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Assessing Free Nutritious Meals Implementation in South Buru Regency

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ABSTRACT

This study assesses Indonesia's Free Nutritious Meals (MBG) program in South Buru Regency through six policy implementation dimensions. A descriptive survey conducted in 2026 involved 80 response records and 36 five-point questionnaire items, with a purposive quota design covering six stakeholder categories. Descriptive statistics and internal-consistency tests were recalculated from anonymized item-level records. Cronbach's alpha ranged from 0.804 to 0.869. The overall mean was 3.616 (good). Policy standards and objectives (3.815) and implementer disposition (3.788) ranked highest; resources (3.404) and economic, social, and political conditions (3.473) ranked lowest. Transportation (3.350), nutrition personnel (3.375), and coordination with local health services (3.562) were comparatively less favorably assessed. The findings support prioritizing delivery logistics, technical personnel, beneficiary verification, and cross-agency coordination. As a cross-sectional descriptive survey, the study characterizes stakeholder assessments rather than demonstrating changes in nutritional status or stunting prevalence.

Keywords: *Free Nutritious Meals; Policy Implementation; Program Evaluation; South Buru*

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INTRODUCTION

Indonesia's Free Nutritious Meals program (Makan Bergizi Gratis, MBG) combines nutrition provision with a complex chain of beneficiary identification, procurement, food preparation, distribution and oversight. Its implementation is a public-administration problem because centrally defined service expectations must be translated into decisions by nutrition-service units, schools, local government and health-service actors. Assessing these arrangements requires attention to the operating system rather than assuming that the number of meals distributed is evidence of nutritional impact.

South Buru Regency is a relevant setting for assessing the practical conditions of program delivery. The geographic dispersion of settlements creates demands for transport, verification and coordination. Local delivery was publicly reported on 24 February 2025, when 2,408 pupils at 12 schools in Namrole received meals (Kodim 1506/Namlea, 2025). A provincial Bangga Kencana priority-program presentation reported 622 individual recipients in the three maternal and early-childhood groups (3B) by July 2026: 546 children under five, 21 pregnant women and 55 breastfeeding mothers (Provincial Priority Programs Briefing, 2026). The presentation is an externally hosted copy of a provincial administrative briefing and is treated as contextual reporting rather than an independent impact estimate. These figures serve only as program context; they are not respondent-survey observations or estimates of district-wide coverage.

The Buru Selatan government's regional planning document also reports locally administered stunting indicators for 2022–2024 (Government of South Buru Regency, 2025). Those figures are excluded from this article's outcome analysis because their underlying measurement system and denominator have not been established as comparable to national survey prevalence, and they predate the current program's implementation. No verified post-intervention child anthropometry series was supplied. Consequently, this study examines administrative implementation assessments, not the program's causal effect on stunting.

Implementation research provides several competing reasons why a nutrition program may perform unevenly. Van Meter and Van Horn (1975) emphasize the combined roles of policy objectives, resources, organizational characteristics, communication, implementation attitudes and the wider environment. Emerson et al. (2012) explain how sustained cross-boundary arrangements can support shared decisions; their framework informs the interpretation of coordination but is not used as an additional survey construct. The distinction is relevant because favorable agreement with program goals may coexist with delivery limitations.

Studies of school feeding show why process findings should not be equated with health outcomes. Wang et al. (2021) synthesized educational and health effects across low- and middle-income settings but also described variation between interventions and outcomes. Wall et al. (2022) concentrated on educational outcomes in African schoolchildren, while Liguori et al. (2024) assessed the pathways through which publicly procured school meals may affect nutrition. Raveenthiranathan et al. (2024) reviewed Indian school-lunch evidence and showed the importance of defining the outcome measured. Locke et al. (2025) mapped broader health and wellbeing outcomes and reinforced the need for outcome-specific evidence.

