

# APPLYING AN IMPLEMENTATION RESEARCH LENS TO INDONESIA'S FREE NUTRITIOUS MEAL PROGRAM

## *Aplikasi Riset Implementasi untuk Program Makan Bergizi Gratis Indonesia*

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## Abstract

**Background:** The Makan Bergizi Gratis (MBG, or free nutritious meal) program was designed by the Indonesian government to enhance community nutrition, particularly for students. Ensuring the effective implementation of programs is essential to achieving various objectives. In general, implementation research serves as a method to identify implementation determinants, formulate strategies, and assess outcomes within the specific context of the MBG program.

**Aims:** Therefore, this research aims to investigate the potential use of implementation research methodology for improving the MBG program.

**Methods:** Research in the area may rely on the application of frameworks, theories, and models within implementation science. The methodology covered three areas: 1) delineation of the implementation process; 2) identification of factors affecting implementation, and 3) assessment of implementation outcomes. The research can concentrate on the phases of formulating implementation strategies and converting research into practice during the identification of the implementation process.

**Results:** Further opportunities for inquiry include investigating the factors influencing implementation, the effectiveness-implementation hybrid design, outcomes of implementation, economic evaluation, and the phases of scaling up the strategies within the MBG program.

**Conclusion:** The active role of end-users can help ensure that the results are relevant and applicable in practice, thereby increasing the possibility of adoption.

**Keywords:** Free nutritious meals, implementation science, perspectives, school-based program.

## Abstrak

**Latar Belakang:** Program Makan Bergizi Gratis (MBG), yang dirancang untuk meningkatkan gizi masyarakat, khususnya pelajar, saat ini merupakan program prioritas pemerintah Indonesia. Implementasi program yang efektif sangat penting untuk mencapai tujuan program tersebut. Riset implementasi berfungsi sebagai metode bagi peneliti untuk mengidentifikasi determinan implementasi, merumuskan strategi implementasi, dan menilai hasil implementasi dalam konteks spesifik program MBG.

**Tujuan:** Artikel ini menyelidiki potensi peningkatan program MBG melalui metodologi riset implementasi.

**Metode:** Identifikasi riset dapat bergantung pada penerapan teori, model, dan kerangka kerja dalam ilmu implementasi. Riset dapat dikategorikan menjadi tiga bidang: 1) penggambaran proses implementasi; 2) identifikasi faktor-faktor yang memengaruhi implementasi; dan 3) penilaian hasil implementasi. Penelitian dapat berkonsentrasi pada fase-fase perumusan strategi implementasi dan konversi riset ke praktik selama identifikasi proses implementasi.

**Hasil:** Investigasi faktor-faktor yang memengaruhi implementasi, desain hibrida efektivitas-implementasi, luaran implementasi, evaluasi ekonomi, dan fase-fase peningkatan skala strategi dalam program MBG dapat menjadi bidang riset tambahan.

**Kesimpulan:** Peneliti dapat melibatkan pengguna akhir dalam penelitian mereka untuk meningkatkan relevansi dan adopsi temuan penelitian.

**Kata kunci:** Makan bergizi gratis, ilmu implementasi, perspektif, program berbasis sekolah.



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## Introduction

“Good nutrition is the bedrock of child survival and development” (UNICEF). One of the political commitments of the Indonesian government is the Makan Bergizi Gratis (MBG, or free nutritious meal) initiative, which provides free nutritious meal in school settings. This program was planned for implementation over the next five years and intended to assist 82 million children, expectant mothers, and infants. In the first year, IDR 71 trillion (around US\$5 billion), equivalent to 0.29% of Indonesia GDP, has been set aside (Elyssa and Marihot, 2024) to improve the nutritional status of toddlers, school-aged children, as well as pregnant or lactating women by supplying nutritious food in accordance with the daily Nutritional Adequacy Rate standards. It also prioritizes nutrition education for the community (Badan Gizi Nasional, 2025).

Evidence from various countries has reported the advantages of the school-based free meal initiatives. Research in New Zealand showed that the fresh school meal program in the first 2 years offered well-being and financial benefits for students and families (McKelvie-Sebileau, Swinburn *et al.*, 2023). Another research in India reported that the mid-day meal program improved the academic attainment and some nutritional status of school children (Raveenthiranathan, Ramanarayanan and Thankappan, 2024). In the United States, universal free school meal showed effectiveness in improving dietary composition, food insecurity, and economics for low-income families (Marcus and Yewell, 2022).

