

Implementation of The Free Nutritious Meal (MBG) Program Policy in North Sulawesi

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Abstract. The Free Nutritious Meal Program/Makan Bergizi Gratis (MBG) is a national priority policy under President Prabowo Subianto, aimed at addressing stunting, malnutrition, and inequality in access to healthy food. This study aims to analyze the implementation of the MBG policy in North Sulawesi Province in 2025, identify field constraints, and evaluate the effectiveness of program distribution. Theoretically, this study uses Merilee S. Grindle's policy implementation model, which emphasizes two main dimensions: policy content and implementation context. The research method used was descriptive qualitative. Data were collected through field observations at Nutrition Fulfillment Service Units (SPPG), documentation, and in-depth interviews with eight key informants, including representatives from the ministry, SPPG heads, and beneficiary school principals. Data analysis was conducted through data reduction, data presentation, and conclusion drawing, using triangulation techniques to ensure the validity of the findings. The results indicate that the implementation of the MBG Program in North Sulawesi has not fully aligned with the policy's ideal objectives. Until 2025, the program's implementation will only reach students (kindergarten through high school), while the most vulnerable groups, such as toddlers, pregnant women, and breastfeeding mothers, have not received services. Yet, interventions during the first 1,000 days of life are crucial for significantly reducing stunting rates. Geographically, program distribution remains concentrated in urban areas with easy access, while the Disadvantaged, Frontier, and Outermost (3T) regions and island regions such as Talaud, Sangihe, and Sitaro have not been reached optimally.

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INTRODUCTION

The Free Nutritious Meal Program (MBG) is one of the national priority policies established by the President of the Republic of Indonesia, Prabowo Subianto, at the beginning of his administration. This policy is aimed at addressing the nutritional issues that remain a major challenge in Indonesia, particularly the high rates of stunting, malnutrition, and unequal access to healthy food for vulnerable groups. The program's primary targets include elementary, middle, and high school students, as well as pregnant women, breastfeeding mothers, and toddlers. The MBG program is seen as a form of state intervention to ensure the fulfillment of the community's right to adequate food and nutrition, as well as a long-term investment in human resource development (Kantor Komunikasi Presiden, 2025).

Nutritional issues in Indonesia remain serious. Indonesia has faced stunting for years, a condition characterized by stunting, a condition of stunted growth in children caused by long-term

chronic malnutrition. Stunting not only impacts a child's height but also impacts brain development, learning ability, health, and future productivity. From a development perspective, stunting can hamper the quality of human resources, thus impacting the nation's competitiveness. Therefore, the government has prioritized efforts to meet nutritional needs as a national development priority.

The MBG program is designed to ensure that the community's daily nutritional needs are met in accordance with the Nutritional Adequacy Intake (AKG) standards. By providing nutritious food in schools and to vulnerable groups, the government hopes to gradually reduce malnutrition and stunting rates. Furthermore, this program also has educational goals, namely improving student concentration, participation, and academic achievement. Various studies have shown that children who receive adequate nutrition have better learning abilities than those who are malnourished. Therefore, the MBG program is not only related to health issues but also closely linked to improving the quality of education (Badan Gizi Nasional, 2025).

Normatively, the MBG program is an implementation of the constitutional mandate and national development policy, which places public welfare as the primary goal of the state. Article 28C paragraph (1) of the 1945 Constitution of the Republic of Indonesia affirms that everyone has the right to develop themselves through the fulfillment of their basic needs. Furthermore, Law Number 36 of 2009 concerning Health affirms that every child has the right to optimal nutrition according to their body's needs. Thus, the MBG policy can be understood as a state instrument to guarantee the public's right to adequate food and nutrition.

At the national level, the MBG program began its implementation simultaneously on January 6, 2025. In the initial phase, the government prepared 190 Nutrition Fulfillment Service Units (SPPG) or public kitchens spread across 26 provinces. The SPPGs are tasked with preparing and distributing nutritious food to beneficiaries. Each SPPG is targeted to serve approximately 3,000–3,500 meals per day. By January–March 2025, the program is targeted to reach approximately 3.2–3.3 million beneficiaries across Indonesia, with students as the primary priority, but also pregnant women and toddlers (Kompas.com, 2025a).