Indonesian studies similarly point to implementation arrangements. Herawati and Sunjaya (2022) examined how convergence policy was implemented at local level; Sufri et al. (2024) identified organizational challenges in district stunting-reduction coordination. Suprapto et al. (2025) reviewed early MBG implementation and noted that nutritional impact evidence remained limited. Shiddiq and Effendi (2025) analyzed strategic constraints on MBG as a human-resource intervention. Babo et al. (2026) examined delivery and governance problems at a Jakarta school, including unclear duties. Lawalata et al. (2026) documented the imbalance between hierarchical control and local horizontal coordination in a border

area. These studies support examination of implementation conditions without presuming identical constraints across regions. Hermawan and Pusparani (2024) examine stunting policy implementation in Cirebon City; Pora et al. (2025) consider the opportunities and challenges of the MBG rollout; and Sadek et al. (2025) analyze district-level stunting policy implementation in Majene.

The present study differs from these accounts by comparing the same six implementation dimensions using 36 standardized items and 80 anonymous response records in South Buru. The research asks: RQ1, how do participants assess the six dimensions overall; RQ2, which dimensions and specific indicators receive relatively lower scores; and RQ3, what implementation priorities can be justified by the observed pattern? A distinction is maintained between survey findings, external program reports and proposed management indicators.

The analytical focus is deliberately narrower than a clinical assessment of stunting prevention. Policy implementation is observed through assessments of clarity, resources, communication, institutional arrangements, dispositions and contextual suitability. Stunting, by contrast, requires repeat anthropometric observations with an appropriate reference population and careful attention to age, exposure and concurrent services. Distinguishing these levels avoids a category error in which a favorable implementation score is treated as proof of improved child growth. The study contributes a structured baseline for public administration by identifying which aspects of the service chain merit closer examination in an island district.

METHODS OF RESEARCH

This research uses a cross-sectional descriptive quantitative approach based on 80 anonymized respondent records associated with MBG implementation in South Buru Regency, Maluku Province. Questionnaire data were compiled in 2026. The retained anonymized records do not contain calendar dates for individual responses, preventing a more precise description of the collection window; no dates are inferred from unrelated program activities. The unit of analysis is the participating implementer or stakeholder's assessment, not the meal recipient or the village.

Purposive quota sampling was specified to include organizations with direct knowledge of the program. The predefined quota consisted of SPPG personnel (16), district agencies (12), Puskesmas/nutrition personnel (14), schools (18), Posyandu/cadres (10) and subdistrict/village authorities (10), totaling 80 planned places. All 80 response records are available in the anonymized item-level dataset, but the item-level export lacks respondent-category fields. Accordingly, the intended quotas can be described, while their realized fulfillment, eligible sampling frame and response rate cannot be independently verified from the available files. Generalization beyond these respondents is not supported.

Table 1. Planned Stakeholder Quota and Evidence Status

Stakeholder Category	Planned Number
SPPG personnel	16
District agencies	12
Puskesmas / nutrition personnel	14
Schools	18
Posyandu / community cadres	10
Subdistrict / village government	10
Total planned	80

Source: Research sampling plan and anonymized 80-response dataset, 2026

The 36-item questionnaire uses a five-point Likert agreement scale (1 = strongly disagree; 5 = strongly agree). Six positively worded items measure each dimension: (1) standards and objectives, (2) resources, (3) interorganizational communication, (4) characteristics of implementing agencies, (5) implementer disposition and (6) economic, social and political conditions. Higher scores indicate more favorable assessments. Mean scores and standard deviations were recomputed from the item-level tabulation. The interpretation bands used in the research are 1.00–1.80 very poor, 1.81–2.60 poor, 2.61–3.40 fair, 3.41–4.20 good and 4.21–5.00 very good.

Internal consistency was checked by recomputing Cronbach's alpha from the 80 × 36 matrix. Alpha was 0.830 for standards, 0.826 for resources, 0.850 for communication, 0.847 for agency characteristics, 0.804 for disposition and 0.869 for environment. These estimates concern score consistency and do not independently establish construct validity, causal identification or representativeness. No inferential causal model or pre/post effectiveness test was conducted.

