

## Free Nutritious Meal Policy Implementation Based on Local Community Empowerment for Improving Children's Nutritional Status in Bogor City

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### ARTICLE INFO

**Keywords:** Policy Implementation; Free Nutritious Meal (MBG); Local Community Empowerment; Collaborative Governance; Bogor City

*Received : 22 June*

*Revised : 22 August*

*Accepted: 22 September*

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### ABSTRACT

The Free Nutritious Meal (Makan Bergizi Gratis/MBG) program follows a collaborative-governance paradigm involving government agencies, SPPG, schools, MSMEs, and parents, yet field implementation still faces gaps in coordination, operational capacity, food safety, and community participation in Bogor City. This study analyzes MBG implementation, identifies determinants of success, and formulates a community-empowerment-based implementation model. A qualitative single case-study design was applied; data were collected during 2025–2026 through semi-structured interviews with 29 purposively selected informants across five actor categories and documentary study, analyzed following Miles, Huberman, and Saldaña (2014). Findings show rapid expansion alongside instrumental community empowerment, operational gaps, and a recurring strong-in-crisis, weak-in-routine pattern, implying the need for a Three-Pillar Model comprising preventive-routine governance (institutionalized cross-OPD coordination and early reporting), quality assurance commensurate with the pace of expansion (aligning sanitation-hygiene certification and oversight with SPPG growth), and substantive community empowerment from the planning stage (formal participation channels for MSMEs and communities in standard-setting and decision-making).

## **INTRODUCTION**

Human resource quality development constitutes a foundation of sustainable national development, and children's nutritional status is one of its most fundamental determinants. Global studies affirm that investment in child nutrition interventions is an effective strategy for improving human development quality while driving a country's economic growth, because the effects of undernutrition during the growth period are permanent and difficult to reverse in later life stages (Heidkamp et al., 2021). At the national level, Indonesia's Nutritional Status Survey (SSGI) recorded a decline in stunting prevalence from 21.5 percent in 2023 to 19.8 percent in 2024 (Ministry of Health of the Republic of Indonesia, 2025), yet this figure remains above the public-health threshold set by the World Health Organization. Research in the Indonesian context shows that the effectiveness of stunting-reduction acceleration policy is largely determined by the quality of implementation at the local level particularly cross-sector coordination, institutional capacity, and integrated monitoring systems rather than solely by budget availability or the completeness of policy design at the central level (Herawati & Sunjaya, 2022; Siswati et al., 2022).

The Government launched the Free Nutritious Meal Program (*Makan Bergizi Gratis/MBG*) in January 2025 as a national strategic policy coordinated by the National Nutrition Agency (*Badan Gizi Nasional*), with Nutrition Fulfillment Service Units (*Satuan Pelayanan Pemenuhan Gizi/SPPG*) serving as the operational implementing unit at the production-kitchen level. The program's design normatively reflects a collaborative-governance paradigm that emphasizes dialogue, trust, and role-sharing among stakeholders (Ansell & Gash, 2008), given that its implementation simultaneously involves the central government, local government, educational institutions, food providers, and local communities. As a nationally mandated policy implemented in a decentralized manner, the success of MBG depends heavily on local governments' capacity to translate the policy into concrete administrative practice. Bogor City, with all six of its sub-districts serving as MBG implementation sites since the earliest stage of the program's rollout, presents a densely populated urban context with complex institutional arrangements that is relevant for examining the gap between collaborative policy design and its realities on the ground.

A systematic mapping of prior research (Table I) shows that studies on MBG implementation are generally fragmented into single aspects health/education impacts (Nida & Sari, 2023), technical evaluation of distribution, the dilemma between effectiveness and the pace of expansion (Mulyani & Maifizar, 2025), or normative reviews of policy justice and that few have integrated policy implementation theory with local community empowerment and collaborative governance as an analytical tool for inter-actor relations within a single study at the city-government level. This gap constitutes the academic position and novelty of the present study.