The MBG program is also projected to become a national strategy to accelerate the achievement of stunting reduction targets. The Indonesian government is targeting a reduction in stunting prevalence to below 14 percent. To achieve this target, interventions must not be limited to health services alone; they must also include the provision of nutritious and affordable food for the community. Therefore, the MBG program is positioned as part of a cross-sectoral policy involving health, education, social affairs, agriculture, and local government.

In North Sulawesi Province, the MBG program began on January 6, 2025, through a dedicated Food Service Center (SPPG) located in Winangun Dua, Manado City. This SPPG is managed by the Manado Military District Command (Kodim) and serves as the starting point for implementing the MBG policy in North Sulawesi. Initially, North Sulawesi only had one service kitchen. However, over time, the number of SPPGs increased significantly, reaching 52. This increase demonstrates the commitment of the central and regional governments to expanding the program's reach to serve communities across North Sulawesi's regencies and cities (Kompas.com, 2025a).

Based on 2025 implementation data, there were 52 SPPGs in North Sulawesi, with a total of 153,137 beneficiaries. This number includes elementary, junior high, and high school students, pregnant women, breastfeeding mothers, and toddlers. This large number of beneficiaries demonstrates the MBG program's broad reach and impact on the most vulnerable groups experiencing nutritional problems. On the other hand, the program's broad scope also presents unique challenges in implementation, particularly regarding distribution, food quality, budget adequacy, inter-agency coordination, and oversight of implementation in the field.

From a public administration perspective, the success of a policy is determined not only by the quality of its formulation but also by how it is implemented. The MBG program involves many parties, including the central government, provincial governments, district/city governments, schools, health workers, SPPG managers, and the community. This complexity of implementation requires clear communication to avoid misunderstandings regarding targets, distribution mechanisms, menus, meal schedules, and monitoring procedures. If communication is poor, program implementation has the potential to lead to mistargeting, distribution delays, and even community rejection.

The implementation of the MBG program requires budget support, workforce, kitchen facilities, distribution equipment, food ingredients, and nutrition experts. The central government has allocated a substantial budget for the MBG program, estimated at IDR 71 trillion by 2025. Each beneficiary receives approximately IDR 10,000 worth of food per day, excluding production and distribution costs (Tribunnews, 2025). However, a large budget does not necessarily guarantee success if it is not supported by adequate human resources and facilities.

In North Sulawesi, the presence of 52 SPPGs certainly requires the support of professional management staff. Each SPPG must be able to prepare food that meets nutritional standards, maintain cleanliness, and distribute food in a timely manner. Limited resources, especially in remote and island areas, can hinder program implementation. North Sulawesi is characterized by

its land area and islands, such as the Talaud Islands Regency, the Sangihe Islands Regency, and the Siau Tagulandang Biaro Islands Regency. This geographical condition can impact the smooth distribution of food supplies and the delivery of food to beneficiaries.

Furthermore, the implementation of the MBG program also faces challenges related to food quality. In several regions in Indonesia, complaints have arisen regarding basic food, undercooked side dishes, or menus that do not meet nutritional standards. The Food and Drug Monitoring Agency (BPOM) discovered the presence of stale vegetables intended for use in the MBG program in one area. These findings demonstrate the critical importance of monitoring food quality. If food quality is not maintained, the program's goal of improving nutrition could actually turn into a new health problem (BPOM, 2025).

Another issue that arises in the implementation of the MBG program is the accuracy of beneficiary targeting. In practice, not all schools or regions receive services simultaneously due to the limited number of SPPGs. Some schools receive services early, while others await program expansion. This can lead to service gaps if not accompanied by thorough planning and clear priority criteria. Therefore, research is needed to determine whether beneficiaries truly come from groups in need and whether program distribution has been equitable.