Documentary context was drawn from a purposive set of publicly accessible records relevant to the district and 2025–2026 program delivery: the district's RKPD 2026, a Kodim Namlea field report on initial school distribution, a provincial priority-program presentation on 3B recipients, and a BPKP Maluku report on an oversight review. Records were selected for geographic relevance, reporting date, identifiable issuer and information about beneficiary counts, program delivery or accountability. Each was reviewed for publication year, issuing institution, unit of measurement, geographic scope and the type of claim supported. Contextual statements were coded as service reach, administrative verification or oversight and were kept separate from survey means. The provincial presentation's externally hosted copy and the incomplete metadata of the district stunting series are acknowledged limitations.

For reproducibility, the six domain means were calculated by averaging each respondent's six item responses within a domain, then averaging the resulting 80 respondent scores. The overall score was computed from all 36 equally weighted items. Standard deviations summarize respondent-level domain-score variation. Cronbach's alpha was recalculated separately for each six-item block, without interpreting alpha as evidence that the framework captures all relevant policy mechanisms. Item-level distributions were checked for scoring direction and missing entries in the retained matrix. The quantitative and documentary streams were compared by topical relevance rather than pooled into a single numeric index.

RESULTS AND DISCUSSION

Results

RQ1: Implementation Profile Across Six Dimensions

The mean of all 36 items was 3.616, within the pre-specified "good" band. Table 2 presents the six dimension-level means and standard deviations recomputed from the 80 respondents. Policy standards and objectives (3.815) ranked first and implementer disposition (3.788) ranked second. Resources (3.404) had the lowest mean, followed by the economic, social and political environment (3.473). The resource mean lies close to the fair/good threshold; the shared category label therefore should not be interpreted as identical implementation readiness across dimensions.

The difference between standards (3.815) and resources (3.404) is 0.411 points. This numerical gap is descriptive and was not subjected to a hypothesis test. It nevertheless reveals an implementation pattern: approval of goals and delivery standards does not imply equivalent confidence in available staff, transport and facilities. The relatively favorable disposition score is likewise an attitudinal assessment, not an independent audit of behavior.

Table 2. Respondent Assessments by Implementation Dimension (n = 80)

Implementation dimension	Mean	SD	Rank
Policy standards and objectives	3.815	0.474	1
Implementer disposition	3.788	0.434	2
Interorganizational communication	3.623	0.497	3
Implementing agencies	3.592	0.500	4
Economic, social and political context	3.473	0.533	5
Resources	3.404	0.474	6
Overall (36 items)	3.616	—	—

Note: Mean and SD are descriptive, not population estimates. Source: Authors' recalculation from 80 anonymized questionnaire records, 2026.

Response distributions further qualify the averages. Agreement and strong agreement accounted for approximately 70.42% of assessments of policy standards and 70.21% of implementer disposition. For resources, the corresponding proportion was 45.83%, with neutral responses accounting for 47.08%; for the environment, positive and neutral responses were approximately 47.71% and 46.67%. These are descriptive proportions across questionnaire items rather than independently sampled service users. The high neutral shares in the two lowest-rated dimensions provide a stronger basis for requesting a closer capacity assessment than for asserting that the program has failed.

