

Implementation Strategy For The Free Nutritious Meal (Mbg) Program In West Bandung Regency: A Case Study Of Cipongkor Nutrition Services Unit (Sppg)

Rahmat Triadi Apriansyah L

Department of Public Administration, NIPA School of Administration Jakarta, Indonesia

Edy Sutrisno

Department of Public Administration, NIPA School of Administration Jakarta, Indonesia

Corresponding author: rahmat.triadi@gmail.com

Abstract

Background: Balanced nutrition fulfillment is the fundamental foundation for human resource development. West Bandung Regency (KBB) faces critical challenges, including an increase in stunting prevalence from 25.1% (2023) to 30.8% (2024)—the highest in West Java—alongside a high incidence of food poisoning during the initial implementation of the Free Nutritious Meal (MBG) program. This condition highlights the urgent need for a comprehensive evaluation of MBG program governance. Objective: This study aims to analyze the factors causing imbalance and inefficiency in the implementation of the MBG program in KBB and to formulate improvement strategies. Method: This study employs a descriptive qualitative approach by applying Edward III's policy implementation theoretical framework (Communication, Resources, Disposition, and Bureaucratic Structure). Data were collected through in-depth interviews with key informants (BGN/KPPG, local government/Task Force, Health Office, Education Office, Cipongkor SPPG managers, nutritionists, and beneficiaries), field observations, and document analysis. Source and technique triangulation were used to validate the data. Results: Program implementation in KBB demonstrates strengthened inter-organizational communication through tiered channels and a clear mapping of the bureaucratic structure between the local government's supervisory authority and BGN Central's executive/sanction authority. The Food Poisoning Outbreak (KLB) served as a turning point that elevated the disposition and commitment of implementers to enforce hygiene standards and accelerate Sanitary Hygiene Certificates (SLHS). However, program effectiveness remains constrained by resource limitations, such as SPPG

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kitchen layouts failing to meet the "one-flow system" standard, limited oversight due to a low personnel ratio, logistical challenges in remote areas, and financial losses for partners caused by raw material price fluctuations without reimbursement mechanisms. Conclusion: The implementation of MBG in KBB requires operational and regulatory refinements. It is recommended that BGN provide menu flexibility based on local food and budget adjustments; local governments recruit Food Safety Specialists and form supply chain audits; and SPPGs add dedicated logistics fleets for remote areas to guarantee food safety and timely delivery.

Keywords: Policy Implementation; Free Nutritious Meal (MBG); Public Policy; Stunting; West Bandung Regency.

INTRODUCTION

Fulfilling balanced nutritional needs is the primary foundation for cultivating healthy, productive, and competitive human capital. However, public accessibility to nutritious food remains heavily constrained by economic limitations, geographical factors, and low nutritional literacy. Financial limitations represent the most substantial challenge, given that Central Statistics Agency (BPS) data recorded a national poverty rate of 8.25% (23.34 million people), with the food poverty line dominating at 74.50%, and rural poverty (10.72%) significantly outstripping urban poverty (6.60%). This high proportion of food expenditure amid economic constraints directly restricts community capacity to secure high-quality food.

Family economic constraints directly trigger stunting due to the inability to provide adequate nutritional intake, particularly during the crucial 1,000 First Days of Life (HPK). Chronic malnutrition from pregnancy until a child reaches two years old not only impairs physical growth and heightens disease vulnerability but also permanently damages cognitive development. Although Indonesian Nutritional Status Survey (SSGI) data indicate a national stunting prevalence drop from 21.5% in 2023 to 19.8%, this figure still encompasses approximately 4.48 million children (1 in 5 children), missing the government's target of 18.8% for 2025.

West Bandung Regency (KBB) possesses a diverse topographical landscape ranging from lowlands to mountainous terrains, supporting a population of 1.91 million. KBB's demographic structure is dominated by the vulnerable 0–14 age group, comprising 463,310 children (24.66%), who represent the primary targets for nutritional interventions. KBB faces a critical situation marked by a spike in stunting prevalence from 25.1% in 2023 to 30.8% in 2024, making it the



highest in West Java Province. This urgency underpins the national priority execution of the Free Nutritious Meal (MBG) program by the central government to optimize the demographic bonus toward *Indonesia Emas 2045*.

