing duplicates and applying screening, eligibility, and quality appraisal criteria, 19 documents were included in the final thematic synthesis.

Figure 1. Document selection flow for the literature review

Records identified from databases and official sources (n = 86)
Duplicates removed (n = 14) -> records screened (n = 72)
Records excluded after title/abstract or summary screening (n = 43)
Full-text documents assessed for eligibility (n = 29) -> full-text documents excluded (n = 10)
Documents included in thematic synthesis (n = 19)

The literature review identified nine main determinants of MBG success in West Java: regulatory and governance clarity, accurate beneficiary data, human resource and SPPG capacity, food safety, menu quality and cultural acceptability, integration with primary health care, multisectoral coordination, local supply-chain readiness, and layered monitoring and evaluation.

Table 1. Main determinants of MBG success in West Java

No.	Determinant	Main implication for implementation
1	Governance and regulation	National regulation must be translated into clear operational roles at provincial and district/city levels.
2	Beneficiary data accuracy	Multiple datasets must be integrated to ensure targeting, budgeting, portion planning, and nutrition monitoring.
3	Human resources and SPPG capacity	Training, supervision, and competency assurance are required for food handlers, distribution teams, and program managers.
4	Food safety	Food safety audits, sanitation standards, temperature control, incident reporting, and food-handler certification are essential.
5	Menu quality and acceptability	Menus should meet balanced nutrition standards while using acceptable and locally available foods.
6	Primary health-care integration	Puskesmas, Posyandu, and school health programs can support

		growth monitoring, anemia screening, and nutrition education.
7	Multisectoral coordination	Health, education, food, agriculture, social affairs, cooperatives, local government, schools, and communities must share roles and data.
8	Local supply chains	Local procurement can strengthen farmers, fishers, cooperatives, and MSMEs if quality, continuity, and payment systems are ensured.
9	Monitoring and evaluation	Input, process, output, outcome, and safety indicators are needed to measure success beyond meal distribution.

1. MBG success is determined by clear governance and regulatory foundations

The review showed that MBG has a strong regulatory foundation through Presidential Regulation Number 115 of 2025 on the Governance of the Free Nutritious Meals Program. This regulation positions MBG as a national priority program aimed at improving human resource quality by improving the nutritional status of target groups. It also requires accelerated governance, multisectoral cooperation, and strengthening of supporting ecosystems at the central, regional, and village levels (Presiden RI, 2025).

However, strong regulation does not automatically ensure implementation success unless it is translated into clear operational roles. Presidential Regulation Number 115 of 2025 regulates local government roles, multisectoral coordination, SPPG capacity development, digitalization of information systems, and program monitoring, supervision, control, evaluation, and reporting (Presiden RI, 2025). Therefore, MBG’s success in West Java depends on the ability of provincial and district/city governments to translate national regulations

into technical mechanisms aligned with local conditions, target population size, facility capacity, and local supply chains.

2. Broad program targets require accurate beneficiary data

The 2026 MBG Technical Guideline explains that beneficiaries include students in early childhood education, primary and secondary education, special schools, Islamic boarding schools, religious education units, special service education, toddlers, pregnant women, breastfeeding mothers, and other groups as determined by program policy (BGN RI, 2025). These broad targets show that MBG is not only a schoolchildren program, but a life-cycle nutrition program targeting vulnerable groups from early life through school age.

In West Java, data accuracy is crucial because the population is large and spread across 27 districts/cities with diverse socioeconomic characteristics. The 2024 West Java Health Profile states that provincial health data are derived from district/city health profiles, Statistics Indonesia, the Population and Civil Registration Office, and other related institutions (Dinkes, 2026). Differences among databases such as Dapodik, EMIS, population records, Puskesmas data, Posyandu data, and vulnerable family data may affect meal portion calculations, budget needs, distribution, and nutritional status monitoring.

3. Adequate human resources and SPPG capacity are key success determinants

Presidential Regulation Number 115 of 2025 emphasizes that the National Nutrition Agency develops SPPG capacity through guidelines, technical instructions, standard operating procedures, continuous technical training for SPPG staff, food processors, food handlers, distribution workers, program managers, food safety assurance, food quality assurance, halal assurance, and certification for procurement and treasury functions

(Presiden RI, 2025). This provision indicates that MBG success is highly influenced by the quality of field implementers, not only by budget availability.