Based on the foregoing, this study formulates three research questions: (1) how does the implementation of the MBG policy based on local community

empowerment take place in efforts to improve children's nutritional status in Bogor City; (2) what factors determine the success of MBG policy implementation in Bogor City; and (3) what implementation model of the MBG policy based on local community empowerment can be formulated for Bogor City. In line with these questions, this study aims to analyze the process of MBG policy implementation, identify the determining factors of its implementation success, and formulate an implementation model based on local community empowerment for Bogor City.

## LITERATURE REVIEW AND THEORETICAL FRAMEWORK

### A. Public Policy Implementation

Policy implementation is defined as the actions carried out by individuals or groups, whether governmental or private, that are directed toward achieving the objectives set out in policy decisions (Van Meter & Van Horn, 1975). The Van Meter and Van Horn model identifies six interrelated variables that shape implementation performance: policy standards and objectives, resources, characteristics of implementing organizations, inter-organizational communication, the disposition of implementers, and the social, economic, and political environment (Van Meter & Van Horn, 1975). These six variables do not operate independently; rather, they form a relational pattern that reinforces one another, such that a weakness in one variable tends to propagate to the others.

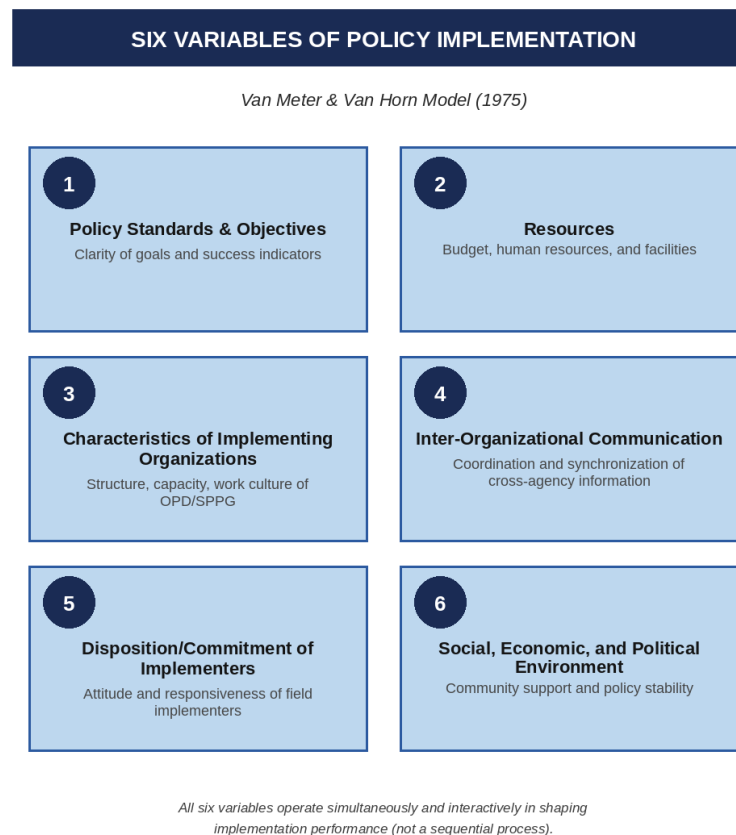


Fig. 1 Six variables of policy implementation (Van Meter & Van Horn, 1975)

### ***B. Collaborative Governance***

Collaborative governance is understood as a process and structure of public-policy decision-making that engages governmental and non-governmental actors in a consensual, deliberative manner oriented toward shared interests (Ansell & Gash, 2008). Ansell and Gash formulate four variables that determine the maturity of collaboration: starting conditions (resource inequality and the history of inter-actor relations), facilitative leadership, institutional design, and the collaborative process itself (Ansell & Gash, 2008). This framework is used as an analytical tool for inter-actor relations, rather than as a primary theory, to explain how local community empowerment occurs or is impeded in the practice of MBG implementation.

### ***C. Community Empowerment***

Community empowerment is defined as a process of increasing access, capacity, participation in decision-making, and the economic self-reliance of community groups that were previously in a disempowered position (Chambers, 1995). The dimension of community participation is elaborated further through the ladder of participation, which distinguishes tokenistic participation from substantive participation that confers genuine control on communities (Arnstein, 1969; Cohen & Uphoff, 1980). The Chambers framework is used as the second main theory in this study because local community empowerment rather than policy implementation alone is positioned as the primary focus of the research findings.