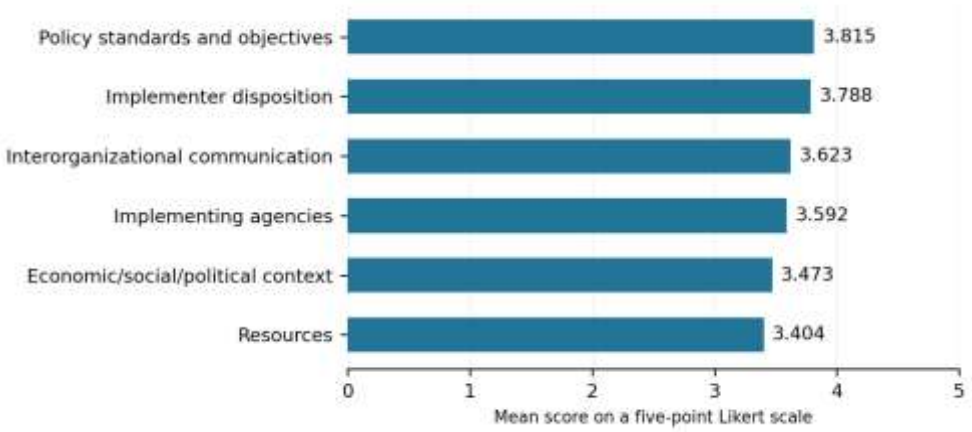

Figure 1. Mean implementation scores by dimension (n = 80)
Source: *Authors' survey calculations, 2026*

RQ2: Relatively Lower-Rated Dimensions and Indicators

Resources recorded the lowest dimension mean. Distribution transport scored 3.350, and nutrition-personnel availability scored 3.375, both within the fair band. These scores reflect participating stakeholders' perceptions of operational sufficiency; they do not establish an audited shortage of vehicles or nutritionists. The archipelagic setting makes these two domains especially appropriate for follow-up verification because service schedules and food safety depend on travel feasibility and qualified technical oversight.

Interorganizational communication averaged 3.623. The item concerning coordination with Puskesmas and Posyandu for 3B groups (3.562) was the lowest communication item, despite remaining in the good band. Respondents assessed agency task-division clarity at 3.513, the lowest within the characteristics-of-implementing-agencies dimension. For the environment, community acceptance was rated 3.400, the lowest of the dimension and at the upper edge of the fair category. The neutral response share for this item was substantial, so the result should not be interpreted as demonstrated public rejection.

Table 3. Lowest-Rated Questionnaire Item Within Each of the Six Dimensions

Dimension	Lowest-rated item	Mean	Band
Policy standards and objectives	S1: Goals understood	3.750	Good
Resources	SD4: Distribution transport	3.350	Fair
Interorganizational communication	K4: Puskesmas/Posyandu coordination	3.562	Good
Implementing agencies	KP1: Clarity of task division	3.513	Good
Implementer disposition	D1: Understanding program purpose	3.725	Good
Economic/social/political context	L4: Community acceptance	3.400	Fair

Note: Selection rule: minimum item means in each dimension; "lowest" is relative and does not necessarily mean poor. Source: Authors' recalculation from the six 80 × 6 questionnaire blocks, 2026

The selection criterion is a descriptive comparison within dimensions. Several items fall in the good category and should be treated as comparatively lower, not as evidence of objective service failure. The table gives one comparable signal for each measured dimension instead of selectively combining unfavorable and favorable items under a single deficiency label.

The lowest-scoring item differs in substantive meaning between dimensions. The goal-understanding item indicates a comparatively less favorable assessment of clarity, whereas the transport and personnel items concern inputs necessary for daily food delivery. The coordination item concerns the connection with health services for frequently changing 3B eligibility; task division describes organizational accountability; and community acceptance reflects a perceived social condition. These categories should not be collapsed into one generic implementation obstacle because their corrective actions and evidentiary requirements differ. The table is therefore intended as a diagnostic ranking, not a statistical test of which factor has the largest causal effect.

Interpreting the Resource and Coordination Pattern

The resource findings suggest verifying specific delivery conditions before prescribing investment. A route-level audit could document delivery distance, travel time, missed service days, storage arrangements and the availability of nutrition personnel per SPPG. Such indicators were not measured by the questionnaire. They follow from the lower-rated transport and nutrition staffing items and would allow managers to distinguish actual capacity shortages from uncertainty among respondents.