However, since its official launch in early January 2025, a study has reported several limitations in the implementation, such as the quality of planning, monitoring, and evaluation inefficiency of program budget, and issues of fulfilling nutrition and food security (CISDI, 2025). This situation might linked to numerous cases of food poisoning, with one source reporting that as of November 2025, the number of cases has exceeded 10,000 people (Setuningsih and Dirgantara, 2025). On the other hand, instead of examining the implementation of the MBG program, existing research has

tended to focus more on its impacts on education, social and the economy (Institute for Development of Economics and Finance, 2024; Basit and Ramadani 2025; Rozak, Izzah and Chusna, 2025). It highlights a huge gap in understanding ‘what went wrong’ with the program’s implementation.

Implementation research represents a promising approach to address this gap. It is used to systematically explore multi-level factors that affect program adoption, implementation, and sustainability, as well as to design and test strategies to support program integration in real-world setting (Shelton *et al.*, 2020). Therefore, this research paper aims to narratively describe the potential of implementation science and research to improve the MBG program.

## The significance of implementation science

*Implementation* refers to the deliberate integration of evidence-based interventions into everyday practice (clinical or community settings) with the aim of enhancing the quality and effectiveness of programs (Eccles and Mittman, 2006). Implementation science remains a rising and evolving discipline (Peters, Adam *et al.*, 2013; Curran, 2020). National Cancer Institute defines implementation science as “The study of strategies to facilitate the adoption and incorporation of evidence-based procedures, interventions, and regulation into standard health care and public health environments to enhance population health outcomes” (Norton, 2018). The core objective is to generate evidence that mitigates the know-do gap by identifying and addressing the obstacles that impede the adoption of proven health interventions and evidence-based practices, as well as designing and testing strategies to support implementation (Shelton *et al.*, 2020)

Implementation research is designed for identifying contextual factors that may affect program efficacy, as an intervention or treatment cannot achieve effectiveness without proper execution (Shelton *et al.*, 2020). In contrast to effectiveness research, which evaluates the impact of interventions on health, implementation research examines the outcomes with

more focus on measuring the extent and quality of fidelity to the interventions, and how it is integrated within routine practice in real-world settings (Estabrooks, Brownson and Pronk, 2018; Shelton *et al.*, 2020).

In implementation research, key outcomes typically include reach (individual-level program uptake), adoption (the initial organizational decision to implement an evidence-based program), implementation (fidelity to the intended intervention), maintenance (the extent to which the program becomes sustained or institutionalised), and cost-effectiveness (Reilly *et al.*, 2020). In addition, although acceptability, appropriateness, and feasibility are not classified as core implementation outcomes, they are important antecedents that shape the likelihood of successful implementation and therefore warrant investigation (Reilly, Kennedy *et al.* 2020). To examine outcomes, factors, and strategies, implementation science provides 143 theories, models, and frameworks (TMF) in order to understand and identify outcomes, process, determinants and strategies for effectively integrating and adopting practices at the clinical, health service system, and community (Peters *et al.*, 2013; Wang *et al.*, 2023; Skolarus and Williams, 2024). A detailed explanation of the practical tools and approaches from implementation science is presented in the following section.

### **Preparing for Real-World Implementation: Design, Contextual Fit, and Early Stage Testing**

A fundamental first step in designing any large-scale meal program is to develop the intervention, assess the context in which it will be implemented, and undertake early testing to ensure feasibility and fit (Koh, 2020). It may include aligning the design with existing nutrition regulation, available resources, user characteristics, implementer capacities, and the stakeholders involved (Koh, 2020). For MBG, it is important to ensure that the programs align with the existing national framework, such as Gerakan Nasional Percepatan Perbaikan Gizi (National Movement for the Acceleration of Nutrition Improvement) (Indonesian Government,