In West Java, health and nutrition workforce capacity is important because MBG requires support from nutritionists, environmental health workers, health promotion officers, surveillance staff, Puskesmas officers, school health program managers, teachers, Posyandu cadres, and food safety supervisors. The 2023 West Java Health Profile reported that Puskesmas health personnel include physicians, dentists, nurses, midwives, pharmaceutical staff, public health personnel, environmental health workers, nutritionists, and medical laboratory technologists, all of whom are relevant to primary health care and public health support (Dinkes, 2025).

4. Food safety is a non-negotiable indicator of success

The literature indicates that food safety is one of the most important determinants in large-scale school feeding programs. WFP emphasizes that school feeding programs must have food safety guidelines, food-handler training, ingredient quality control, safe storage, hygienic processing, and distribution systems that maintain food quality until students consume the meals (WFP, 2024). WHO also emphasizes that healthy school food environments must address safety, quality, nutritional composition, and child protection from unhealthy foods (WHO, 2025).

In West Java, food safety risks require greater attention because of the large target population, high population density, diverse areas, and complex food distribution chains. In a provincial-scale program, a food safety failure in one kitchen or SPPG can have broad impacts on public trust, student health, and program legitimacy. Therefore, MBG success should include indicators such as zero food poisoning incidents, periodic kitchen audits, food-handler certification, clean water

availability, kitchen sanitation, storage temperature control, distribution time, and incident reporting systems (WHO, 2025); (WFP, 2024).

5. Menus must meet nutritional standards and be socio-culturally acceptable

International evidence shows that menu design is a key factor in school feeding effectiveness. Bundy et al. state that ration design, number of feeding days, food quality, and linkages with local agriculture influence nutritional, educational, and cost outcomes (Bundy *et al.*, 2018). Wang et al. also emphasize that school feeding effectiveness is determined not only by the presence of food, but by menu quality, dietary diversity, program duration, and energy and micronutrient adequacy (Wang and Young, 2021).

In West Java, MBG menus should be aligned with balanced nutrition principles and local food culture. A nutritionally adequate meal can fail if children dislike it, consider it unfamiliar, or if it does not match household eating habits. Menus can utilize local foods such as rice, eggs, fish, chicken, tofu, tempeh, local vegetables, seasonal fruit, and other available protein sources in districts/cities while maintaining nutritional standards, food safety, and supply sustainability (FAO, 2018); (WHO, 2025).

6. Integration with Puskesmas and Posyandu strengthens health impacts

MBG will be more successful if integrated with primary health care services. Puskesmas can support growth monitoring, nutrition education, anemia screening for adolescent girls, school health program development, environmental health inspection, foodborne outbreak surveillance, and referral of health cases. Posyandu and cadres can strengthen monitoring for toddlers, pregnant women, and breastfeeding mothers as important MBG target groups (Kemenkes, 2019); (Kemenkes, 2023b).

The West Java Health Profile shows that Puskesmas and community-based health efforts are important components of the regional health system. If MBG is managed only as food logistics without integration with Puskesmas, opportunities to measure health outcomes such as nutritional status, anemia, eating behavior, and food-related disease events will be reduced. Conversely, when MBG is linked with primary care, the program can serve as an entry point for nutrition education, behavior change, disease prevention, and monitoring of vulnerable families (Dinkes, 2026).

7. Multisectoral coordination is a prerequisite for implementation success

MBG is a multisectoral program involving health, education, food, agriculture, cooperatives, micro, small, and medium enterprises, social affairs, development planning, local governments, villages, schools, pesantren, and communities. Presidential Regulation Number 115 of 2025 stipulates that governors and district heads/mayors provide support for MBG implementation according to their authority, while relevant ministries conduct coordination, integration, and synchronization of policies, planning, and regional support (Presiden RI, 2025).

In West Java, multisectoral coordination is more complex because each district/city has different fiscal capacity, infrastructure, supply chains, school numbers, geographical conditions, and health risks. Provincial success cannot be measured only through average achievement, but must also consider inter-regional variation. Urban districts/cities require distribution strategies that differ from mountainous, coastal, rural, or industrial areas. Therefore, multisectoral coordination must produce clear role division, routine decision-making forums, shared data, and mechanisms for resolving field problems (Dinkes, 2026); (Wang and Young, 2021).

