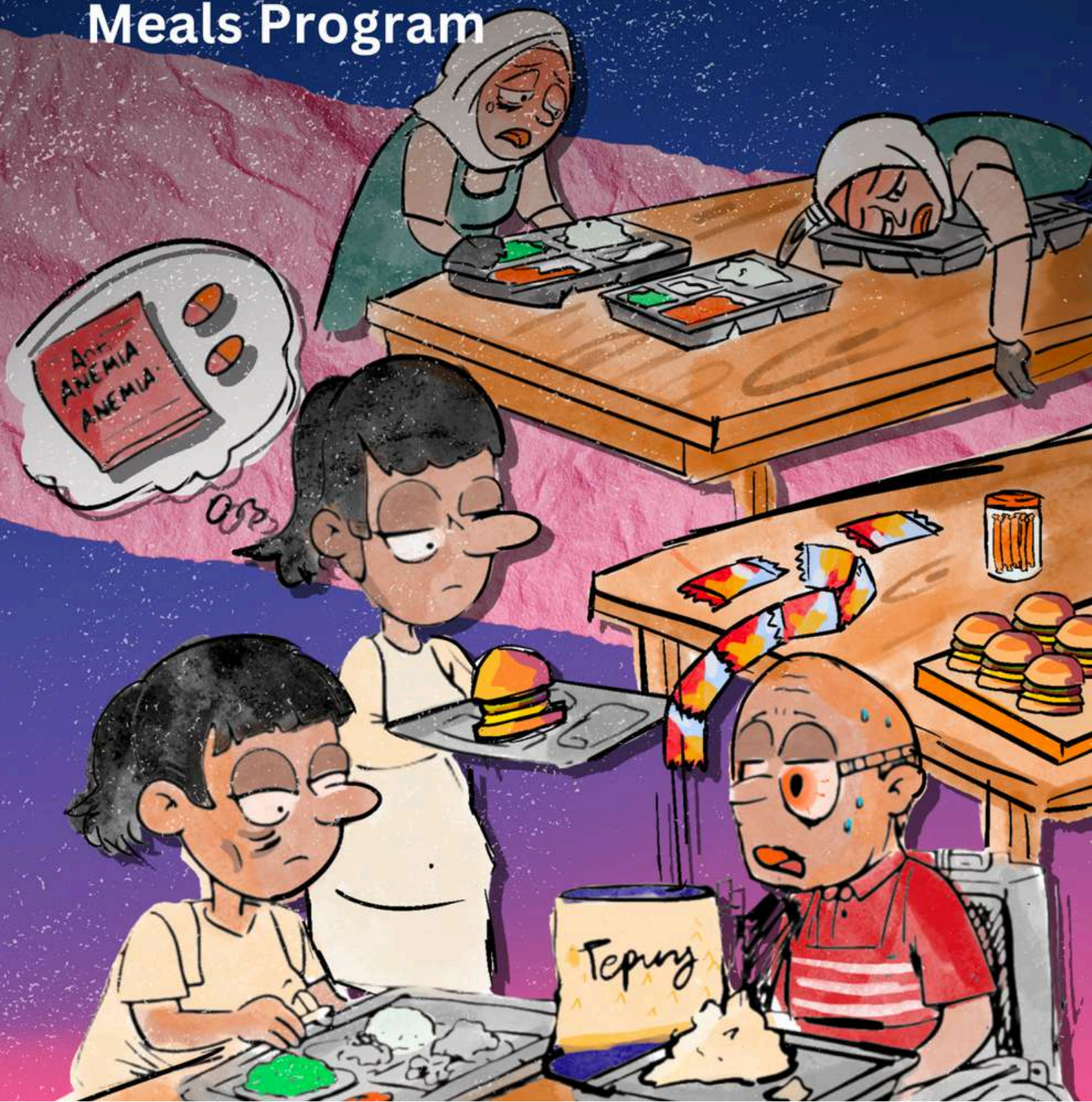


Opportunities and Challenges in Mainstreaming Gender Equality, Disability, and Social Inclusion (GEDSI) in the Free Nutritious Meals Program





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Supervisor	: Danang Widoyoko
Reviewers	: Alvin Nicola dan Misbah Hasan
Authors	: Izza Akbarani, Agus Sarwono, dan Sahel Muzzammil
Layouter	: Isa Ahmad Mujahid
Cover Design	: Rida Dzakiyyah

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EXECUTIVE SUMMARY



The Free Nutritious Meals (MBG) Program is one of the government's Fastest Best Results Programs 2025–2029 to accelerate improvements in Indonesian children's nutrition by providing nutritious meals every day for students and vulnerable groups such as toddlers, pregnant women/expectant mother, and breastfeeding mothers. However, initial studies using Gender Integration Continuum (GIC) Framework shows that the design and planning of MBG is in the category of **Gender Blind**, which means not considering differences in gender-based needs, disability, and social inclusion in all stages of project selection and planning.

Although the program targets the vulnerable groups, the initial planning documents focused more on logistical and institutional aspects, not on mapping the specific needs of women, girls, people with disabilities, indigenous peoples, or groups with socio-economic barriers.



Photo Source: Detik.com

Meaningful participation by vulnerable groups has also not been part of the top-down design process, thereby increasing the risk of tokenism and potentially widening the gap in access to nutritious meals in schools. In addition, the absence of gender- and disability-disaggregated data in the identification of beneficiaries can result in unequal distribution of benefits and failure to reach children with special needs and girls at high risk of anaemia.

This study also highlights the minimal representation of units and actors of Gender Equality, Disability, and Social Inclusion (GEDSI) in decision-making forums and the absence of inclusive monitoring, complaint, and transparency mechanisms for vulnerable groups. Thus, social accountability in program implementation remains unassured.

On the other hand, there are opportunities to strengthen GEDSI through empowering women in the school meals supply chain and adapting international best practices, such as the use of local food, community participation, and designing inclusive menus according to the needs of children with disabilities and the local cultural context.

MBG has high potential to improve national nutritional status, however without strong GEDSI integration, this program risks being misdirected and could exacerbate existing inequalities. Therefore, there are several important aspects to be included in the improvement framework, such as the integration of GEDSI into the overall MBG policies and regulations, including technical guidelines and budgeting governance, the development of disaggregated performance indicators and a responsive monitoring system for vulnerable groups, the meaningful involvement of women's and disability organizations in program design, implementation, and evaluation, the strengthening of accessible transparency and complaint mechanisms, and the promotion of local community-based procurement and production to ensure inclusive economic benefits.

The MBG Program pilot run at an elementary school in East Manokwari District. Photo Source: Jubi.id





Free Nutritious Meals Program (MBG)

Photo Source: Kompas.com

INTRODUCTION

a. Background

Malnutrition or stunting is still a major problem and challenge in human resource development, especially in Indonesia. Stunting is a chronic malnutrition problem in children, one of the characteristics of which is shorter than the standard height for their age. It not only impacts the children's physical health, stunting can also affect the cognitive development and potential of children in the future.¹ This condition has long-term impacts on the quality of health and productivity of the younger generation.

The 2024 Indonesian Nutrition Status Survey (SSGI) data shows that the national stunting rate remains at 19.8%. Although this figure is down from the previous year (21.5%), continuous efforts to achieve long-term targets and maintain positive trends must continue, given that the National Medium-Term Development Plan (RPJMN) target is 14% by 2024. This SSGI data serves as the basis for the government in formulating policies, planning programmes, and implementing effective interventions to address nutrition issues, including stunting.²

In this context, President-elect for the 2024–2029 term Prabowo Subianto has designed the Free Nutritious Meals Programme (MBG), coordinated by the National Nutrition Agency (BGN), as one of the flagship programmes to accelerate the improvement of nutrition among school-age children. The implementation of this programme began on 6 January 2025 through the Nutrition Fulfilment Service Unit (SPPG) and was carried out in stages, in accordance with the school enrolment schedule.³

1 Stunting Socialization in the Framework of Towards Zero Stunting. https://www.researchgate.net/publication/378137928_Sosialisasi_Stunting_dalam_Rangka_Menuju_Zero_New_Stunting_di_Kangkung_Kabupaten_Kendal. Accessed on June 26, 2025.

2 Indonesian Nutrition Status Survey (SSGI) 2024 in Figures. <https://repository.badankebijakan.kemkes.go.id/id/eprint/5861/>. Accessed on June 26, 2025.