2013) and the Indonesian Pedoman Gizi Seimbang (Balanced Nutrition Guidelines for Indonesia) (Kemenkes RI, 2014) to ensure policy coherence and consistency with nationally endorsed nutrition standards. On the ground, this requires clarity on the material and organizational resources needed (e.g., kitchen infrastructure, staffing, food supply chains), recognizing that these may vary substantially across regions. It also requires understanding the target users (e.g. the age groups served, their nutritional requirements, food preferences, ethical considerations (e.g., parental consent), and safety concerns such as allergies and poisons. Equally important is identifying multi-level actors involved in the program implementation on the ground, such as nutritionists, cooks, quality-control personnel, and delivery systems (Durlak and DuPre, 2008). Stakeholder mapping is also essential: at the school level, decisions must consider leadership, teachers, and the broader school community; at the system level, cross-sector engagement (e.g., education and health departments) is required to ensure coherent governance and support (Wandersman *et al.*, 2008; Koorts *et al.*, 2021).

This stage provides a critical opportunity to evaluate the program's efficacy, acceptability, appropriateness, and feasibility before wider implementation (Koh *et al.*, 2020; Reilly *et al.*, 2020). After proving effective in a pilot or small-scale, highly controlled setting, program can then be introduced to a larger population in real-world settings by testing both effectiveness and implementation. Although traditional models reserve implementation research for final stages, current best practices support hybrid effectiveness (Curran *et al.*, 2012). These allow for simultaneous evaluation of both outcomes and implementation processes as described deeper in the next section.

### **Advancing the MBG Program Through Implementation Research**

The identification of implementation research needs can be guided by the taxonomy of Nilsen (2015), which

distinguishes several categories of theories, models, and frameworks (TMF). The use of TMF in implementation research serves three objectives, namely 1) describing or showing process of translation of research into practice, 2) exploring the determinants of implementation outcomes, and 3) evaluation. Process models can be used to achieve the first objective, determinant frameworks, classic theories, and implementation theories for the second, and evaluation frameworks for the third (Nilsen, 2015). Within the MBG program, when an intervention lacks efficacy and effectiveness, the subsequent step is to conduct efficacy and effectiveness research to establish a strong evidence base, rather than proceeding with implementation research. However, implementation issues could be examined and analyzed at this stage (Lane-Fall, Curran and Beidas, 2019).

First, research aimed at describing the process of translating outcomes into practice can serve as a focal point to comprehend the implementation phase, along with the enablers and barriers. This in turn facilitates the identification of strategies that may prove most suitable within the specific context of the MBG program. By definition, implementation strategies are characterized as approaches or techniques used to support the adoption, delivery, and long-term maintenance of a clinical program or practice (Proctor, Powell and McMillen, 2013). In this context, research may concentrate on identifying the implementation of the MBG program through diverse frameworks, including the EPIS and the dynamic adaptation process (Aarons *et al.*, 2012; Moullin *et al.*, 2019). For instance, by using the EPIS framework, research can explain the phases of the MBG program according to exploration, preparation, implementation, and sustainment stages. It also facilitates easy identification of external system and internal organizational contexts along with pertinent factors, and innovation determinants associated with the attributes of the implementation (Aarons, Hurlburt and Horwitz, 2011). To strengthen this process, it is essential to explore and map out the stakeholders and roles using

Interactive Systems Framework (Wandersman *et al.* 2008). This framework identifies three interrelated systems that play critical roles in implementation namely (1) the Synthesis and Translation System, which includes program developers who synthesize and adapt scientific evidence of the MBG program; (2) the Support System, which consists of stakeholders such as education authorities and other parties who facilitate the integration of MBG into school routines, and (3) the Delivery System, comprising any school stakeholders who engage in program in daily practice. The framework is important for MBG because it helps identify barriers and strategies across different stakeholder levels, which is valuable for designing, implementing, and evaluating effective implementation strategies.

Second, research can focus on measuring factors influencing implementation through three approaches; 1) the use of determinant frameworks such as the CFIR and PRISM, 2) classic behavioral-organizational theories, namely the health belief model, theory of planned behavior, or social cognitive theory, 3) implementation theories comprising COM-B and organizational readiness (Nilsen, 2015). Determinant frameworks focus on identifying barriers and facilitators for the implementation of the MBG program in a multilevel manner. This includes the individual, local, regional, and central organizational levels. Furthermore, psychological, sociological, and organizational theories can be used to identify implementation, such as identifying healthy eating behaviors of students and the acceptability of school menus (Santana *et al.*, 2023). Other areas that can be identified include organizational readiness, relations, and culture in several organizations associated with the MBG program, such as schools, food providers, government nutrition agencies, related entities and organizations, namely families, health services, and social organizations. For example, the implementation of food safety or school health promotion may be identified as an inseparable activity from the MBG program.