8. Local supply chains can become a regional economic strength

The home-grown school feeding approach emphasizes that school feeding can serve as both a nutrition and local economic instrument when food ingredients are supplied by farmers, fishers, cooperatives, MSMEs, and local producers under clear quality standards. Home-grown school feeding requires context analysis, menu design, food safety, food quality assurance, linkages with smallholder producers, program synergy, and monitoring and evaluation systems (FAO, 2018).

West Java has considerable potential to connect MBG with local supply chains because it has agricultural, fisheries, livestock, food industry, cooperative, and MSME bases. However, local procurement must not become a slogan; it requires quality assurance, supply continuity, fair prices, timely payment, and protection for small producers. Without good design, local producers may lose out to large suppliers, or the program may experience supply disruption due to unprepared production, distribution, and food safety standards (FAO, 2018); (Presiden RI, 2025).

9. Monitoring and evaluation must be based on layered indicators

Presidential Regulation Number 115 of 2025 emphasizes that monitoring, supervision, control, evaluation, and reporting of MBG are intended to determine program progress, assess performance, provide recommendations and feedback, and support planning, budgeting, and accountability improvement (Presiden RI, 2025). This shows that monitoring and evaluation are not merely administrative activities, but part of the program decision-making cycle.

Reliable and timely monitoring is needed to ensure accountability in resource use, program learning, managerial decision-making, efficiency improvement, and evidence of achievement (FAO, 2018). MBG

monitoring in West Java should include input indicators such as budget, human resources, SPPG, food ingredients, and facilities; process indicators such as SOP compliance, distribution, hygiene and sanitation, and timeliness; output indicators such as meal portions, target coverage, and student acceptance; outcome indicators such as nutritional status, anemia, school attendance, and eating behavior; and safety indicators such as food poisoning incidents, food complaints, and quality audits (FAO, 2018); (WHO, 2025).

DISCUSSION

The success of the Free Nutritious Meals Program in West Java in 2026 should be understood as system success, not merely food distribution success. At the policy level, MBG already has a legal foundation that emphasizes improving nutritional status and human resource quality. However, policy implementation theory shows that program success is strongly determined by clear objectives, resources, organizational structure, implementing coordination, characteristics of field implementers, and the sociopolitical environment (Grindle, 2017). In a program as large as MBG, implementation failure often does not occur because program goals are poor, but because governance, capacity, data, and oversight are insufficient (Lipsky, 1980).

At the input level, West Java requires readiness in human resources, SPPG, kitchens, storage facilities, transportation, clean water, sanitation, procurement systems, and beneficiary data. Input readiness is foundational because large-scale school feeding has high operational risks. Human resource limitations, unequal distribution of nutritionists and environmental health workers, and the workload of Puskesmas may affect program supervision quality. Therefore, human resource support must not be limited to instructions; it must be accompanied by role division, training, incentives,

supervision, and realistic reporting systems (Dinkes, 2026); (Presiden RI, 2025).

At the process level, MBG success is determined by compliance with SOPs from menu planning, ingredient procurement, receipt of food ingredients, storage, processing, packaging, distribution, serving, consumption, to food waste management. This process must be guarded by food safety standards because schoolchildren, toddlers, pregnant women, and breastfeeding mothers are vulnerable groups affected by unsafe food. WHO and WFP position food safety as an integral component of school feeding because nutritious but unsafe food may trigger public health incidents (WHO, 2025); (WFP, 2024).

At the output level, commonly used indicators include the number of meals distributed, the number of schools or service units reached, the number of beneficiaries, and distribution timeliness. These indicators are important, but they are insufficient to claim program success. A program may appear administratively successful because meals are distributed, but may not be nutritionally successful if menus do not meet standards, are not consumed, are disliked by children, or do not influence eating behavior. Therefore, output indicators should be complemented by data on student acceptance, food waste, beneficiary satisfaction, and menu compliance with nutritional standards (Bundy *et al.*, 2018); (Wang and Young, 2021).