For 3B service, the SPPG–Puskesmas–Posyandu interface deserves attention. Schools have relatively stable enrolment lists and predictable schedules, while pregnancy, breastfeeding and toddler eligibility change over time. A shared protocol for updating recipient records, resolving duplicate entries, reporting non-delivery and protecting personal information would respond directly to the comparatively lower coordination item. This is an administrative inference from the survey, not evidence that such a protocol was absent at all service sites.

Operational verification should begin with a responsibility map covering data preparation, eligibility checking, menu approval, procurement, cooking, quality control, distribution and grievance handling. Responsibility should be attached to each decision point rather than assigned vaguely to a single institution. A change in beneficiary status, for example, requires an identified data origin, a defined approval route and an auditable record that the change reached the distribution roster. This example is proposed as a management check; the current survey does not show that any particular office failed to perform it. Such differentiation is necessary because the weakest survey items concern both physical delivery capacity and interorganizational handoffs.

BPKP Maluku's public report documents an oversight review at SPPG Namrole Wali from 18 May to 12 June 2026, focusing on beneficiary-data verification and procurement procedures (BPKP Maluku, 2026). It is used here as independent contextual evidence that verification and accountability were objects of formal scrutiny. The report does not verify the survey's reported constraints or establish an audit finding of financial mismanagement. The provincial 3B figure likewise records people served in a specific reporting period but cannot be converted into a percentage of at-risk families because the source counts use different denominators (Provincial Priority Programs Briefing, 2026).

Positioning the Findings within Prior Research

The pattern aligns with the central distinction made by Van Meter and Van Horn (1975): standards can be clear while resources and local conditions constrain implementation. Suprapto et al. (2025) similarly identified the need to align MBG targeting, logistics and outcome monitoring. Hadinata (2026) analyzed fiscal and institutional tensions associated with rapid MBG implementation, while Kausar (2026) warned that meals distributed alone are an insufficient performance metric. The South Buru dataset does not test these theories causally, but its six-dimensional descriptive profile identifies where implementation assessment is less favorable.

The comparison with national policy reviews also clarifies the unit of inference. Suprapto et al. (2025) examine policy design, food-safety logistics and monitoring at national scale, while Hadinata (2026) emphasizes fiscal sustainability and institutional design. Kausar (2026) discusses the risks of expanding recurrent spending without matched verification and outcome reporting. The South Buru survey does not estimate those fiscal risks, nor does it test the national studies against a representative sample of households. Its added information concerns the differentiated perceptions of six implementation dimensions at a district delivery interface.

Results from other settings offer useful contrasts rather than identical explanations. Babo et al. (2026) described operational responsibilities and facility limitations in a Jakarta implementation study, while Lawalata et al. (2026) identified limitations in horizontal interactor coordination in a border context. In South Buru, coordination is rated good overall, but 3B health-service coordination is comparatively lower. The local priority therefore concerns improving a particular handoff rather than assuming that every interorganizational relationship is dysfunctional. Shiddiq and Effendi (2025) likewise stress the relationship between program design and durable implementation capacity.

Nutrition review evidence also cautions against overstatement. Liguori et al. (2024) emphasize procurement and delivery pathways, whereas Locke et al. (2025) document the diversity of health and wellbeing outcomes studied. Wang et al. (2021) and Wall et al. (2022) report evidence on child outcomes from school-feeding programs, but those findings cannot substitute for observed child outcomes in South Buru. Herawati and Sunjaya (2022) and Sufri et al. (2024) further illustrate that stunting prevention depends

on coordinated public-health action. The present findings remain implementation assessments, not an estimate of nutritional effects.

Evidence-Linked Management Priorities

The survey results point first to validating transport and nutrition-staff capacity, then to clarifying responsibilities and strengthening the information interface for 3B recipients. Proposed management indicators are separated in Table 4 into processes, outputs and outcomes. None of these proposed performance indicators is reported as a directly observed outcome of the present survey. This distinction prevents implementation recommendations from being misrepresented as empirical results.