Beyond direct health benefits, the MBG program creates a multiplier effect across social and economic domains. Socially, it reduces the financial burden on low-income families, enhances student focus and academic performance, and builds superior human resources to curb future unemployment. Economically, MBG stimulates local supply chains by absorbing agricultural, livestock, fisheries, and MSME products while generating employment from production to distribution. Targetting 61.2 million beneficiaries through 24,368 Nutrition Service Fulfillment Units (SPPG) as of February 2026, the program is projected to reach 82.9 million people by the end of 2026.

Furthermore, the socio-economic structure of West Bandung Regency relies heavily on smallholder agriculture, livestock farming, and traditional markets. The structural implementation of the MBG program introduces both significant economic opportunities and severe operational vulnerabilities to this rural ecosystem. When an SPPG unit requires up to 200 kg of chicken meat and 200 kg of rice daily, it drastically alters local commodity flow. Without well-calibrated local supply chain management, this surge in demand risks causing local food inflation, market distortion, or conversely, supply shortages if local farmers fail to meet stringent BGN quality standards. Thus, evaluating MBG governance in KBB requires examining not only the clinical aspects of nutrition and stunting reduction but also the broader public administration dynamics involving regional economic stability, local vendor absorption, and food security resilience.

However, MBG program implementation encounters critical challenges regarding target data inaccuracy stemming from rapid, unrecorded shifts in student enrollment, risking misallocated logistics and fiscal inefficiency. Financially, the program absorbs massive state budget allocations, reaching IDR 171 trillion in 2025 (with IDR 99 trillion realized), and escalating dramatically to IDR 335 trillion in 2026 (including a contingency fund of IDR 67 trillion). Reinforced by budget efficiency regulations via Presidential Instruction No. 1 of 2025, MBG stands as the largest social program in Indonesian history, whose success heavily depends on field target data accuracy.

Execution is further complicated by severe fiscal burdens and geographic obstacles in remote areas. In KBB, infrastructure limitations in sub-districts like Rongga, Gununghalu,



Cipongkor, Sindangkerta, and Cihampelas impede supply chains, increasing late delivery risks, operational costs, and food spoilage. Furthermore, non-uniform processing standards across SPPGs trigger food poisoning risks and open corruption vulnerabilities via price markups, non-transparent vendor appointments, and collusive practices.

The governance of the MBG program has been suboptimal due to the absence of a comprehensive regulatory framework serving as an operational handbook for SPPGs, leading to inconsistent field standards and monitoring hurdles for the National Nutrition Agency (BGN). This lack of uniformity and procurement transparency exacerbates systemic food safety issues. Consequently, massive recurrent food poisoning incidents occurred—reaching 33,626 victims nationwide by April 2026 according to JPPI data—caused by bacterial contamination (*E. coli* or *Salmonella*), non-fresh raw materials, poor kitchen sanitation, and overloaded SPPG capacity (serving 1,000 to 3,000 students per unit).

Large-scale food processing requires extended cooking times and long distribution chains, rendering storage and temperature control crucial to prevent bacterial proliferation. Without strict Standard Operating Procedures (SOPs), varying SPPG standards compromise hygiene and nutritional quality. This systemic vulnerability was reflected in high poisoning cases between January and September 2025: BGN recorded 4,711 cases centered on Java Island, while CISDI reported a higher count of 6,452 victims by September 21, 2025.

The comparative data between CISDI and BGN regarding provincial food poisoning occurrences during this period are outlined in Table 1.

Table 1. Comparison of MBG Food Poisoning Cases by Province (Data per September 25, 2025)

No	Province	CISDI Data (Victims)	BGN Data (Victims)
1	Banten	28	486
2	Bengkulu	456	467
3	DI Yogyakarta	905	698
4	DKI Jakarta	-	17
5	Jawa Barat (West Java)	2,945	989
6	Jawa Tengah	468	404
7	Jawa Timur	252	22



8	Kalimantan Barat	31	-
9	Kalimantan Utara	59	90
10	Lampung	307	530
11	Maluku	33	-
12	NTB	150	115
13	NTT	305	205
14	Papua Barat	13	6
15	Riau	32	28
16	Sulawesi Barat	20	-
17	Sulawesi Selatan	-	11
18	Sulawesi Tengah	277	359
19	Sulawesi Tenggara	46	7
20	Sulawesi Utara	13	-
21	Sumatera Selatan	271	256

Source: Synthesized from BGN and CISDI Data (2025).