In addition to targeting accuracy, the level of satisfaction of program recipients is also important to assess. Recipient satisfaction can be measured by assessing food quality, menu variety, timeliness of distribution, food hygiene, and perceived benefits. If program recipients are satisfied, the program is likely to be well-received and sustainable. Conversely, if recipients are dissatisfied, for example, due to a monotonous menu or late distribution, the program's effectiveness may decline.

Research on the implementation of the MBG program in North Sulawesi is crucial because the program is relatively new and has not been extensively studied. Most available information focuses on national targets and normative aspects, whereas implementation conditions vary across regions. North Sulawesi has its own unique context, including geographical conditions, community consumption culture, local food availability, and local government capacity. Therefore, the results of program implementation in North Sulawesi may differ from those in other regions.

In the context of North Sulawesi, this research is also important because the province has significant local food potential, such as fish, corn, tubers, vegetables, and other agricultural products. This potential can be utilized as part of the MBG program menu, thus improving nutritional quality and supporting the local economy. By utilizing local food, distribution costs can be reduced, and the program's sustainability is more assured.

Based on these empirical facts, this research aims to examine the quality of the MBG program implementation in North Sulawesi, from the food provision process, accuracy of recipient targeting, adequacy of the quantity and quality of menu items, timeliness of distribution, and level of recipient satisfaction. This research is also important to identify various obstacles faced in the field, such as budget limitations, a lack of nutrition experts, distribution obstacles in island areas, and coordination issues between agencies.

In this study, the model used as the basis for the conceptual framework is Merilee S. Grindle's (1990) policy implementation model, as it emphasizes the relationship between policy content and the implementation environment (Grindle, 1990). This model was chosen because it was deemed most appropriate to the characteristics of the MBG Program in North Sulawesi. The MBG Program is a policy influenced not only by its content or substance but also by the environment in which it is implemented. The success of the program is not solely determined by the existence of regulations and budgets, but also by how the actors involved understand, support, and implement the program. According to Grindle (1990), policy implementation is influenced by two main dimensions: the content of policy and the context of implementation (Grindle, 1990). These two dimensions are interrelated and determine whether or not policy objectives are achieved.

METHODS

This study uses a qualitative approach with descriptive methods to gain a deeper understanding of the implementation of the Free Nutritional Meals Program (MBG) in North Sulawesi Province in 2025. The qualitative approach was chosen because the study was not aimed at statistically measuring relationships between variables, but rather at explaining the program's implementation phenomena based on the experiences and perspectives of implementers and beneficiaries. Descriptive research was used to systematically and in-depth describe the various conditions, situations, and social realities that emerged during the MBG Program's implementation (Moleong, 2017; Nazir, 2014).

The research data consisted of primary and secondary data. Primary data were obtained through field observations and in-depth interviews with informants directly involved in the MBG Program's implementation. Observations were conducted at Nutrition Fulfillment Service Unit (SPPG) locations and recipient schools to determine the food distribution process, food quality, timeliness of delivery, and beneficiary responses. In-depth interviews were conducted to obtain information on the program's implementation mechanisms, targeting accuracy, challenges encountered, and recipient satisfaction levels. Meanwhile, secondary data was obtained from

various official documents, such as government regulations, ministerial reports, data from the North Sulawesi Provincial Government, SPPG archives, as well as news and publications related to the MBG Program (Sugiyono, 2023; Arikunto, 2019).

Informants were selected purposively, based on the consideration that they understood and were directly involved in program implementation. The research informants consisted of officials from the Directorate General of Primary and Secondary Education, officials from the Directorate of Public Health of the Ministry of Health of the Republic of Indonesia, the Head of SPPG in North Sulawesi, and five principals of schools receiving the MBG Program. A total of eight informants were recruited. This number was deemed adequate because qualitative research emphasizes the depth of information rather than the number of respondents, and data collection was conducted until saturation was reached (Moleong, 2017). Data analysis was conducted using the interactive model of Miles, Huberman, and Saldaña, which includes data reduction, data presentation, and conclusion drawing (Miles et al., 2014).