3 BGN will start the MBG program in stages. <https://www.bgn.go.id/news/artikel/bgn-akan-memulai-program-mbg-secara-bertahap>. Accessed on June 24, 2025.

This programme aims to build a national nutrition security system and implement nutrition management by providing nutritious meals every day to primary, secondary and high school students, as well as Islamic boarding school students, in order to reduce stunting and malnutrition rates and improve concentration and school participation. In addition, this programme also targets children under the age of 5 and pregnant and breastfeeding women. According to the National Nutrition Agency (BGN), the meals provided in this programme have been designed to meet the daily nutritional adequacy standards (AKG), with breakfast contributing 20-25% of daily nutritional needs and lunch contributing 30-35%.



MBG menu at a public elementary school in Depok on Monday (6/10/2025). Photo Source: Kompas.com

MBG is one of the National Strategic Projects (PSN) which is stated in Presidential Regulation (Perpres) Number 12 of 2025 concerning the National Medium-Term Development Plan (RPJMN) 2025-2029.⁴ BGN targets remote, frontier, and outermost (3T) areas by involving various stakeholders, including local governments, cooperatives, and the private sector to ensure smooth program implementation.⁵

However, national programmes such as MBG have complex social implications and the potential to create new inequalities if their governance is not designed to be inclusive from the outset. Based on experiences from various countries, such as India, Brazil, and Japan, free school meal programmes are likely to fail to reach the most vulnerable groups if they are not accompanied by disaggregated data based on gender, disability, and socio-economic status, do not adopt a community-based approach, and do not involve local actors and vulnerable groups in the design and planning of the programme from the outset.

⁴ Here is the Complete List of 77 National Strategic Projects (PSN) for 2025-2029. <https://www.kompas.com/properti/read/2025/03/03/43000021/ini-daftar-lengkap-77-proyek-strategis-nasional-2025-2029>, Accessed on June 24, 2025.

⁵ BGN will start the MBG program in stages. <https://www.bgn.go.id/news/artikel/bgn-akan-memulai-program-mbg-secara-bertahap>, Accessed on June 24, 2025.



Poverty. Photo Source: Depokpos.com

Indonesia's highly diverse geographical and cultural conditions, along with high levels of social inequality, exacerbate these risks. Some risks can be identified early on, for example, girls in certain areas face gender norms that limit their school attendance; children with disabilities face physical and social barriers in accessing school environments and food; and children from the poorest families often experience hidden hunger but are not recognized as a priority.

Furthermore, MBG also involves an extensive food distribution and procurement chain, including the involvement of female workers, Micro, Small and Medium Enterprises (MSMEs), community kitchens, and schools. Without social protection guidelines and recognition of care work, there is a potential for exploitation of women's workload, especially community managers. Therefore, the Gender Equality, Disability, and Social Inclusion (GEDSI) approach is crucial to ensure that MBG not only provides food but also empowers local communities fairly and does not exacerbate inequalities.

The MBG program budget in 2025 reached IDR 99 trillion, consisting of IDR 71 trillion from the existing budget and IDR 28 trillion from the additional budget.⁶ However, there is no transparent budget document that allocates a GEDSI-based approach to program management. Without a clear GEDSI-based budget allocation, this program has the potential to only widen social and gender disparities.

Reflecting on these issues, mainstreaming GEDSI into the MBG program is part of an effort to achieve good and accountable governance, ensuring that the program is well-targeted and does not exacerbate existing inequalities. Furthermore, mainstreaming GEDSI is a crucial step to ensure effective program governance, accommodate the interests of vulnerable groups and beneficiaries, and ensure the equal fulfillment of citizens' rights.

This report aims to provide a preliminary analysis of design and planning of the MBG program from a GEDSI perspective, and provides recommendations to ensure that the program is truly inclusive, targeted, and has long-term impact.

b. Scope and Objectives of the Research

This study focuses on assessing Gender Equality, Disability, and Social Inclusion (GEDSI) aspects in programme design and planning, particularly in the project selection stage, which includes selection, due diligence, and approval. The detailed project selection stages are outlined in the following table:

Table 1. Project Selection Stages

1. Selection	2. Due Diligence	3. Approval
Demand forecast	Assessment, feasibility, preliminary design, environmental and social impact assessment	Estimated costs
Needs Assessment	Independent review of initial assessment and design	External review
Policy development		Budget approval
Screening and prioritization		

⁶ BGN Requests an Increase of IDR 28 T, MBG 2025 Budget Touches IDR 99 T. <https://validnews.id/ekonomi/bgn-minta-tambah-ro-t-anggaran-mbg-sentuh-ro-t>. Accessed on September 27, 2025.

The scope of this study is:

1. Identifying initial analysis of design and planning of Free Nutritious Meals (MBG) program, especially in the aspect of Gender Equality, Disability, and Social Inclusion (GEDSI);
2. Examining gaps in program governance, particularly in the GEDSI aspect.

This study was conducted with the aim of:

1. Understanding the framework of the Free Nutritious Meals (MBG) program from the perspective of Gender Equality, Disability, and Social Inclusion (GEDSI);
2. Opening space for civil society to review and monitor National Strategic Projects, especially from the aspect of Gender Equality, Disability, and Social Inclusion (GEDSI);
3. Provide recommendations to relevant stakeholders so that the MBG program is implemented in an inclusive, targeted and long-term impactful manner.

Photo Source: Bogor.pojoksatu.id



RESEARCH METHODOLOGY

To identify, analyse, and assess the design and planning aspects of Gender Equality, Disability, and Social Inclusion (GEDSI) in the Free Nutritious Meals (MBG) programme, this study used the Gender Integration Continuum (GIC) Framework assessment instrument. The approach in this study uses a qualitative descriptive method that focuses on a deep understanding of a phenomenon through the collection of qualitative data such as observation and document analysis (Creswell, 2014). This method aims to describe or depict phenomena that occur naturally in a systematic, factual, and accurate manner without intervening or manipulating variables.

a. Method of Collecting Data

Data collection in this study was conducted by processing secondary data through literature studies. Secondary data was collected and processed from a number of official central and regional government websites, ministries and institutions, as well as websites from news media, organizations, and other websites. The documents processed were in the form of minutes related to the nutritious meal program in schools and institutional governance collected include documents from the 2025-2029 Medium-Term Development Plan (RPJMN), Government Work Plan, Laws, Government Regulations, Presidential Regulations, and Regulations at the Ministry/Institution level, budget documents, and other related documents.

In addition, other secondary data processed in this study included presentations from Ministry/Agency webinars, presentations of the results of hearings (RDP) between the Indonesian House of Representatives and Ministries/Agencies, literature reviews related to the implementation of nutritious meals in schools, government reports, statistical reports, media reports, and other related documents.

b. Data Analysis and Assessment Methods

Efforts to integrate gender into social protection policies or programmes can be conceptualised within a Gender Integration Continuum (GIC) Framework, ranging from gender-discriminatory to gender-transformative. Specifically, where a social protection policy or programme is assessed on this continuum depends on how gender is considered (or not) in the social protection implementation cycle, from design, implementation, governance, financing and monitoring and evaluation systems, to the associated outcomes and impacts.⁷

Programmes that actively exclude women, children, persons with disabilities, and other vulnerable groups and their needs from consideration and decision-making are considered gender discriminatory. This may be done without intention, resulting in a lack of gender-based consideration in problem design, thus neglecting women and girls and their gender-specific needs. This can be categorized as gender-neutral or gender-blind (if it does not cause further harm beyond upholding an unequal gender status quo).⁸

The GIC Framework is a critical tool for ensuring that programs and policies not only avoid gender discrimination but also actively promote change toward gender equality and equity. This approach helps organizations and governments assess their position on the gender integration spectrum and design strategies to move in a more progressive and transformative direction.⁹

⁷ Gender Responsive Age Sensitive Social Protection. <https://www.unicef.org/innocenti/media/6086/file/UNICEF-Gender-Responsive-Age-Sensitive-Social-Protection-2020.pdf>. Accessed on May 19, 2025.

⁸ *Ibid.*

⁹ *Ibid.*



Gender Equality, Disability, and Social Inclusion (GEDSI) Illustration.

The GIC Framework is used as an analytical tool to understand, identify, and address gender inequality in various aspects of life, particularly in the planning, implementation, and evaluation of development programs or policies. This framework helps map the roles, access, control, and needs of men and women in a society or organization. More specifically, the GIC Framework is used to identify differences in roles, responsibilities, access, and control between men and women, analyze the causes and impacts of gender inequality, and design interventions or policies that are responsive and equitable to gender needs.