As displayed in Table 1, significant data discrepancies exist between CISDI and BGN records. Nonetheless, both datasets confirm that West Java Province experienced the highest number of food poisoning victims. Furthermore, national monthly trend analyses demonstrate a sharp escalation in cases, peaking in September 2025 with 2,711 reported victims nationwide. In KBB specifically, an outbreak in Cipongkor Sub-district on September 22, 2025, affected 475 students, followed two days later by an additional 500 poisoned students, prompting an Extraordinary Occurrence (KLB) declaration.

To further contextualize the regional distribution within West Java, Table 2 compiles identified victims across regencies and cities.

Table 2. Identified Food Poisoning Victims across Regencies/Cities in West Java (2025)

No	Regency / City	Number of Victims	Percentage Share (%)
1	Kabupaten Bandung Barat	1,171	49.60%
2	Kabupaten Tasikmalaya	400	16.94%



3	Kota Bandung	342	14.48%
4	Kabupaten Bogor	233	9.87%
5	Kabupaten Sukabumi	85	3.60%
6	Kabupaten Cianjur	78	3.30%
7	Kabupaten Kuningan	30	1.27%
8	Kabupaten Bandung	12	0.51%
9	Kabupaten Garut	10	0.43%
Total	Identified Victims	2,361	100.00%

Source: Compiled from INDEF (2025) and National Media Reports (2025).

As shown in Table 2, West Bandung Regency recorded 1,171 victims, representing nearly half (49.60%) of all identified victims in West Java Province. This massive outbreak highlights the urgent necessity for a comprehensive evaluation of food safety, sanitation, and operational oversight within the MBG program. Consequently, this study addresses two central research questions:

1. Why has the implementation of the MBG program in West Bandung Regency not operated effectively?
2. What implementation strategies should be adopted in West Bandung Regency to ensure effective program outcomes?

THEORETICAL STUDY

Public Administration and Policy Frameworks

Public administration encompasses the execution of legal products generated by legislative, executive, and judicial bodies, spanning policy formulation through evaluation (Denhardt et al., 2022; Kasim, 1993). Public policy represents a structured series of government decisions designed to address public problems and enhance societal welfare (Dunn, 2018; Dye, 2018; Nugroho, 2017). According to Nugroho (2003), the public policy cycle consists of formulation, implementation, and evaluation.

Policy Implementation and Strategic Management

Policy implementation translates formal decisions into practical actions using organizations, resources, procedures, and actors (Birkland, 2020; Hill & Hupe, 2022; Jones, 1991). Well-formulated policies remain inert archived documents unless executed effectively (Wahab,

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2008). Strategic management in the public sector bridges conceptual design, field execution, and environmental adaptation (Hendro & Rahayu, 2021; Suherman, 2022). It integrates the Market-Based View (external positioning) and Resource-Based View (internal asset optimization) (Porter, 2021; Suherman, 2022).

Free Nutritious Meal (MBG) Interventions

MBG represents a public policy intervention providing free balanced meals to students, pregnant women, and lactating mothers to combat chronic malnutrition and stunting (Kementerian Kesehatan RI, 2024; Merlinda & Yusuf, 2025). Global models vary between universal coverage and targeted schemes, depending on state capacity and institutional support (Turner et al., 2019; Zuercher et al., 2024).

Edward III's Implementation Model

This study utilizes George C. Edward III's policy implementation theory, analyzing four critical variables:

1. **Communication:** Clarity, consistency, and transmission of policy standards and guidelines.
2. **Resources:** Budgetary support, human resource competence, infrastructure adequacy, and logistics.
3. **Disposition:** Implementer commitment, attitudes, and incentives toward policy enforcement.
4. **Bureaucratic Structure:** Organizational hierarchy, Standard Operating Procedures (SOPs), and fragmentation of responsibility.