RESULT AND DISCUSSION

The implementation of the Free Nutritious Meals (MBG) Program in North Sulawesi Province in 2025 demonstrated that policy implementation was not fully aligned with the primary objectives set by the government. Based on field data, the program was only implemented for students from kindergarten to high school. Meanwhile, other target groups, most vulnerable to nutritional issues, namely toddlers, pregnant women, breastfeeding mothers, and communities in the outermost, most disadvantaged, and frontier (3T) regions, had not yet received program services.

This situation indicates a mismatch between policy objectives and implementation practices in the field. Normatively, the MBG Program was designed to reduce stunting, malnutrition, and malnutrition in vulnerable groups. The government prioritized toddlers, pregnant women, and breastfeeding mothers because they are the groups most in need of nutritional interventions. The Indonesian Ministry of Health emphasized that stunting prevention should focus on the first 1,000 days of life, from pregnancy to two years of age (Ministry of Health, 2023). During this period, malnutrition can lead to permanent growth and developmental disorders. Thus, the failure to implement the MBG Program for pregnant women, breastfeeding mothers, and toddlers in North Sulawesi indicates that policy implementation has not yet reached its most strategic targets. This finding is important because stunting in children is not only caused by inadequate nutritional intake during school age, but is primarily influenced by the mother's nutritional status during pregnancy and early childhood. According to the World Health Organization, stunting is a

condition of growth failure that occurs due to chronic malnutrition, especially during the prenatal period and the first two years of life (World Health Organization, 2023). Therefore, if nutritional interventions are only provided to school students, the program's impact on reducing stunting rates will be limited.

From a policy implementation perspective, this situation can be explained through Grindle's policy implementation theory. Grindle (1990) stated that successful implementation is influenced by the content of the policy and the context of implementation. In terms of policy content, the MBG Program had clearly defined target groups: schoolchildren, toddlers, pregnant women, and breastfeeding mothers. However, during the implementation phase, the target group was narrowed, resulting in the program being limited to schoolchildren. This indicates that policy implementers were unable to fully translate the policy's content.

This narrowing of the target group is likely influenced by resource limitations, particularly the number of Nutrition Fulfillment Service Unit (SPPG) kitchens, budget constraints, and distribution readiness. In North Sulawesi, there are 52 SPPGs with a total of 153,137 recipients. This number is still focused on serving schools that are relatively easy to reach. Meanwhile, groups of toddlers, pregnant women, breastfeeding mothers, and communities in the 3T (United Territories) require more complex distribution mechanisms because they are not centralized in a single location like schools. Van Meter and Van Horn (1975) explained that the success of policy implementation is largely determined by the adequacy of resources, including human resources, funding, facilities, and organizational mechanisms.

In addition to resource factors, program implementation that focuses solely on schools also demonstrates a tendency for implementers to select targets that are easier to reach. Schools are the easiest targets because students gather in one location and food distribution can be carried out en masse. Conversely, reaching pregnant women, breastfeeding mothers, and toddlers requires cross-sectoral coordination between the Health Office, Community Health Centers (Puskesmas), Integrated Health Posts (Posyandu), village governments, and health cadres. According to Mazmanian and Sabatier (1983), the more complex the target group to be served, the greater the challenge of policy implementation.

The inaccessibility of the outermost, most disadvantaged, and frontier (3T) regions also indicates that the implementation of the MBG Program has not adhered to the principles of justice and equity. In fact, 3T regions generally have higher levels of nutritional vulnerability than urban areas due to limited access to food, health services, and transportation. The National Food

Agency states that communities in remote areas are at greater risk of food insecurity and malnutrition due to limited distribution of nutritious food (National Food Agency, 2024).

In the context of North Sulawesi, several island and border regions, such as the Talaud Islands Regency, the Sangihe Islands Regency, and the Sitaro Islands Regency, face significant accessibility challenges. If the MBG Program fails to reach these regions, the policy's goal of reducing inter-regional nutritional disparities will not be achieved. This aligns with Edwards III's view that policy implementation can fail if communication, resources, implementer disposition, and bureaucratic structure do not support the achievement of policy objectives (Edwards III, 1980).