Assessing a program, policy, or intervention using the GIC Framework means identifying the extent to which it addresses, accommodates, or transforms gender issues. The GIC Framework assesses a program using five categories, ranging from discriminatory to transformative, quantitatively divided into scores of 1-5. The lower the score, the more insensitive or discriminatory the program is in relation to gender.

Table 2. Gender Continuum Categories

Category	Description	Assessment in Score
Gender Discriminatory	Programs or policies that consciously or unconsciously reinforce stereotypes, limit access, or discriminate against one gender.	1
Gender Blind	Not taking into account differences in gender needs and experiences risks reinforcing existing inequities.	2
Gender Sensitive	Recognizing gender differences and taking steps to reduce barriers, but still within the limits of the existing system.	3
Gender Responsive	Actively identify and address gender-specific needs and vulnerabilities from the design and planning.	4
Gender Transformative	Go further by challenging and changing the norms, habits and social structures that cause gender inequality, and drive sustainable social change.	5

*Processed from various sources.

In assessing programmes, the GIC Framework is used to analyse programme design and planning, which includes reviewing programme documents, policies and interventions to identify stakeholders' efforts to collect gender-disaggregated data, analyse gender roles and needs, and develop strategies to address inequalities. In conducting assessments, a set of guiding questions is used to assess the programme's position, particularly the project stage on the gender continuum.

The design of the guiding questions includes aspects of whether the program ignores or reinforces discriminatory gender norms, how the program accommodates the needs of each gender and vulnerable groups in access, participation, control, and benefits, and whether the program actively challenges and changes the norms, structures, or policies that underlie gender inequality.¹⁰

¹⁰ *Ibid.*

Ideally, collective assessment and justification should be conducted in a participatory manner to position and score the gender continuum and provide clear rationale and justification for the assessment. In the next stage, impact evaluation and output program evaluations need to be conducted to determine whether significant changes in access, control, participation, and benefits or gender empowerment have occurred. Furthermore, evaluations are needed to assess whether the program has resulted in changes in norms or social structures that are more equitable for all genders.

Key Indicators for Classifying Gender Approaches

Classifying gender approaches within a program, project, or policy requires a set of key indicators that can be used to assess the extent to which gender aspects are addressed and integrated. The following are some of the most widely used key indicators:

Table 3. Indicators and Classification of Gender Approach

No	Indicator	Description
1	Access	Measuring the extent to which each gender and vulnerable group has equal opportunities to obtain information, resources, facilities, and services from the planning stage onwards.
2	Participation	Assessing the level of active involvement of each gender and vulnerable group in the programme or activity planning process, as well as their involvement in discussions/deliberations, decision-making and leadership at each stage of project selection.
3	Control	Assessing the extent to which each gender and vulnerable group has control or power to make important decisions regarding resources, policies, or benefits of programmes from the planning stage onwards.
4	Benefit	Assessing whether the benefits of programmes or policies are felt equally by all genders, and reviewing the positive changes and improvements in capacity or welfare that can be generated by programmes from the planning stage onwards.

*Processed from various sources.

In addition to the four indicators mentioned above, other quantitative indicators can be used to assess programs within the gender continuum framework. In the context of measurement at the national or regional level, indicators such as Age Life Expectancy,, Average Length of Schooling, Expected Length of Schooling and Gender-disaggregated Per Capita Expenditure is a component of Gender Development Index.

In addition, the Reproductive Health, Empowerment, and Labor Force Participation Rate indicators are also used to assess gender inequality through Gender Inequality Index. The Gender Development Index and Gender Inequality Index are aggregate measures used to classify the level of gender equality development in a region.

The indicators for fulfilling the rights of persons with disabilities are formulated in the National Action Plan for Persons with Disabilities (RAN PD) and the Regional Action Plan for Persons with Disabilities (RAD PD). Fulfillment of nutrition for women with disabilities and children with disabilities is stated in Strategic Target 7 of the RAN PD and RAD PD, namely 'Access and Equity of Health Services for Persons with Disabilities'. There are two policies as derivatives of this Strategic Target 7 that can be linked to the MBG program, namely Improving the Capacity of Health Service Providers to Meet the Needs of Persons with Disabilities and Encouraging the Involvement of Persons with Disabilities in the Healthy Living Community Movement (GERMAS). In the context of the MBG Program, the National Nutrition Agency (BGN) as the organizer of the MBG program and the Directorate of Public Health and Nutrition of the Ministry of Health have the responsibility to achieve Strategic Target 7.



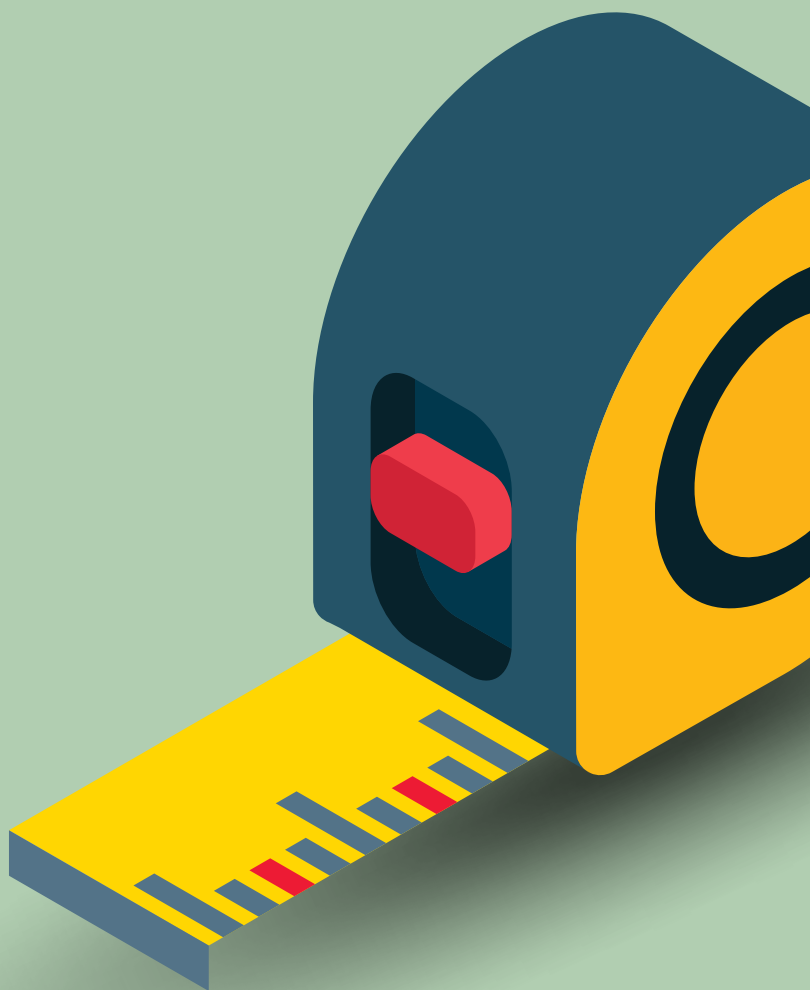
2 two policies as derivatives of this Strategic Target 7 that can be linked to the MBG program are:

- 1** Improving the Capacity of Health Service Providers to Meet the Needs of Persons with Disabilities.
- 2** Encouraging the Involvement of Persons with Disabilities in the Healthy Living Community Movement (GERMAS).

c. Research Limitations

The limitations of this research are that the assessment and data analysis were carried out independently by the researcher, without involving beneficiaries, providers, and groups of women, people with disabilities, indigenous communities, and other vulnerable groups (using the method *Expert Judgement*).¹¹ In addition, this research focuses on the initial design and planning of the program (not yet at the program implementation stage).

¹¹ Expert judgment is the process of evaluating an instrument, content, or policy by researchers or individuals with relevant expertise and experience in a specific field, with the goal of ensuring its quality and suitability for the research objectives. This process is crucial for ensuring the content validity of a measurement tool or policy, especially when quantitative data is difficult to obtain.