To complement Edward III's policy implementation model, this study incorporates the concepts of Administrative Burden (Moynihan et al., 2015) and Public Sector Supply Chain Risk Management (Bryson et al., 2023). Administrative burden framework evaluates the learning, compliance, and psychological costs experienced by both policy implementers (SPPG managers, school teachers, and vendors) and targeted beneficiaries. In the context of MBG implementation, compliance costs manifest in the arduous licensing procedures for Sanitary Hygiene Certificates (SLHS), whereas psychological costs are evident in the panic and trust erosion among parents following food poisoning outbreaks. Simultaneously, supply chain risk management provides an



analytical lens to identify single points of failure in perishable food distribution, temperature control protocols, and vendor reimbursement mechanisms.

RESEARCH METHODOLOGY

Study Location and Informants

This qualitative case study was conducted in West Bandung Regency (KBB), focusing on the Cipongkor Nutrition Services Unit (SPPG). Key informants were selected via purposive sampling based on authority and direct involvement, as detailed in Table 3.

Table 3. Breakdown of Key Informants

Informant Group	Stakeholder Entity	Primary Data Role / Focus Area
Regulators & Supervisors	BGN / KPPG Bandung, Local Govt Task Force (Asst. III), Health Office, Education Office	Policy guidelines, regional oversight, licensing (SLHS, PBG, IPAL), and school data.
Operational Managers	Head of Cipongkor SPPG, Partner/Foundation Managers, Procurement Staff	Kitchen operations, supply chain, worker recruitment, and budget execution.
Technical Specialists	Puskesmas Nutritionists, Food Safety Inspectors, Sanitation Officers	Lab testing, meal menu design, hygiene audits, and rectal swab screening.
Local Suppliers	Local Farmers, BUMDes, MSME Food Vendors	Raw material delivery, contract terms, and price fluctuation impacts.
Beneficiaries	School Teachers, Parents, Student Recipients	Meal distribution schedules, food safety perception, and economic impact.

Source: Field Research Inventory (2026).



Data Collection and Analytical Technique

Data were gathered through in-depth semi-structured interviews, direct field observations of SPPG kitchen workflows, and document analysis (Juknis 401.1, regional regulations, and lab reports). Data credibility was assured using source and technique triangulation. Analysis followed the interactive model of data reduction, narrative/matrix data display, and verified conclusion drawing.

RESULTS AND DISCUSSION

Communication Variable

Inter-organizational communication transitioned from chaotic individual messaging to structured, tiered channels. KPPG Bandung, overseeing 232 operational SPPGs, established daily WhatsApp groups, regular Zoom meetings, and formal instruction chains from Regional Directors down to SPPG Heads. However, initial execution exhibited "lagging compliance," where SPPGs operated prior to securing basic permits (SLHS, PBG, and IPAL). In response, the Local Government Task Force enforced a binding Statement Letter giving SPPGs a 3-to-7-day deadline to meet compliance.

Vertical communication between the Health Office and SPPG managers was initially obstructed by non-binding central rules. The 2025 food poisoning outbreaks acted as a feedback loop, forcing central BGN to issue mandatory SLHS regulations. The Education Office resolved early spatial mapping disconnects caused by unauthorized coordinate trading by implementing packaging labeling that details nutritional content and expiration hours. At the kitchen level, Cipongkor SPPG formalized supply contracts (MoU) with local vendors, specifying delivery times (19:00 or 02:00–03:00 WIB) to prevent raw material degradation.

Resources Variable

Resource constraints heavily impair program efficacy. Many initial SPPGs operated in renovated buildings under 600 m², failing to establish a "one-flow system" and creating severe cross-contamination risks. While state-appointed SPPG Heads handle oversight and prohibited procurement involvement, private partners manage budget execution and volunteer recruitment.

Local government monitoring relies on periodic sample testing (6 to 8 SPPGs per quarter) due to severe personnel shortages. In education, distribution to remote southern sub-districts



(e.g., Rongga and Cipeundeuy) requires motorbikes due to impassable roads. Partner vendors face severe budget deficits caused by seasonal market price spikes (e.g., vegetables and cooking oil) without central reimbursement mechanisms, forcing them to absorb financial losses.



Figure 1. Operational Supply Chain and Hygiene Workflow at Cipongkor SPPG
(Source: Field Research Analysis, 2026).

Disposition Variable

The KLB poisoning outbreak catalyzed a dramatic shift in implementer disposition from passive compliance to strict enforcement. BGN leadership instituted daily 02:00 AM Zoom roll calls to monitor critical cooking phases across SPPGs. BGN also shifted targeting criteria, excluding affluent schools to prioritize vulnerable children, pregnant mothers, and toddlers.