Based on these findings, it can be concluded that the implementation of the MBG Program in North Sulawesi is still in its early stages and is not yet fully effective. While the program has successfully reached schoolchildren, it has not yet reached the priority groups most vulnerable to stunting and malnutrition. Therefore, improvements to policies and implementation strategies are needed.

The first improvement is to refine the targeting by prioritizing pregnant women, breastfeeding mothers, and toddlers, especially in poor families and areas with a high prevalence of stunting. This prioritization is crucial because these groups directly determine the success of stunting reduction. UNICEF emphasizes that investing in maternal and toddler nutrition will have a long-term impact on health quality and human resources (UNICEF, 2023).

The second improvement is to expand the program's implementation network through collaboration with community health centers (Puskesmas), integrated health posts (Posyandu), health cadres, and village governments. While the program has previously been school-based, reaching toddlers and pregnant women requires a community-based service model. Puskesmas and Posyandu are the institutions closest to the target groups and can therefore serve as channels for distributing nutritious food.

The third improvement is to increase the number and capacity of SPPGs (Supporting Food Service Providers), especially in island and remote areas. The addition of service kitchens needs to be accompanied by support for transportation, staff, and an adequate budget. Without such support, the program will continue to be concentrated in urban areas and struggle to reach those most in need.

Thus, the results of this study indicate that the implementation of the Free Nutritional Meal Program in North Sulawesi is not fully aligned with policy objectives. Programs are still focused on easily accessible groups, while those most vulnerable to stunting have not been prioritized.

This finding indicates the need for an evaluation of targeting accuracy and distribution strategies to ensure policies are truly effective in reducing stunting and improving the nutritional status of the community.

CONCLUSION

The implementation of the Free Nutritious Meals (MBG) Program in North Sulawesi Province in 2025 has not fully achieved its policy objectives. The program has been successfully implemented in a number of schools, from kindergarten to high school, and has reached some beneficiaries in urban areas. However, program implementation still shows several weaknesses, particularly in targeting accuracy, equitable distribution of service areas, quality of implementation, and food safety monitoring.

First, groups that should be the main priority—toddlers, pregnant women, breastfeeding mothers, and communities in the outermost, most disadvantaged, and frontier (3T) regions—have not received program services. These groups are, in fact, the most vulnerable to stunting and malnutrition. This situation indicates that program implementation is still oriented toward more easily accessible targets, rather than those most in need. Second, the distribution of beneficiaries in Manado City does not reflect the principle of social justice. Most MBG recipient schools are located in the city center, with students from middle- to upper-class backgrounds. Schools in the outskirts, coastal areas, and areas with higher poverty rates have not yet received program access. This occurs because the determination of the location of the MBG kitchen is more influenced by suggestions from the private sector and considerations of ease of distribution, rather than being based on a map of socio-economic vulnerability. Third, the quality of the MBG kitchens varies across locations. The MBG kitchens in Pal 2 and Bengkulu demonstrated relatively good quality, while several other kitchens failed to meet standards for layout, cleanliness, waste management, and SOP implementation. These differences in quality indicate weak standardization and oversight of program implementation. Fourth, the food quality monitoring system has not been optimally implemented. Food inspections are still carried out conventionally without the use of hygiene and food safety control tools. Nutritionists working in the kitchens are also limited to menu preparation and have not yet fully implemented food quality control. This situation has the potential to contribute to health problems among MBG recipients. Fifth, program implementation has not yet reached island regions such as Nain Island, Manado Tua Island, Sitaro Islands Regency, Sangihe Islands Regency, and Talaud Islands Regency. These regions face higher levels of socioeconomic vulnerability and a higher risk of malnutrition. The

inaccessibility of island regions indicates that MBG implementation still faces geographical constraints, limited distribution facilities, and the absence of a specific strategy for island regions.

Overall, this study indicates that the success of the MBG Program implementation in North Sulawesi is strongly influenced by the interaction between policy content and implementation context. Although the objectives and substance of the policy have been well-designed, implementation on the ground has not been able to ensure that the program's benefits reach those most in need. Therefore, the MBG Program in North Sulawesi still requires significant improvements to truly reduce stunting, improve nutritional status, and reduce social inequality.

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