FINDINGS

ASSESSMENT OF THE FREE NUTRITIONAL MEAL PROGRAM WITHIN THE FRAMEWORK OF THE GENDER INTEGRATION CONTINUUM

The assessment process using the Gender Integration Continuum framework in the Free Nutritional Meals (MBG) program was carried out to identify and analyze in the early stages of planning and design in the implementation of the MBG program, especially in the aspect of *Gender Equality, Disability, and Social Inclusion* (GEDSI) and examine gaps in program governance, particularly in the GEDSI aspect. The assessment results and analysis are presented in the following table:

Table 4. Assessment of the Free Nutritional Meal Program within the Gender Integration Continuum Framework

Project Selection Stages	Indicator	Assessment Questions	Findings	Score (1-5)	Gender Continuum Categories
Election <ul style="list-style-type: none"> • Demand forecast • Needs assessment • Policy development • Screening and prioritization 	Access (Opportunity to obtain resources, information, services)	<ul style="list-style-type: none"> • Does the project proposal identify barriers to access for women, people with disabilities, indigenous peoples, or other vulnerable groups? • Do women, people with disabilities, indigenous peoples and vulnerable groups have access to information about the project from an early stage? 	<p>1. In general, the initial MBG documents placed more emphasis on logistical aspects, kitchen infrastructure, and inter-institutional coordination than on explicitly identifying gender-based barriers or social vulnerabilities.</p> <p>Identified gaps: There is no comprehensive analysis of disparities in access to nutritious food based on geographic location, disability, gender roles (e.g., women's caregiving roles), or socio-economic status.</p> <p>There has been no mapping of physical access barriers for students with disabilities, such as food distribution locations, packaging types, or serving times.</p>	2	Gender Blind

			<p>There has been no assessment of cultural or normative access, particularly for indigenous communities who may have different food consumption practices or schedules.</p> <p>2. There is no indication of an inclusive and participatory information dissemination mechanism since the selection stage. Access to information is primarily focused on local government officials and education stakeholders (principals/office heads), without direct involvement of the school community, including parents of students from vulnerable groups.</p> <p>No evidence was found of the use of alternative media or information channels (such as local languages, audio/visual formats for the blind or deaf, or direct meetings with indigenous communities/peoples).</p> <p>Disadvantages of the GEDSI approach in initial information:</p> <ul style="list-style-type: none"> • There is no communication strategy to reach groups with limited digital literacy or connectivity. • There is no dissemination in easily accessible forms for women working in the informal sector or living in remote areas. 		
	Participation (Involvement in processes and decision making)	<ul style="list-style-type: none"> • Does the project identification and selection process involve groups of women, children, people with disabilities, indigenous peoples and other vulnerable groups? 	<p>1. There is no strong evidence that the MBG identification and selection process was carried out in a participatory manner involving vulnerable groups.</p> <p>The MBG project was implemented as part of a political campaign promise and used a top-down</p>	2	Gender Blind

		<ul style="list-style-type: none"> Is there evidence of their active involvement in the needs assessment? 	<p>approach, rather than a bottom-up process of gathering aspirations.</p> <p>2. There is insufficient public information available that local communities, women's organizations, disability organizations, or indigenous peoples were formally or informally involved in the initial project formulation stages.</p> <p>Initial planning appears to be driven more by macro national targets (e.g., addressing stunting and extreme poverty), but has not been accompanied by a local approach that is responsive to the socio-cultural context.</p>		
	Control (Power to make decisions and manage resources)	<ul style="list-style-type: none"> Who are the stakeholders involved in making the final decision on project selection? Do women, people with disabilities, indigenous peoples and other vulnerable groups have representation or influence in decision-making forums? 	<p>1. At the stage of selecting MBG as a National Strategic Project (PSN), the main stakeholders involved in decision-making include:</p> <p>Coordinating Ministry for Human Development and Culture (Kemenko PMK) – leads program coordination.</p> <p>Ministry of Education, Culture, Research, and Technology (Kemendikbudristek) – as the main implementer (especially for school students).</p> <p>Bappenas – formulates and evaluates strategic policies and aligns them with the RPJMN and national priority agenda.</p> <p>National Nutrition Agency – related to child nutrition and health standards.</p> <p>Cabinet Secretariat and Presidential Staff Office – provide strategic political direction and alignment.</p>	2	Gender Blind

			<p>Regional government (education, health, social services) – as technical implementers in the region.</p> <p>Private sector and civil society organizations – limited, and generally involved in supplementary discussions, not in final decisions.</p> <p>However, there is no strong evidence that women's groups, vulnerable groups, and groups of people with disabilities are directly involved in the final decision-making forum at the national level, especially at the stage of screening and determining the MBG program as a national priority and national strategic project.</p> <p>2. Minimal direct representation: Central-level decision-making forums are dominated by state actors and ministerial technocrats, with minimal representation from women's groups, people with disabilities, indigenous communities, and civil society organizations.</p> <p>There are no formal quota or inclusion mechanisms for GEDSI participation in the program's initial planning and evaluation forums. There is no involvement of women's, disability, or indigenous organizations in the development of MBG policy documents (e.g., the RKP, RPJMN, or even the list of National Strategic Projects).</p> <p>Needs assessments tend to be universal, rather than vulnerability-based.</p>		
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			Initial needs analyses focused primarily on national poverty and stunting rates, without any specific weighting for vulnerable groups such as girls, children from minority groups, or children with disabilities.		
	Benefit (Beneficiaries, positive changes, etc.)	<ul style="list-style-type: none"> Does the proposed project identify beneficiary groups separately (e.g., women's groups and people with disabilities)? Is there an impact analysis on social/gender inequality in the project justification? 	<p>1. The primary target group is generally referred to as all primary and secondary school students, without always being broken down by gender, disability, or socio-economic status.</p> <p>In some policy documents or speeches, it is stated that this program supports "children from low-income families" or "children in remote areas", but it is still general in nature.</p> <p>Vulnerable groups such as girls, children with disabilities, children from indigenous communities, and children experiencing chronic malnutrition have not been consistently identified as priority beneficiaries.</p> <p>GEDSI Analysis: The absence of disaggregation of beneficiary data (based on gender, disability, social status) can lead to inequalities in program implementation.</p> <p>Without defining disaggregated groups, the program risks not reaching the most vulnerable children or those with special nutritional needs.</p> <p>2. The program justification focuses more on general issues of malnutrition, stunting, and the food needs of school-age children.</p>	2	Gender Blind

			<p>There has been no explicit analysis of how gender inequality, disability, or socio-economic status may impact children's access to nutritious food at school.</p> <p>For example, it is not discussed whether:</p> <ul style="list-style-type: none"> • Girls are more likely to miss school due to the burden of household chores. • Children with disabilities experience mobility difficulties in receiving food and the content of the food ingredients used does not suit the needs of children with disabilities (special food needs). • Children from poor families or indigenous communities face structural barriers to accessing balanced nutrition. <p>GEDSI Analysis:</p> <ul style="list-style-type: none"> • The project justification has not explicitly examined the roots of social/gender inequalities that may exacerbate malnutrition. • Without this analysis, intervention strategies may not be sufficiently responsive to the specific needs of the most vulnerable groups. 		
Due Diligence <ul style="list-style-type: none"> • Assessment, feasibility, preliminary design, environmental & social impact assessment • Independent review of initial assessment & design 	Access (Oppportunity to obtain resources, information, services)	<ul style="list-style-type: none"> • Does the project identify specific barriers to access experienced by women, people with disabilities, and other vulnerable groups to project benefits? • Does the project provide technical or social alternatives to ensure inclusive access from the outset? 	1. Women: Barriers have not been explicitly identified, especially for female heads of households, informal workers, or mothers who do not have access to information or decisions in the community.	2	Gender Blind

			<p>2. Persons with disabilities: There is no strong evidence that the project identified barriers to access for children with disabilities (e.g., special food needs, mobility barriers to school, or non-accessible distribution systems).</p> <p>3. Other vulnerable groups (street children, children from extremely poor families, indigenous communities, etc.): There has been no documented assessment of their local conditions and specific needs. Many of these groups are outside the formal education system and are therefore not automatically covered by the MBG scheme.</p> <p>General Findings:</p> <p>Technical alternatives: Information is not yet available on whether food distribution mechanisms address the needs of children with disabilities (e.g., those requiring soft/special foods or those unable to feed themselves). Procurement and distribution systems appear to be generic (one menu fits all).</p> <p>Social alternatives: It is unclear whether there are communication strategies that reach vulnerable communities (e.g., through local languages, community-based outreach, or collaboration with local disability organizations and women's groups). There is no indication that consultation processes were inclusive from the design stage.</p>		
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			<p>Some potential solutions that could be implemented (but are not yet visible in the initial project documents):</p> <p>Provide food service options outside of school (for children not in school).</p> <p>Collaborate with women's groups, or disability organizations to identify local needs.</p> <p>Involvement of local cadres/community institutions for direct food distribution in difficult-to-access areas.</p>		
	<p>Participation (Involvement in processes and decision making)</p>	<ul style="list-style-type: none"> Does the project document the participation of women, persons with disabilities, indigenous peoples, and other vulnerable groups in consultation and due diligence processes? Is input from women, people with disabilities, indigenous peoples, and other vulnerable groups used to adapt the project design? 	<p>1. Documentation of the participation of vulnerable groups is generally limited. Common practice in national-scale projects like the MBG is that participation is often measured by the number of meetings or the involvement of formal institutions such as education departments or community organizations. However, explicit records of the disaggregated involvement of vulnerable groups (women, people with disabilities, indigenous peoples, etc.) are often unpublished or incomplete.</p> <p>2. The risk of symbolic participation (tokenism) is still high, especially if participation is only passively consultative (for example through closed surveys or FGDs that are not inclusive in terms of time/place/language).</p> <p>3. There is no mechanism for systematically documenting the voices of women and marginalized groups, such as involving women's organizations, local disability groups, or traditional leaders in the MBG policy design team.</p>	2	Gender Blind