Program managers can make the proposed indicators decision-oriented. A delivery record should distinguish planned and completed service days, late delivery, unserved locations, and the reason for each interruption. Personnel records should distinguish the presence of a nutrition worker from documented coverage of menu and food-safety review. A verified recipient register should show the date and source of each change without exposing personal health data in public reports. These examples identify what subsequent administrative evidence would be needed to investigate concerns raised by the questionnaire; they do not retroactively convert perceptions into audited performance measures.

Table 4. Proposed Monitoring Indicators Linked to Observed Survey Concerns

Measure	Concern	Proposed indicator
Process	Transport / nutrition staffing	Route times; missed delivery days; qualified personnel availability
Process	3B recipient verification	Frequency of roster updates; disputed entries resolved
Output	Service continuity	Verified recipients; completed scheduled deliveries
Outcome (future study)	Nutrition / growth	Repeated measured nutritional status with suitable comparison

Note: Indicators are recommendations and were not measured. Source: Authors proposed monitoring framework based on questionnaire results, 2026

An implementation review would also benefit from reporting these proposed indicators by service route or subdistrict rather than only as district averages. Such disaggregation could reveal locally specific transport and communication conditions without weakening nationally defined food safety or eligibility expectations. A follow-up design should compare operational records and beneficiary experience with the perception measures presented here.



Figure 2. Proposed implementation-monitoring sequence.
Source: *Authors' synthesis from the South Buru questionnaire, 2026*

Study Limitations

The 80 observations were collected by a purposive quota design, with no verified list of all eligible participants; findings cannot be generalized probabilistically. The dataset contains no organization-level

identifiers for checking the realized quota, and the fieldwork records give the year 2026 but not the exact survey dates. Questionnaire responses report perceptions and do not directly measure delivery times, nutritional content, administrative compliance, service quality or child anthropometry. The contextual documents come from different institutions and reporting periods, including an externally hosted provincial briefing; they do not create a longitudinal comparison. These limitations preclude causal claims about the program's effect on stunting or broader population outcomes.

A stronger follow-up evaluation would retain respondent-role labels in de-identified form, preserve the complete fieldwork timetable, and sample recipients separately from program operators. The design could combine operational logs, route-level accessibility measures, independently checked food safety records and health-service updates with repeated nutritional measurements. Institutional records would support process evaluation, while anthropometric outcomes would require a design that separates exposure to MBG from other services, household conditions and age-related changes. Until then, the descriptive findings should be used to select verifiable operational questions rather than make unsupported impact claims.

CONCLUSION

For RQ1, participants assessed MBG implementation in South Buru as good overall (mean 3.616), with policy standards (3.815) and implementer disposition (3.788) highest. For RQ2, resources (3.404) and the economic, social and political context (3.473) ranked lowest; transport (3.350), nutrition staffing (3.375) and 3B health-service coordination (3.562) were relevant lower-rated items. For RQ3, the most defensible priorities are to verify logistics and staffing conditions, update recipient information systematically, clarify handoff responsibilities and monitor delivery by location. These findings refer to stakeholder assessments, not a demonstrated effect on stunting. Subsequent studies should document fieldwork dates, verify stakeholder participation and link operational records to appropriate nutritional outcome measures.

AUTHOR CONTRIBUTIONS

Ananta Mutiara Nyio: conceptualization, investigation, data curation and initial drafting. Zainal Abidin Rengifurwarin: academic supervision and conceptual guidance. Hengky Virgo Richardo Pattimukay: academic supervision and methodological guidance.

CONFLICT OF INTEREST

The authors declare no conflict of interest regarding the publication of this article.

ARTIFICIAL INTELLIGENCE (AI) USE STATEMENT

Generative AI tools assisted with English-language editing, organization and formatting. The research findings were derived from anonymized respondent data, and responsibility for the content rests with the authors.

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