### ***D. Conceptual Framework and Research Propositions***

The conceptual framework of this study is built on the premise that the success of public policy is determined not solely by the quality of its formulation, but by how the policy is implemented at the local level. The MBG policy is translated through an implementation process (the six Van Meter and Van Horn variables), the quality of which is shaped by the dynamics of collaborative governance (the four Ansell and Gash variables) among government agencies (OPD), SPPG, schools, MSMEs/suppliers, and parents/communities. The maturity of collaborative governance is a precondition for local community empowerment, which is reflected in community/MSME access, capacity, participation, and economic self-reliance, while simultaneously shaping food safety as a supporting/inhibiting factor of empowerment. Children's nutritional status is positioned as the context of the policy's ultimate goal, rather than as a variable measured causally-clinically in this qualitative study.

Based on this framework, three propositions are advanced: (1) clarity of policy standards and objectives, adequacy of resources, and the quality of collaborative governance jointly determine the extent to which MBG implementation genuinely empowers local communities rather than merely proceeding administratively; (2) the maturity of collaborative governance and the effectiveness of cross-institutional oversight are determining factors for both community participation and food safety, which both function as supporting/inhibiting factors of empowerment; and (3) a sustainable MBG implementation model needs to position local community empowerment as a

core strategy from the planning stage onward, with improved children's nutritional status as the goal context rather than a direct causal claim.