			<p>There is no strong evidence to suggest that input from vulnerable groups was explicitly used in the initial design of the MBC, such as:</p> <ul style="list-style-type: none"> • Adjusting nutritious menus for special needs (children with disabilities, traditional areas with cultural taboos) • Adjusting food distribution times for girls (who may have a higher household workload) • Food serving facilities that take into account accessibility for people with disabilities <p>Project adaptation indications are generally general and technocratic, for example, paying attention to nutritional standards from the Ministry of Health, without taking into account local preferences based on gender, culture, or disability.</p> <p>Even if there is a response to vulnerable groups, it is not the result of a meaningful consultation process.</p>		
	<p>Control (Power to make decisions and manage resources)</p>	<ul style="list-style-type: none"> • Do women, persons with disabilities, indigenous peoples and other vulnerable groups have representation in project decision-making mechanisms during due diligence? • Does the project allow affected communities to submit objections or revisions based on social risks? 	<p>1. Lack of direct representation: There is no strong evidence that women, people with disabilities, or vulnerable groups are actively involved in decision-making teams during the due diligence phase. Project assessments are largely driven by national and sectoral actors (such as Bappenas and relevant ministries), without a systematic participatory inclusion framework.</p> <p>2. Reliance on aggregate data: Decision-making approaches tend to be macro-data-driven and technocratic, which ignores the realities of intersectionality</p>	2	Gender Blind

			<p>(e.g., women with disabilities, or girls from indigenous communities) in reaching program benefits.</p> <p>3. Absence of binding consultative forums: Even if there are consultative forums (such as FGDs or dialogues with community leaders), the involvement of vulnerable groups is symbolic and does not guarantee bargaining power in influencing project design decisions.</p> <p>1. Absence of free, prior and informed consent (FPIC) mechanisms: In the due diligence documents, there is no visible procedure that allows communities to reject or request adjustments to the program based on potential negative impacts (such as changes in caregiving roles in the household, potential discrimination in schools, or additional burdens on teachers).</p> <p>2. The feedback mechanism is still top-down: There is no complaint or revision system that is inclusive and easily accessible to groups with disabilities (e.g. people with disabilities and remote indigenous communities).</p> <p>3. Risk of tokenism in social consultation: The consultation process is largely an administrative formality, with no room for negotiation or control by affected parties. This undermines the principle of social accountability in national-scale public projects like the MBG.</p>		
	<p>Benefit (Beneficiaries, positive changes for vulnerable groups, etc.)</p>	<ul style="list-style-type: none"> Does the project have an analysis of benefit distribution by gender and social vulnerability? 	<p>1. There is no publicly available MBG due diligence document that specifically includes an analysis of the distribution of benefits based on gender, disability,</p>	3	<p>Gender Sensitive</p>

		<ul style="list-style-type: none"> Does the project explicitly aim to reduce social or gender disparities? 	<p>indigenous peoples, or other vulnerable groups.</p> <p>The risk of unequal distribution of benefits is quite high if the project does not explicitly identify:</p> <ul style="list-style-type: none"> Do girls have equal access and control over nutritious food at school? Do children from poor families, people with disabilities, or minority groups receive affirmative treatment in the implementation of the program? <p>The collection of disaggregated data by gender and socioeconomic status does not yet appear to be standard in the benefits planning and assessment process.</p> <p>2. In the official MBG narrative (e.g., presidential speeches and project summary documents), the primary objectives focus on meeting nutritional needs and reducing stunting, rather than explicitly on reducing gender or social inequalities.</p> <p>There is no explicit reference in the program design to:</p> <ul style="list-style-type: none"> SDG 5 (Gender Equality) National or international GEDSI strategy <p>However, the potential for strengthening GEDSI remains open, considering:</p> <ul style="list-style-type: none"> Women (especially mothers and female teachers and the PKK) are often involved in the food supply chain. Girls and children from poor families benefit most if interventions are designed effectively. inclusive. 		
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Agreement <ul style="list-style-type: none"> Estimated costs External review Budget approval 	Access (Oppportunity to obtain resources, information, services)	<ul style="list-style-type: none"> Does the project plan include inclusive design for women, people with disabilities, the elderly, and vulnerable groups? Does the final project document contain an analysis of access based on gender and disability? 	<p>1. Most of the initial MBC planning documents, especially in cost estimates and distribution plans, do not yet show technical or budget planning that explicitly accommodates the needs of vulnerable groups.</p> <p>For example:</p> <p>No specific plans were found for physical accessibility (disability) in food distribution in schools.</p> <p>There is no mapping of specific needs for girls, especially regarding safe access to food (e.g., sanitation conditions, risk of violence, or stigma).</p> <p>There has been no additional allocation of costs for support or adjustment of facilities for children with disabilities or eating disorders (special needs).</p> <p>2. Project approval documents tend to prioritize a universal approach ("for all school children"), without separate analysis of barriers or needs based on gender, disability, or age.</p> <p>No gender and disability access assessment was found as part of the external review before the budget was approved.</p> <p>External reviews focus more on logistics distribution efficiency and potential local economic impacts, without integrating GEDSI perspectives into their discussions.</p>	2	Gender Blind
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	<p>Participation (Involvement in processes and decision making)</p>	<ul style="list-style-type: none"> • Was input from women, people with disabilities, indigenous peoples and other vulnerable groups during the consultation phase incorporated into the final version of the project? • Is a follow-up participation plan prepared for the project implementation phase? 	<p>1. In available public documents and official presentations, there is no evidence that input from vulnerable groups was explicitly referenced or integrated into the final design of the project at the approval stage.</p> <p>There was no summary of inclusive public consultations or documentation of the results of public hearings with vulnerable groups attached to the policy text, executive summary, or feasibility study that formed the basis for program approval.</p> <p>Public validation or public testing processes tend to be limited and do not appear to have an intersectional approach that systematically involves communities of women, people with disabilities, or indigenous peoples.</p> <p>Analysis: This indicates a weak feed-forward mechanism (control system) from participation to final design, which risks creating policies that are less contextual to the needs of vulnerable groups.</p> <p>This lack of involvement also indicates potential bias in strategic decision-making, particularly in the formulation of service standards, beneficiary coverage, and budgeting.</p> <p>2. No clearly structured and documented follow-up participation plans were found in the budget planning and approval documents (budget documents were not published transparently).</p>	2	Gender Blind
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			<p>In the cost estimates and financing framework of the MBG project, no specific budget allocation was found for facilitating community participation or community mentoring.</p> <p>External reviews or social risk assessments do not highlight the importance of ongoing participation in monitoring service quality at the school/community level.</p> <p>Analysis: This indicates a lack of feedback mechanisms from beneficiary groups, which should be instruments for social control and improving the quality of program implementation.</p> <p>The lack of participatory planning at this stage also has the potential to weaken social accountability and community-based monitoring.</p>		
	<p>Control (Power to make decisions and manage resources)</p>	<ul style="list-style-type: none"> Do women, people with disabilities, indigenous peoples, and other vulnerable groups have the opportunity to approve or reject the final project design? Does the project approval structure include voices from GEDSI units or actors? 	<p>1. There is no public information available indicating the existence of a mechanism for approval or rejection (free, prior, informed consent) from vulnerable groups regarding the final design of the MBG project.</p> <p>Women's groups, people with disabilities, indigenous peoples, or other marginalized groups do not appear to have been involved in the final validation process of the project design.</p> <p>In the national policy structure, the approval stage for national strategic projects (PSN) is more of a top-down, with the dominance of internal</p>	2	<p>Gender Blind</p>