Third, research may concentrate on assessing the effectiveness of

implementation. The outcomes can be identified through various frameworks, including Proctor *et al.*, (2013) which emphasized a taxonomy of eight distinct implementation outcomes, as well as the RE-AIM framework (Holtrop, Estabrooks *et al.* 2021; Proctor, Silmere *et al.* 2011). Domains such as acceptability, appropriateness, sustainability, and fidelity have been used in another similar previous research. As introduced in the previous section, an alternative measurement concept in implementation research is termed the effectiveness-implementation hybrid design. This design uses one of three methodologies. The first type is by evaluating the effects of a clinical intervention on pertinent outcomes while simultaneously documenting and analyzing the implementation process (Type I). The second is by conducting a concurrent assessment of both the clinical intervention and the implementation strategies applied (Type II). The third is by examining the implementation strategy while concurrently monitoring and assessing the clinical intervention influence on relevant outcomes (Type III) (Curran *et al.*, 2012). This design facilitates research to evaluate the MBG program simultaneously in terms of both effectiveness and implementation. For large-scale programs such as MBG where political urgency and public demand are high, a Hybrid Type 2 design could assess both the intervention outcomes (e.g., nutritional and health outcomes, health behavior, academic performance) and the feasibility of different delivery models. Alternatively, a Hybrid Type 3 design could focus primarily on testing implementation strategies, namely delivery through schools, health centers, or community kitchens, while monitoring nutrition outcomes as secondary measures.

An additional important aspect is economic evaluation, which differs from the traditional context. The economic assessment of implementation research is crucial for the efficient allocation of organizational resources (Raghavan, 2017; Eisman *et al.*, 2020). Consequently, individuals or institutions can perform an economic evaluation of the MBG program implementation to ascertain the most cost-

effective strategy. Ultimately, research may also concentrate on expanding the implementation strategy on a larger scale. Barker's strategy scale framework can be used, which comprises four stages, namely setup, development of the small unit, testing for scale-up, and full scale. Another alternative is the nine-step guide for formulating a scaling-up strategy by World Health Organization (World Health Organization, 2010; Barker, Reid and Schall, 2016). Within the framework of the MBG program, once a successful implementation strategy for the innovation is formulated, the innovation can be disseminated to reach a broader population and maintain sustainability.

## Conclusions

We identified a wide range of research through implementation research lenses to examine the implementation of MBG program. The academic and other sectors can contribute to program success by conducting various research, particularly by engaging end-users, such as students, teachers, school managers, local governments, food providers, and other parties to ensure that the research conducted is relevant to needs (Moore *et al.*, 2019). Given the current contextual barriers and facilitators of the MBG program, implementation research can help identify the most useful and effective strategies. Moreover, decision-makers could integrate implementation research principles into the design and rollout of the program to ensure that delivery strategies are feasible, context-responsive, and capable of achieving sustained impact on scale.

Implementation research provides a crucial approach to improve the design, delivery, and scale-up of the MBG program. Identifying barriers, testing strategies, and assessing implementation outcomes will help bridge the gap between evidence and practice. The use of appropriate frameworks and hybrid designs can facilitate both effectiveness and implementation in real-world settings. In addition, integrating implementation science will support long-term impact, scalability, and sustainability.

## Abbreviations

CFIR: Consolidated Framework for Implementation Research; COM-B: Capability, Opportunity, Motivation, Behavior; EPIS: Exploration, Preparation, Implementation, Sustainability; MBG: Makan Bergizi Gratis / Free nutritious meal, PRISM: Practical, Robust Implementation and Sustainability Model; RE-AIM: Reach, Effectiveness, Adoption, Implementation and Maintenance; WHO: World Health Organization.

## Ethics Approval and Consent Participant

Not applicable. This study synthesizes information from previously published literature and does not include human participants.

## Conflict of Interest

The authors declare that there are no competing interests.

## Availability of Data and Materials

No new data was generated or analysed in this study. All data used in this review are derived from previously published sources, as cited in the manuscript.

## Authors' Contribution

MIN and AF wrote the manuscript and reviewed the final version of the manuscript.

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