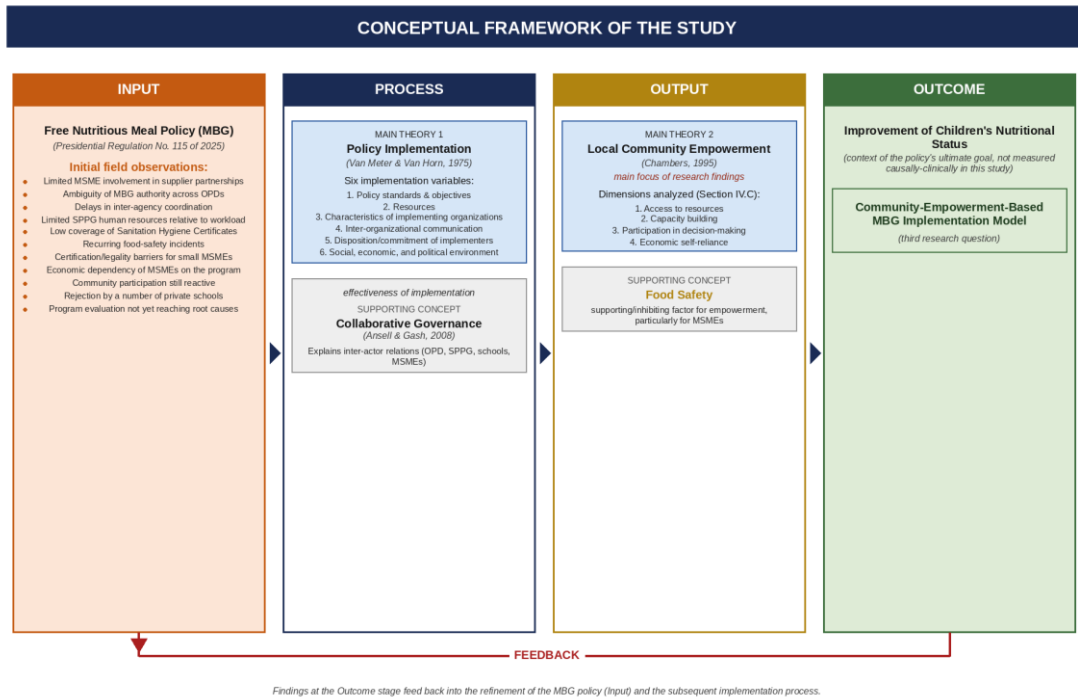


Fig. 2 Conceptual framework of the study

TABLE I PRIOR RESEARCH AND THE POSITION OF THIS STUDY

| Author (Year)                    | Focus                                                    | Method                  | Gap Relative to This Study                                                                    |
|----------------------------------|----------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------|
| Herawati & Sunjaya (2022)        | Cross-sector convergence for stunting reduction          | Qualitative             | Focuses on national-level cross-sector coordination, without community empowerment as a focus |
| Siswati et al. (2022)            | Drivers of stunting reduction                            | Qualitative             | Emphasizes local leadership, without explicitly linking collaborative governance              |
| Noor, Suaedi & Mardiyanta (2023) | Actor strength and interests in collaborative governance | Qualitative case study  | Object is riverside-settlement revitalization, not school-based nutrition policy              |
| Kardina et al. (2024)            | Decentralization and village empowerment                 | Qualitative             | Locus is self-reliant villages; does not address MSME supply chains within nutrition policy   |
| Herdiana (2025)                  | Driving and inhibiting factors of MBG implementation     | Qualitative descriptive | Has not integrated community empowerment as the primary focus of findings                     |
| Mulyani & Maifizar (2025)        | Effectiveness-quality dilemma of MBG expansion           | Literature study        | Conceptual in nature, without primary field data                                              |

Source: Compiled from 22 prior studies (2021–2026), mapped for this study.

The comparison in Table I shows that prior research tends to separate studies of nutrition-policy implementation, collaborative governance, and community/MSME empowerment into distinct objects of inquiry. This study fills that gap by integrating policy implementation (Van Meter & Van Horn, 1975) and community empowerment (Chambers, 1995) as the two main theories, complemented by collaborative governance (Ansell & Gash, 2008) as an analytical tool for inter-actor relations, within a single study of MBG implementation at the city-government level.

## **METHODOLOGY**

### ***A. Research Approach and Design***

This study employs a qualitative approach with a single case-study design featuring embedded units of analysis, because MBG policy implementation is a contextual, multi-actor social phenomenon that cannot be reduced to a purely linear cause-and-effect relationship (Creswell & Poth, 2018). A case study is appropriate when the research questions are framed as “how” questions, the researcher has minimal control over the events under study, and the research focus lies on a contemporary phenomenon within a real-life context (Yin, 2018), as is characteristic of MBG implementation in Bogor City, which was ongoing during the 2025–2026 period. The single case of Bogor City is analyzed through five interrelated units of analysis: the institutional unit (government agencies and the MBG task force), the operational unit (SPPG), the service-recipient unit (schools), the local-economy unit (MSMEs/suppliers), and the indirect-beneficiary unit (parents/school committees).

### ***B. Location, Informants, and Data-Collection Techniques***

The study was conducted within the administrative area of Bogor City, which is divided into six sub-districts: North Bogor, South Bogor, East Bogor, West Bogor, Central Bogor, and Tanah Sareal. Informants were selected using purposive sampling until data saturation was reached, totaling 29 individuals across five actor categories: government-agency officials/staff (5 informants, cross-sub-district) and SPPG managers, school representatives, MSME/supplier actors, and parents/school-committee members (6 informants each, one informant per sub-district). Data were collected through semi-structured in-depth interviews and documentary study of both official secondary data and verified media reporting. To reduce the risk of journalistic bias, media reports were treated as supplementary documentary evidence rather than as stand-alone sources. Relevant online news items were cross-checked, where available, against official government statements, institutional records, and interview accounts to assess the consistency of dates, actors, events, and reported policy responses. Media information that could not be corroborated through these other sources was not used as the sole basis for substantive analytical claims in this study.

### ***C. Data-Analysis Technique and Data Validity***

Data were analyzed interactively following the Miles, Huberman, and Saldaña model, which comprises three concurrent and continuous streams of activity: data condensation, data display, and conclusion drawing/verification

(Miles, Huberman, & Saldaña, 2014). Data validity was tested through four criteria credibility (source and method triangulation), dependability, confirmability, and transferability to ensure that the research findings can be methodologically accounted for.