			<p>processes of technical ministries and the National Development Planning Agency (Bappenas), as well as the Ministry of Finance for budget allocation, without a formal scheme for community engagement.</p> <p>GEDSI Analysis: The non-involvement of vulnerable groups in the final approval stage creates a control gap over projects that directly impact them.</p> <p>This indicates a deficit in social accountability, especially towards groups who most need guaranteed access to nutritious food.</p> <p>2. There is no explicit evidence that units or officials dealing with gender, disability, or social inclusion issues (e.g.: Ministry of PPPA, etc.) were involved in the final approval process.</p> <p>The budget documents or Program Strategic Plan do not indicate any GEDSI validation component in the financing or approval mechanisms.</p> <p>GEDSI Analysis: The absence of GEDSI unit involvement in the approval process indicates that the inclusion lens is not institutionally integrated into the project governance structure.</p> <p>This can lead to project designs not taking into account the disparities in access and control faced by marginalized groups, and increase the risk of their exclusion in implementation.</p>		
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	<p>Benefit (Beneficiaries, positive changes for vulnerable groups, etc.)</p>	<ul style="list-style-type: none"> • Are project benefits explicitly aimed at reducing gender and social inequalities? • Are social benefits measured in project indicators? 	<p>1. The general objective of the MBG is to improve the nutritional status of students, particularly at the elementary and junior high school levels. However, available public documents do not explicitly state that the program aims to reduce gender or social inequality.</p> <p>Gender-based and social nutritional inequalities (e.g., higher prevalence of anemia in adolescent girls; or lack of access to nutrition for children from poor families, people with disabilities, or indigenous communities) have not been shown to be a focus of benefit arguments during budget preparation.</p> <p>In the RKP, RPJMN, or indicative budget documents for the MBG program, no specific indicators or allocations have been found to explicitly target vulnerable groups, such as:</p> <ul style="list-style-type: none"> • Girls in their teens (junior high school), • Children with disabilities, • Children from 3T areas or very poor families. <p>2. Analysis: The project indicators found focus more on technical output indicators, such as:</p> <ul style="list-style-type: none"> • Number of students receiving nutritious food, • Number of schools running the program, • Medium-term social benefits, such as: <ul style="list-style-type: none"> i. Increasing girls' school participation, ii. Improvement of nutritional status based on gender and socio-economic status, iii. Reducing women's household workload (in preparing provisions), 	2	Gender Blind
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			<p>not yet reflected as part of the outcome indicators.</p> <p>There does not appear to be any social evaluation mechanism that explicitly includes gender or disability dimensions in project performance indicators.</p>		
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Based on the results of the MBG programme assessment in terms of GEDSI, it was found that the design and structure of the MBG programme **did not take into account differences in the needs and experiences of gender, children (boys/girls), persons with disabilities (boys/girls and various types of disabilities), and other vulnerable groups, thereby risking reinforcing existing injustices (Gender Blind)**. More detailed information regarding the factors causing these indications is described as follows:

a. Portrait of the Free Nutritious Meal Program Regulation in Aspects of Gender Equality, Disability, and Social Inclusion (GEDSI)

As one of the National Strategic Projects (PSN) which is stated in Presidential Regulation (Perpres) Number 12 of 2025 concerning the National Medium-Term Development Plan (RPJMN) 2025-2029, the Free Nutritious Meals (MBG) program has several regulations that serve as the basis for its implementation. These regulations include:

- Law Number 62 of 2024 concerning the 2025 State Budget which regulates the allocation of funds for the MBG national strategic program;
- Presidential Regulation Number 17 of 2015 concerning Food Security and Nutrition;
- Presidential Regulation Number 83 of 2024 concerning the Establishment and Appointment of the National Nutrition Agency which establishes the National Nutrition Agency as the main implementer of MBG along with target recipients, including students, children under five years old, pregnant women, and breastfeeding mothers;

- National Food Agency Regulation Number 1 of 2025 concerning Technical Instructions for the Use of Non-Physical DAK for Food Security and Agriculture Funds for the 2025 Fiscal Year, which provides technical instructions regarding the use of funds for MBG and prioritizes improving the quality of community food consumption based on diversity, balanced nutrition, and safety;
- Decree of the Deputy for Distribution of the National Nutrition Agency (BGN) Number 2 of 2024 concerning the operational technical instructions for MBG.

In the 2025-2029 RPJMN, it is stated that one of the main targets of the Golden Indonesia Vision 2045 is increasing resource competitiveness with a Human Capital Index target of 0.73. In addition, the first stage of the 2025-2029 RPJPN policy direction includes social transformation that focuses on completing the fulfillment of basic health, education, and social protection services and improving the quality of human resources to form productive people. The MBG program is one of the programs launched in Asta Cita 4, namely strengthening human resource development (HR), science, technology, education, health, sports achievements, gender equality, and strengthening the role of women, youth (millennials and generation Z), and people with disabilities where this program is the Government Priority Programs for 2025-2029 and the Fastest Best Results Program.

Table 5. Fastest Best Results Programs

Prabowo- Gibran's Fastest Results Program 2025-2029	1. Providing free lunches and milk in schools and Islamic boarding schools, as well as nutritional assistance for toddlers and pregnant women.
	2. Organizing free health checks, resolving TB cases, and building complete, quality hospitals in the district.
	3. Creating and increasing agricultural land productivity with village, regional and national food barns.
	4. Building integrated superior schools in each district, and repairing schools that need renovation.
	5. Continue and add to the social welfare card and business card programs to eliminate absolute poverty.
	6. Increase the salaries of civil servant/ASN (especially teachers, lecturers, health workers, and extension workers), TNI/POLRI, and state officials.
	7. Continuing the development of village and sub-district infrastructure, Direct Cash Assistance (BLT), and ensuring the provision of affordable, well-sanitized housing for those in need, especially the millennial generation, Generation Z, and low-income communities (MBR).
	8. Establishing the State Revenue Agency and increasing the ratio of state revenue to gross domestic product (GDP) to 23%.

Source: RPJMN 2025-2029

The MBG program is claimed to contribute to reducing extreme poverty and increasing the number of people with disabilities working in the formal sector. This is reflected in the main strategy for poverty alleviation, which includes efforts to develop human resources and expand economic access. Furthermore, the 2025-2029 National Medium-Term Development Plan (RPJMN) document states that holistic human development rests on the provision of basic services, human capital development, and socio-cultural capital development, all of which are supported by a life-cycle approach. mainstreaming gender and social inclusion, and balanced population growth.

MBG program as one of the national strategic projects established and implemented through the Government Work Plan mechanism. To ensure that National Strategic Projects proceed according to plan, control measures and evaluations of their readiness

implementation performance are implemented, and national development risk management is implemented. Based on the results of these controls and evaluations, updates to National Strategic Projects can be made in an integrated manner with the RKP mechanism.

In the 2025-2029 RPJMN document, the National Strategic Project is designed as a project or program (collection of projects) that has a strategic, measurable nature, and has a significant impact on achieving the targets of the 2025-2029 RPJMN, especially the President's Priority Programs including the Fastest Best Results Program, especially to improve the quality of human resources, reduce poverty, increase quality and sustainable economic growth, and encourage equitable development. The MBG program is planned to be implemented in all districts/cities in all provinces in stages and will be developed comprehensively until 2029. The agencies responsible for implementing the MBG program are:

Table 6. MBG Program Implementing Agencies

Implementing Agency	
Supporting Agency	National Nutrition Agency
Contributing Agency	Ministry of Health
	Ministry of Primary and Secondary Education
	Ministry of Religion
	Ministry of Agriculture
	National Food Agency
	Ministry of Maritime Affairs and Fisheries
	Ministry of Cooperatives
	Ministry of Small and Medium Enterprises
	National Agency of Drug and Food Control
	Ministry of Public Works
	Ministry of Environment

	Ministry of Villages, Disadvantaged Regions and Transmigration
	Local government

Source: RPJMN 2025-2029

Within the structure of the implementing agencies for the MBG program, there are no actors, units, or agencies/institutions specifically designed to address GEDSI aspects. Furthermore, decision-making forums are dominated by the central government, supporting agencies, and contributing agencies, with no involvement from actors or units concerned with GEDSI aspects. Furthermore, there is no inclusive, accessible oversight and complaints mechanism.