At the outcome level, MBG success in West Java should be linked to improvements in nutritional status, reduced anemia risk, increased school attendance, better learning concentration, improved eating behavior, and stronger nutrition literacy. However, these outcomes cannot be assessed in a very short period. International literature reviews show that the impact of school feeding on education and health is influenced by program duration, menu quality, implementation compliance, baseline nutritional conditions, poverty level, and school environment support (Kristjansson *et al.*, 2007); (Wang

and Young, 2021). Therefore, MBG evaluation in 2026 should distinguish between short-, medium-, and long-term indicators.

From a regional context perspective, West Java requires an adaptive implementation model. Dense urban areas such as Greater Bandung, Bekasi, Bogor, Depok, and Cirebon face challenges related to logistics, school density, traffic congestion, and socioeconomic diversity. Rural and mountainous areas face distance, transportation access, and food supply variation challenges. The northern coastal area has fish and local food potential, but also faces sanitation risks, population mobility, and vulnerability to environment-based diseases. Accordingly, a national standard should be translated into district/city operational models suitable to local contexts (Dinkes, 2026); (FAO, 2018).

The local economic dimension is an important opportunity. If MBG in West Java can absorb local food ingredients in a planned manner, it can strengthen farmers, livestock producers, fishers, cooperatives, village-owned enterprises, and food MSMEs. Nevertheless, local procurement must follow principles of quality, transparency, accountability, and food safety. Involving MSMEs without standard development may increase quality and safety risks; conversely, standards that are too demanding without assistance may prevent MSMEs from participating. Therefore, local governments need to build local supplier ecosystems through training, certification, hygiene and sanitation assistance, access to financing, and timely payment systems (FAO, 2018).

Finally, MBG success depends heavily on data quality. A program of this scale requires an integrated dashboard connecting beneficiary data, schools, SPPG, menus, distribution, complaints, food safety, nutritional status, and program achievements. Presidential Regulation Number 115 of 2025 emphasizes the importance of information system digitalization, data standardization, interoperability, and the use of statistical data for MBG

monitoring and evaluation (Republik Indonesia, 2025). Without valid data, the program risks being evaluated based on administrative claims rather than actual impacts on children, families, schools, and communities.

LIMITATIONS

This literature review has several limitations. First, the review was limited to Indonesian- and English-language documents that could be accessed through selected databases, official websites, and institutional repositories. Second, publication bias may have occurred because documents reporting program strengths or positive findings are more likely to be available than documents describing implementation failure. Third, primary outcome data on nutritional status, anemia, school attendance, and long-term behavioral change remain limited because MBG implementation is still in its early stage. Therefore, the findings should be interpreted as an implementation-oriented synthesis rather than a definitive impact evaluation.

CONCLUSION

The Free Nutritious Meals Program in West Java in 2026 has the potential to become a strategic intervention to improve nutritional status, strengthen child health, support school attendance, mobilize the local food economy, and strengthen human resource development. However, program success cannot be measured only by the number of meals distributed. Success should be assessed through targeting accuracy, governance readiness, adequate human resources, SPPG capacity, food safety, menu quality, student acceptance, integration with Puskesmas and Posyandu, multisectoral coordination, local government involvement, and data-based monitoring and evaluation.

West Java has specific challenges because of its large population, regional diversity, socioeconomic disparities, double burden of malnutrition, and complex food supply

chains. Therefore, MBG implementation in West Java requires district/city-based adaptive models rather than a uniform approach. The provincial government should function as a coordinator, quality controller, data strengthener, and intersectoral connector, while district/city governments should ensure the operational readiness of SPPG, schools, Puskesmas, local suppliers, and field supervision systems.

This study recommends seven main actions: first, develop an integrated beneficiary data system linking education, health, population, and social protection data; second, strengthen training for SPPG staff, food handlers, distribution workers, and food safety supervisors; third, implement routine food safety audits; fourth, develop menus based on balanced nutrition and local foods; fifth, integrate MBG with school health programs, Puskesmas, Posyandu, and anemia prevention programs; sixth, involve cooperatives, farmers, fishers, and local MSMEs using clear quality standards; and seventh, use input, process, output, outcome, and incident indicators as the basis for program evaluation.

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