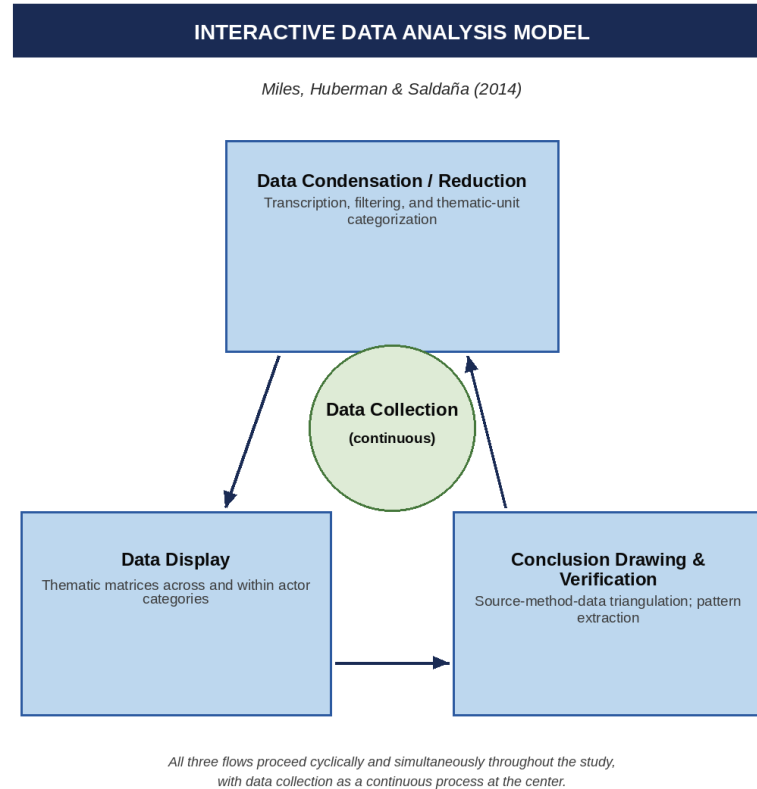


Fig. 3 Interactive data-analysis model (Miles, Huberman & Saldaña, 2014)

## RESULTS AND DISCUSSION

### A. MBG Policy Implementation in Bogor City

MBG implementation in Bogor City has proceeded through a very rapid expansion of service coverage, from 4 SPPG points in February 2025 to 155 SPPG by mid-2026 a roughly 38-fold increase in under a year and a half (IDN Times, 2025; Viva.co.id, 2026) with a final target of 82 kitchens to serve all schools in Bogor City. Analyzed through the six Van Meter and Van Horn variables, policy standards and objectives are documented but are understood variably by implementers; three of the five OPD informants acknowledged gray areas of inter-agency authority. Resources, particularly human resources at the SPPG level, remain limited in a number of units, while the characteristics of implementing organizations show a structure that has already been established but relies heavily on the role of individual kitchen coordinators.

### B. Collaborative Governance and Inter-Actor Relations

Analysis of inter-actor relations using the four Ansell and Gash variables shows significant variation in collaborative-governance maturity across relational pairs. Relations among government institutions (OPD-SPPG, OPD-

Schools) show relatively better collaborative maturity compared with relations involving non-government actors (OPD-MSMEs and Government-Community), which consistently show the lowest maturity. A pattern of being “strong in responding to incidents, weak in routine implementation” recurs in the inter-organizational communication dimension: coordination among the Health Office, Education Office, and hospitals took place in under 24 hours when responding to an alleged food-poisoning incident on 7 May 2025 (Bogor Online, 2025), yet no evidence was found of an institutionalized, routine cross-agency coordination forum outside the context of incidents.

### ***C. Local Community Empowerment and Food Safety***

Local community empowerment is analyzed through four Chambers dimensions: access, capacity building, participation in decision-making, and economic self-reliance. The access and economic self-reliance dimensions are nominally fulfilled MSMEs/suppliers gained partnership access within the MBG supply chain and experienced increased turnover, supported by an affirmative regulatory framework mandating the prioritization of domestic and community-based products. However, the dimensions of structured capacity building and participation in decision-making are not yet fulfilled: MSMEs are positioned as suppliers without being involved in setting standards, and face certification/business-legality barriers. On the food-safety dimension, only about 9 percent of the 55 SPPG analyzed held a Sanitation Hygiene Certificate of Eligibility, a gap that has remained stagnant amid the very rapid growth in the number of SPPG, and two verified food-safety incidents (May and November 2025) confirm that quality assurance has not kept pace with the speed of program expansion.