Funding for the 2025-2029 National Medium-Term Development Plan (RPJMN) is prioritized for the implementation of eight National Priorities, including the MBG program, which is included in National Priority 4. The planning document states that National Priority 4 requires Rp3,147,395.5 billion from the State Budget (APBN), while non-APBN funds require Rp5,972,182.3 billion. However, the detailed allocation of this funding, including how the budget will be allocated inclusively, is not explained.

Furthermore, the planning document states that the development of local food menus is encouraged while ensuring adequate nutritional content, diversity, quality, safety, and affordability of food. The use of local food sources is prioritised, taking into account alternative ingredients and local community preferences. However, there is no detailed mention of how these food menus can safely reach people with disabilities or how they can meet the needs of girls aged 13-18 who are vulnerable to anaemia.

b. Analysis of Regulatory Gaps and Planning of Free Nutritious Meal Programmes in the Aspect of Gender Equality, Disability, and Social Inclusion (GEDSI)

The government claims the MBG program targets vulnerable groups, including children of all school levels, toddlers, pregnant women, and breastfeeding mothers. Furthermore, people with disabilities are also targeted as beneficiaries, including children with special needs (ABK). The government has designated MBG as the fast-paced, best-results program, designed to provide free nutritious meals for students, Islamic boarding school

pregnant women, breastfeeding mothers, and toddlers, has significant leverage for human capital development. The program's primary goal is to build a healthy, intelligent, and productive generation toward a Golden Indonesia by 2045.

However, in planning, the participation and involvement of vulnerable groups, especially people with disabilities, tends to be suboptimal and limited. The Ministry of Social Affairs has committed to targeting people with disabilities as one of the beneficiary groups and has planned a distribution mechanism. However, data and documentation on the involvement of people with disabilities in the planning and policy-making process of the MBG program, both in community forums and with cross-sector stakeholders, indicate a lack of formal participation at the regional and national levels. In addition, no data was found on the involvement of Children's Forums, which have been formed at the national and regional levels (provincial and district/city), even at the sub-district and village levels, in program planning.

The findings indicate that the involvement of vulnerable groups, particularly people with disabilities, is very minimal and occurs after the program is underway. Meanwhile, during the strategic planning stage, vulnerable groups, particularly people with disabilities, are not meaningfully involved. Furthermore, no documentation has been found containing official mechanisms guaranteeing the involvement of vulnerable groups in planning forums or program steering committees. The programme formulation process tends to be top-down, as part of the political agenda and campaign promises as well as national macro targets. In planning documents and decision-making forums, there is no representation of GEDSI actors/units as these are dominated by the central government and related agencies.

The MBG program planning has never meaningfully involved civil society. This is evident in the food program, which relies on community groups (Pokmas), and the Family Hope Program (PKH), which collaborates with non-governmental organizations, though primarily at the implementation level. Media statements indicate that the MBG program will also empower cooperatives, village-owned enterprises (BUMDes), village-owned

enterprises (BUMDesma), and schools. Community groups (Pokmas) comprising women, families, active seniors, people with mild disabilities, civil society organizations (CSOs), the Family Welfare Movement (PKK), and youth organizations (Karang Taruna), which also appear to be at the implementation level (Bappenas, 2024).

For example, National Food Agency Regulation No. 1 of 2025 concerning Technical Guidelines for the Use of Non-Physical Special Allocation Funds (DAK) for the 2025 Fiscal Year Food Security and Agriculture Fund does not specifically state which activities are eligible for funding from the Non-Physical Special Allocation Fund (DAK) for the Food Sub-Type, which targets women, indigenous communities, and other vulnerable groups. Furthermore, there is no specific list of planned activities targeting and involving people with disabilities and children with special needs (ABK) in program implementation.

Table 7. GEDSI Mainstreaming Planning in the MBG Program

GEDSI Aspects	Points of the Government's Implementation Plan	Regulatory Basis
Gender Equality	The goal of the MBG program is a. students at the early childhood education, elementary education, and secondary education levels in general education, vocational education, religious education, special education, special service education, and Islamic boarding school education; b. children under five years of age; c. pregnant women; and d. breastfeeding mothers.	Presidential Decree 83/2024, Law 62/2024, Regional Regulation 1/2025, SDGs
Disability	MBG applies to children with disabilities, both in formal and non-formal schools; implementation of inclusivity through the Ministry of Social Affairs/Regional Governments. ¹²	Presidential Decree 83/2024, Ministry of Social Affairs' Commitment, SDGs
Social Inclusion	Inclusion of the elderly, marginalized/poor groups, local MSMEs; public complaint mechanisms.	Presidential Decree 83/2024, Regional Regulation 1/2025, Regional Government Regulations, SDGs

¹² People with Disabilities Promised Can get MBG. <https://kbr.id/articles/indeks/tahun-depan-penyandang-disabilitas-dijanjikan-dapat-makan-bergizi-gratis-2-kali-sehari>.



Photo Source: CNN Indonesia

Although the regulatory framework already incorporates the principle of inclusion, clear and rigid technical details (implementation and technical instructions) regarding GEDSI implementation remain elusive and have become a concern for beneficiaries. From the project selection stage through to project approval, planning documents focus primarily on logistics and inter-agency coordination without a more in-depth analysis of potential access barriers faced by women, persons with disabilities, indigenous communities, and other vulnerable groups. Furthermore, there is no specific explanation or mapping of nutritional needs, physical, social, or cultural barriers potentially faced by these vulnerable groups.

In the benefit indicators, the target beneficiaries of the MBG program are only stated in general terms, without disaggregated data based on gender, social status, and disability. Without disaggregated data, there is potential for unequal distribution of benefits. The risk of injustice is high because planning has not fully accommodated the needs of children with disabilities who require special food and children from indigenous communities with different food practices. Furthermore, no social benefit indicators targeting the reduction of gender and social inequalities were found.

c. Opportunities and Challenges in Mainstreaming Gender Equality, Disability, and Social Inclusion (GEDSI) in the Free Nutritious Meals Programme

The assessment noted that the potential for directing the MBG program toward gender sensitivity remains an opportunity for the future. For example, the involvement of women's groups in the Family Empowerment and Welfare Movement (PKK) and female teachers could be strengthened as agents of nutritious food management, although this potential has not been systematically integrated into planning documents.

Lunch programs have been implemented in a number of countries before being implemented in Indonesia. According to data released by the Global Child Nutrition Foundation (GCNF), 146 countries will have implemented school lunch programs at various scales by 2024. Among those implementing these programs, there are good practices in gender mainstreaming and social inclusion that could be implemented in Indonesia's future MBG program.

A number of countries that have implemented lunch programs have shown that in their planning and implementation, these programs can involve vulnerable groups, indigenous communities, and people with disabilities. Inclusively designed programs combine targeting vulnerable groups, inclusive procurement, culturally appropriate menus, and meaningful community participation. Below is a detailed comparison of GEDSI aspects of lunch programs in several countries:

Table 8. Comparison of Free Nutritional Meal Programs in Aspects GEDSI in Several Countries

Aspect	Brazil	Peru	India	South Africa	Ghana	Chile
Vulnerability targeting	Universal national coverage	Large, layered food safety	Universal for state schools grades 1–8	Focus on the poorest 60%	Children are vulnerable to decentralized governance	Students in vulnerable conditions
Gender	Economic empowerment through purchasing from family farmers (more women)	Involvement of mothers/local committees in several areas	Mothers' participation; evidence of the impact of the presence of girls but there are cases of discrimination	Poverty targets benefit the poorest girls	Empowerment of local cooks (dominantly women), impacted when funds are late	Prevention of adolescent obesity (gender relevant)
Disability	Still limited/scattered	Need to strengthen disability indicators	Guidelines exist; implementation varies between states.	Opportunities to strengthen disability services	Need to sharpen SOP for disabilities	Need for disability indicators
Customs/ Culture	Menu adaptation for indigenous communities	Local identity & cultural acceptance	Local cultural issues are diverse	Local relevance via school/ community gardens	Local procurement; regional menu variations	Nutrition curriculum + food regulations

Inclusive procurement	≥30% of farmers (economic inclusion)	Transparency & food safety	Large scale; dependence on local suppliers	School & community gardens	Decentralization	Digital service contracts
Disaggregated data & M&E	Expand gender-disability disaggregation	There is a practice of openness; expand disability	Strong M&E; needs to mitigate discrimination	Wide coverage; GEDSI data required	Data quality needs improvement	Nutrition studies & regulations available

Processed from various sources*

In more detail, the free meal program at **Brazil**, known as the National School Nutrition Program (PNAE), is designed to improve children's nutrition, reduce hunger, and support education by providing healthy meals in schools. School meals must meet at least 15% of students' daily nutritional needs. The program provides meals in more than 150,000 schools, with a varied menu including rice, vegetables, meat, and fruit. Each student receives a free, government-subsidized portion of the meal. The cost per student for the meal is covered by the federal and state budgets, with a per capita cost of approximately R\$1.50 (equivalent to Rp4,400). This program is a successful example of combating poverty and hunger through the provision of nutritious food in educational settings.¹³ The program has expanded to cover 40 million children in Brazil. It is professionally managed by 8,000 nutritionists. The Brazilian government also requires that 30 percent of school meals come from local family farms.