Local government enforcement threats (operational suspension) transformed SPPG managers' initial resistance into active cooperation regarding SLHS certification. Schools displayed high enthusiasm due to reduced family economic burdens, taking operational discretion to halt classes temporarily upon meal arrival to ensure immediate consumption. Health

centers (Puskesmas) enforced a zero-tolerance policy, requiring complete Personal Protective Equipment (PPE) and mandatory rectal swab screening for all kitchen volunteers.

Bureaucratic Structure Variable

To illustrate the distribution of bureaucratic authority and administrative responsibilities between central and regional government entities, Table 4 synthesizes the governance matrix operating in West Bandung Regency.

Table 4. Governance and Authority Division Matrix for MBG Program in KBB

Bureaucratic Entity	Primary Authority & Legal Scope	Operational Responsibilities	Enforcement & Sanction Power
National Nutrition Agency (BGN Central)	Sole legal owner of the national program; policy maker; budget allocator.	Issues Juknis 401.1; manages budget disbursement; sets national nutritional standards.	Holds exclusive authority to suspend, terminate, or revoke SPPG operational licenses.
KPPG Bandung (Regional Office)	Regional supervision over 232 SPPGs across assigned regencies.	Conducts daily 02:00 AM roll calls; verifies field reports; coordinates regional logistics.	Recommends operational suspensions to BGN Central based on audit findings.
KBB Local Govt Task Force (Pemda)	Technical health, environmental, and spatial safety oversight.	Issues SLHS, IPAL, and PBG permits; conducts joint monitoring and sampling tests.	Issues 3-to-7-day compliance letters; recommends operational halts to BGN.

Health Office & Puskesmas	Public health protection, food safety inspection, and epidemiology.	Conducts IKL audits, water/food lab tests, rectal swab screenings, and KLB response.	Issues technical recommendation letters for SLHS certification.
Education Office & Schools	Beneficiary target mapping and daily meal distribution.	Provides Dapodik student data; manages classroom distribution; enforces hygiene habits.	Passive beneficiary role; reports food quality complaints via digital links.

Source: Synthesized from Field Research and Official Task Force Decrees (2026).

Clear division of authority governs the program. Local Government retains technical health and environmental oversight (issuing SLHS, IPAL, and PBG permits), whereas central BGN holds sole legal operational authority and sanction execution. Sanction enforcement functions via a tiered protocol: Task Force audit findings lead to a 3-to-7-day compliance commitment letter, KPPG verification, and ultimate operational suspension by central BGN.

To streamline regional operations, a Regent Decree established the KBB MBG Task Force under the Assistant for Economy and Development. The Health Office digitized SLHS licensing through the DPMPSTSP dashboard, requiring field verification before permit issuance. However, bureaucratic gaps remain: current structures lack supply chain inspection teams to audit vendor production sites, and central digital reporting dashboards remain unstable.

CONCLUSION

The implementation of the Free Nutritious Meal (MBG) program in West Bandung Regency demonstrates strengthened inter-organizational communication and a clear division of bureaucratic authority. However, program effectiveness remains severely hampered by infrastructure deficits (kitchens lacking a one-flow system), low supervisor-to-unit ratios, logistical bottlenecks in mountainous terrains, and uncompensated financial losses for local



vendors. The 2025 food poisoning outbreak served as a critical turning point that heightened implementer disposition, forcing rigid hygiene enforcement and permit acceleration.

FUTURE DIRECTIONS / RECOMMENDATIONS

To ensure long-term sustainability and food safety, the following policy strategies are recommended:

1. **Central BGN Regulatory Flexibility:** BGN must grant menu flexibility utilizing local food commodities (e.g., tubers and local fish), establish budget buffer mechanisms for market price fluctuations, and stabilize integrated real-time digital dashboards.
2. **Local Government Capability Enhancement:** KBB Local Government should recruit dedicated Food Safety Specialists, establish supply chain audit teams, and streamline SLHS/IPAL inspection workflows.
3. **SPPG Logistics and Operational Adjustments:** SPPGs should acquire dedicated all-terrain logistics fleets for remote areas, enforce the 4-hour consumption window, and formalize school committee oversight to rebuild public trust.

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