### ***D. Children's Nutritional Status as the Context of the Policy's Goal***

Consistent with the scope of this study, children's nutritional status is positioned as the context of the policy's ultimate goal, rather than as a variable measured causally-clinically. Secondary data show a declining trend in stunting prevalence in Bogor City, while parent-informants' perceptions of MBG's benefits for children tend to be positive but qualitative-subjective in nature. This study deliberately does not extend its claims beyond what the available data can substantiate, and draws a clear distinction between implementation, output, outcome, and nutritional status, so as not to be tempted to infer health impacts from implementation data or satisfaction perceptions alone.

### ***E. Supporting and Inhibiting Factors of Implementation***

Four supporting factors and ten inhibiting factors of MBG implementation in Bogor City were consistently identified from primary and secondary data (Table II). Supporting factors are concentrated at the macro-political level and in crisis response, whereas inhibiting factors are concentrated at the meso-operational and micro-individual levels, indicating that the constraints on MBG implementation in Bogor City are structural and layered, rather than located at the level of policy design or macro-political support.

**TABLE II SUPPORTING AND INHIBITING FACTORS OF MBG IMPLEMENTATION**

| Category   | Factor                                                                         | Related Dimension                  |
|------------|--------------------------------------------------------------------------------|------------------------------------|
| Supporting | Political and budgetary support from the regional head (target of 82 kitchens) | Social-political environment       |
| Supporting | Rapid cross-institutional response during incidents (< 24 hours)               | Inter-organizational communication |
| Supporting | Reflective and open disposition of implementers                                | Disposition of implementers        |
| Supporting | Affirmative regulatory framework for MSMEs                                     | Community empowerment              |
| Inhibiting | Ambiguity of authority among OPDs                                              | Policy standards & objectives      |
| Inhibiting | Delays in field information flow                                               | Inter-organizational communication |
| Inhibiting | Limited operational SPPG human resources                                       | Resources                          |
| Inhibiting | Food-safety certification gap ( $\approx$ 9% of 55 SPPG)                       | Food safety                        |
| Inhibiting | Recurring food-safety incidents (May & Nov 2025)                               | Food safety                        |
| Inhibiting | Certification/legality barriers and MSME economic dependency                   | Community empowerment              |
| Inhibiting | Community participation that is reactive, post-incident                        | Collaborative governance           |
| Inhibiting | Rejection by some private schools (10 schools)                                 | Social-political environment       |
| Inhibiting | Program evaluation not yet reaching root causes                                | Policy standards & objectives      |

*Source: Compiled by the researchers from interview results and documentary study, 2026.*

#### ***F. Three-Pillar Model for Implementation Improvement***

The synthesis of all findings produces a sufficiently clear empirical pattern to be formulated into an implementation-improvement model, built purely from verified findings rather than as a new theoretical construction. This model rests on three interrelated pillars. The first pillar, strengthening preventive-routine governance, addresses the “strong in crisis, weak in routine” pattern by institutionalizing a cross-OPD coordination forum and an early-reporting system commensurate in strength with the crisis-response mechanism that has already proven effective. The second pillar, quality assurance commensurate with the pace of expansion, addresses the gap between the 38-fold growth in the number of SPPG and the stagnant coverage of sanitation-hygiene certification, by aligning the pace of certification and oversight with the pace of adding service units. The third pillar, substantive empowerment from the planning stage, addresses the finding that MSMEs and communities are still positioned as

passive suppliers/beneficiaries, by opening formal institutional channels for both to participate in setting standards and in decision-making. Such channels could be institutionalized, for instance, through a periodic formal consultation forum bringing together the relevant OPDs, SPPG, schools, MSME representatives, and community representatives; structured MSME representation in routine MBG coordination meetings; and a designated feedback and grievance mechanism through which MSMEs and communities could convey input on procurement and supply requirements, food-safety standards, and certification/legality barriers. These are proposed as feasible institutional arrangements that the Bogor City Government could establish, rather than as mechanisms already in place, consistent with this study's finding that MSME and community participation in standard-setting and decision-making remains limited. The three pillars reinforce one another: preventive-routine governance is a precondition for consistent quality assurance, while adequate quality assurance is a precondition for the safety and trust needed for empowerment to take place substantively.