¹³ Silva et al, 2022.

Free meals program in Brazil. Photo Source: Merdika.id

Free meals program in Brazil, known as the National School Nutrition Program (PNAE)

- ▶ School meals must meet at least **15%** of students' daily nutritional needs.
- ▶ Provides meals in more than **150,000 schools**, with a varied menu including rice, vegetables, meat, and fruit.
- ▶ The program is **professionally managed by 8,000 nutritionists** and mandates that **30%** of food supplies be sourced from local family farms.





Mid-Day Meal in India. Photo Source: Leaglesamiksha.com

Lunch program at **India** known as the “Mid-Day Meal” (MDM), which was motivated by malnutrition among school children. India is known as one of the countries with high rates of malnutrition, with four out of ten children suffering from malnutrition. The Indian government then launched a free midday meal program in 1995 to increase school attendance and reduce hunger. This program covers 125 million children in government and government-aided schools.¹⁴

This program involves collaboration between ministries and non-governmental organizations, including the Ministry of Education, the Ministry of Social Affairs, and the Ministry of Agriculture. Non-governmental organizations (NGOs) play a role in planning, implementing, and improving the effectiveness of food distribution. Thirty percent of food procurement must be supplied by local farmer groups to support the local economy and ensure nutritional diversity. NGOs assisting in the implementation of the Mid Day Meal Scheme (MDMS) include the Akshaya Patra Foundation, the Nandi Organization, and Annamrita. Each NGO has its own duties and functions to implement a more effective program and reach more children across the country.¹⁵

The Indian government allocates funds for this program and ensures that it is fully utilized to feed children. Implementation on the ground is delegated to local government agencies, teacher and student organizations, and non-governmental organizations. Meanwhile, South Africa focuses on targeting poverty alleviation, Ghana has a strong decentralization framework, and Chile focuses on vulnerability and obesity prevention.

¹⁴ MD Asraul Hoque, 2024.

¹⁵ Tattwamasi Paltasingh & Prakash Blue, 2022.

Good practices from these countries can be an opportunity to be implemented in future MBC programs, including implementing inclusive procurement to strengthen local farmers and MSMEs, menus tailored to local food cultures and nutritional content that is appropriate for beneficiaries, especially people with disabilities, providing disaggregated data to prioritize areas and schools with extreme poverty levels, and involving all elements of society in the business process.



The Brazilian government's policy mandates that at least 30 percent of the food supplies for the free meal program be sourced from local farmers. Photo Source: Merdika.id

However, a number of potential risks need to be mitigated, including accessibility for people with disabilities in the program, increased discrimination against women as providers and beneficiaries, and the difficulty of accessing disaggregated data to strengthen the program's reach.

CONCLUSION AND RECOMMENDATIONS

a. Conclusion

Prabowo Subianto, as President-elect for the 2024–2029 period, designed the Free Nutritious Meal Program (MBG). Coordinated by the National Nutrition Agency (BGN) as a flagship program to accelerate nutritional improvements for school-age children. Implementation of this program began on January 6, 2025, through the Nutrition Fulfillment Service Unit (SPPG) and will be carried out in stages, aligning with the school year schedule¹⁶. This program aims to build a national nutritional resilience system and realize nutritional governance by providing nutritious food every day for elementary, middle, and high school students, and Islamic boarding school students to reduce stunting and malnutrition rates, as well as increase learning concentration and school participation.

However, the assessment conducted on the MBG program in the GEDSI aspect shows that this program is still in the category **Gender Blind**. This category indicates that MBG programs do not take into account differences in gender needs and experiences, thus risking reinforcing existing inequities.

During the project selection, due diligence, and approval stages, in-depth analysis of the needs of women and girls, people with disabilities, indigenous communities, and other vulnerable groups was not conducted. Furthermore, planning documents were not supported by disaggregated data, risking programs being mistargeted and reinforcing existing inequalities and inequities.

The main findings indicate that in terms of access indicators, MBG planning documents place greater emphasis on logistics, the establishment of supervisory bodies and

16 BGN will Starting the MBG Program Gradually. <https://www.bgn.go.id/news/artikel/bgn-akan-memulai-program-mbg-secara-bertahap>. Accessed on June 24, 2025.

institutional coordination than on identifying social vulnerabilities and gender-based barriers. Furthermore, there is no mapping of physical and non-physical barriers to access for students with disabilities and women and girls with double burdens.

In terms of participation indicators, there was no evidence of programme design and planning that involved women and girls, persons with disabilities, indigenous peoples, and other vulnerable groups. The MBG programme was based on President Prabowo's top-down political agenda and campaign promises, without analysing the needs of the community. Furthermore, even when persons with disabilities did participate in the business process, it tended to be symbolic (tokenism).

In terms of control indicators, women and girls, persons with disabilities, indigenous peoples, and other vulnerable groups are not involved in project decision-making. The decision-making forum is dominated by the central government, stakeholder agencies, and contributor agencies without the involvement of actors or units that pay attention to GEDSI aspects. In addition, there is no oversight and complaint mechanism that is accessible to all parties and is inclusive.

Meanwhile, in terms of benefit indicators, the objectives or targets of the MBG programme remain very universal (students, Islamic boarding school students, pregnant women and breastfeeding mothers) without disaggregated data based on gender, disability, and social and economic status. In the planning document, there are no indicators targeting the reduction of gender and social inequalities that could exacerbate existing injustices.

b. Recommendation

More progressive efforts are needed to make the MBG programme gender-sensitive or even gender-transformative. There is a need to establish formal, inclusive and representative public participation mechanisms, particularly by involving civil society organisations and organisations of persons with disabilities from the planning stage to the evaluation of the programme. This is to ensure that GEDSI principles are realised in the policies and implementation of the MBG programme in all regions.

Strengthening the GEDSI strategy is absolutely necessary, such as providing disaggregated data, inclusive and meaningful participation mechanisms, technical food distribution for persons with disabilities and its nutritional content, and integration of indicators that target the reduction of social and gender gaps. Regulatory improvements, including revisions to implementation guidelines (juklak) and technical guidelines (juknis), are necessary to ensure that GEDSI aspects are fully realised in MBG practices and oversight. In terms of control and accountability, strengthening technical guidelines and monitoring systems is essential to ensure accessibility and equitable distribution of benefits to the most vulnerable groups, as well as the development of policies that implement a more responsive GEDSI. In more detail, the following recommendations can be implemented by stakeholders, including:

1. Government

- Encourage more progressive efforts in gender-responsive and inclusive policies and regulations in every stage of the National Strategic Project, including the Free Nutritious Meals program;
- Reformulating the governance of the MBG program as a derivative of existing policies and regulations, through a comprehensive study with a GEDSI perspective. This study must involve academics and civil society organizations—including organizations of persons with disabilities.

2. National Nutrition Agency

- Make development of a Roadmap and Guidelines for Gender Mainstreaming and Social Inclusion in the Free Nutritional Meals program and involving women and persons with disabilities in management positions and using the findings of this study to conduct program evaluation and improvement;
- Integrate GEDSI into the overall technical guidelines for planning and governance of the MBG program;
- Establish a mechanism for transparency of programs and responsive complaints for vulnerable groups – especially people with disabilities – that can be accessed by the entire community, including vulnerable groups;

- Develop GEDSI-based program performance indicators;

3. House of Representatives of the Republic of Indonesia

- Implementing program monitoring mechanisms from the government project selection stage to ensure that programs consistently accommodate the needs of vulnerable groups;
- Develop monitoring instruments for the MBG program from a GEDSI perspective;
- Considering the allocation of the MBG program budget based on the monitoring and evaluation carried out;
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4. Civil Society to be actively involved in planning and monitoring and strengthening social control over the MBG program.

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