### ***G. Theoretical and Practical Implications***

Theoretically, this study enriches the Van Meter and Van Horn model by showing that the six implementation variables form a relational pattern of being "strong in crisis response, weak in routine prevention" within the context of school-based nutrition policy in Indonesia a nuance not extensively elaborated in the original framework, which was developed in the context of the United States. This study also shows that the four Ansell and Gash variables need to be analyzed separately for each pair of actor relations, rather than treated uniformly as a single collaboration condition, and strengthens the Chambers framework by showing that the four empowerment dimensions do not always move in the same direction.

Practically, these findings confirm that improving MBG implementation in Bogor City does not require additional new regulation alone, but rather the strengthening of existing institutional mechanisms so that they shift from a reactive pattern toward a preventive-routine one. For the National Nutrition Agency and MBG policymakers at the national level, targets for expanding the number of SPPG in other regions should be accompanied by parallel, measurable targets for strengthening certification and oversight. For designers of affirmative MSME-empowerment policy in general, the regulatory obligation to involve MSMEs needs to be accompanied by active mentoring and simplified administrative requirements for micro and small enterprises.

### **CONCLUSIONS AND RECOMMENDATIONS**

Implementation of the Free Nutritious Meal policy based on local community empowerment in Bogor City has proceeded through a very rapid expansion of service coverage, yet the accompanying local community empowerment remains largely instrumental, and its contribution to improving children's nutritional status cannot be causally established by this study. Supporting factors of implementation rest on political support from the regional head, rapid cross-institutional response during crises, a reflective disposition among

implementers, and an affirmative regulatory framework for MSMEs, while the more dominant inhibiting factors are structural and layered, concentrated at the level of operational coordination and technical execution. A more effective, integrated, and sustainable model of MBG policy implementation based on local community empowerment for Bogor City rests on three pillars: strengthening preventive-routine governance, quality assurance commensurate with the pace of program expansion, and substantive empowerment involving MSMEs and communities from the planning stage onward. The novelty of this study lies in its integration of policy implementation and community empowerment as the two main theories, complemented by collaborative governance as an analytical tool for inter-actor relations, within a single study of community-based social-policy implementation at the city-government level.

Based on these findings, it is recommended that the Bogor City Government institutionalize a routine cross-OPD coordination forum and an early-reporting system equivalent in strength to its crisis-response mechanism; align the pace of sanitation-hygiene certification and oversight with the pace of SPPG expansion; for example, through a periodic consultation forum involving OPDs, SPPG, schools, MSMEs, and community representatives, or a structured feedback and grievance mechanism for procurement, food-standard, and certification/legality concerns and open formal channels for MSME and community participation in setting standards and decision-making from the planning stage of MBG implementation onward.

#### **ADVANCED RESEARCH**

This study has a number of limitations that readers should take into account: field observation did not produce systematic records, so that findings rest on informants' verbal reports; certain data (the complete list of SPPG, Bogor City's specific budget, and coordination-meeting minutes) were not available from verifiable sources; representation of informants in the non-government categories was limited to one per sub-district; and this study deliberately does not claim a causal relationship between MBG implementation and children's nutritional status. Further research is recommended to adopt a longitudinal or quasi-experimental design to fill this causal-evidence gap, to broaden the scope of informants, and to conduct comparative studies across regions with differing patterns of community participation.

#### **ACKNOWLEDGMENT**

The authors would like to thank the Master of Public Administration Study Program, Graduate School of Universitas Djuanda Bogor, and all research informants within the Bogor City Government who generously gave their time and information for the completion of this study.

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