

MANAGEMENT OF THE FREE NUTRITIOUS PROGRAM (MBG) TO FULFILL INCLUSIVE STUDENTS' NUTRITIONAL RIGHTS SMPN 18 BENGKULU CITY

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Abstract: Management of the Free Nutritious Program (MBG) to Fulfill Inclusive Students' Nutritional Rights SMPN 18 Bengkulu City

Meeting students' nutritional needs in inclusive education is an important issue because it is linked to learning quality and child health. The Free Nutritious Meal Program (MBG) tries to give fair access to healthy food, but it needs management that fits the different needs of inclusive students. This study describes how the MBG program is managed to fulfill the nutritional rights of inclusive students at SMPN 18 Bengkulu City. The study used a qualitative case-study design. Data were collected through semi-structured interviews, non-participant observation, and documents. The informants were the principal, the vice principal, teachers, and inclusive students. The data were analyzed with the interactive Miles and Huberman model and the NVivo program. To make the data trustworthy, the study used triangulation, member checking, and an audit trail. The results show that planning was mostly administrative and not yet based on each student's nutritional assessment. Implementation was scheduled and clean and helped inclusive students join social activities, but the menu was not yet adjusted to special needs. Evaluation was still administrative and not based on health outcomes. The main problems were limited budget, facilities, and staff, no nutrition expert, and no specific inclusive policy. The novelty of this study is that it joins school nutrition management, students' nutritional rights, and inclusive education in one management framework. The study concludes that the program succeeds when management uses data, when school leaders are strong and inclusive, and when the school works with other sectors.

Keywords: Free Nutritious Meal Program, Inclusive Education, School Management, Student Nutrition, Inclusive Services.

Abstrak: Pengelolaan Program Makanan Bergizi Gratis (MBG) untuk Memenuhi Hak Gizi Siswa Inklusif SMPN 18 Kota Bengkulu

Pemenuhan hak gizi siswa dalam pendidikan inklusif merupakan isu strategis yang menghubungkan kualitas pembelajaran dan kesehatan peserta didik, namun Program Makan Bergizi Gratis (MBG) menuntut pengelolaan yang adaptif terhadap keberagaman kebutuhan siswa inklusif. Penelitian ini menganalisis pengelolaan program MBG dalam pemenuhan hak gizi siswa inklusif di SMPN 18 Kota Bengkulu. Dengan desain studi kasus kualitatif, data dikumpulkan melalui wawancara semi-terstruktur, observasi non-partisipan,

dan dokumentasi yang melibatkan kepala sekolah, wakil kepala sekolah, guru, dan siswa inklusif, lalu dianalisis menggunakan model interaktif Miles dan Huberman dengan bantuan NVivo. Keabsahan data dijaga melalui triangulasi, member checking, serta audit trail. Hasil penelitian menunjukkan bahwa perencanaan masih bersifat administratif dan belum berbasis asesmen gizi individual; pelaksanaan berjalan terjadwal dan higienis serta meningkatkan interaksi sosial siswa inklusif, tetapi menu belum terdiferensiasi sesuai kebutuhan khusus; dan evaluasi masih administratif, belum berbasis capaian. Kendala utama meliputi keterbatasan anggaran, sarana, dan SDM, ketiadaan ahli gizi, serta kebijakan inklusif yang belum spesifik. Kebaruan penelitian terletak pada pengintegrasian manajemen gizi sekolah, hak gizi siswa, dan pendidikan inklusif dalam satu kerangka manajerial. Penelitian menyimpulkan bahwa keberhasilan program ditentukan oleh manajemen berbasis data, kepemimpinan inklusif yang kuat, serta kolaborasi lintas sektor.

Kata Kunci: Program Makan Bergizi Gratis, Pendidikan Inklusif, Manajemen Sekolah, Gizi Siswa, Layanan Inklusif.

INTRODUCTION

Inclusive education is a way of thinking about school that gives equal access and equal service to all students, with no discrimination. It includes students with special needs and students from different social and economic backgrounds (Nadhiroh & Ahmadi, 2024). In this view, a school is not only a place for academic learning. It is also an institution that must protect students' basic rights, including the right to enough food. Good nutrition supports learning success because it is linked to thinking ability, concentration, and how well students take part in class (Saputra, 2025; Taras, 2005). For this reason, the world now pays more attention to programs that connect health and education in schools, especially food-based programs that build human capital from an early age (Bundy et al., 2017; Programme, 2025). The Free Nutritious Meal Program (MBG) is one of these programs. It aims to improve both student health and learning quality in Indonesia's growing inclusive education system.

Nutrition problems among school-age children in Indonesia are still serious (Agustini, 2025). Many studies show that some students do not get enough daily nutrition, and this lowers their concentration, attendance, and school results (Arifin & Hasanah, 2023). To answer this problem, the government started the MBG program to improve nutrition and the quality of human resources from a young age. Empirical data show that the program has a positive effect on students' health and learning motivation (Mowilos et al., 2025). Internal data from SMPN 18 Bengkulu City show hundreds of students from different backgrounds, including 15 inclusive students in regular classes, and some students are still undernourished based on body mass index (UKS SMPN 18, 2024). This shows that malnutrition in schools still

needs planned action. The MBG program is a national policy, but its work at the school level still meets big problems. These include limited facilities, weak food distribution management, and poor monitoring of each student's nutritional needs (Rahmah et al., 2025). In inclusive schools the problem is harder, because inclusive students have different needs linked to their conditions, such as autism, ADHD, and slow learning. If the food service does not match these needs, it can lower student health and learning (Susanto & Raharjo, 2023). Limited staff and the small role of nutrition experts also weaken the program. This shows a gap between the policy and the real practice in the field.

Earlier studies have looked at the MBG program and education quality. They show that the program helps students' nutrition, health, and learning motivation (Mowilos et al., 2025). Studies on school leadership show that success depends a lot on the principal, who manages resources and coordinates the program (Susanto & Raharjo, 2023; Yusran, 2024). Studies on inclusive leadership add that the leader has a key role in making sure that services, including food, reach all students fairly (Wahyuni & Lestari, 2022). International studies also show that team work, a focus on equity, and good use of resources are key parts of inclusive school improvement (Ainscow, 2020; Florian & Black-Hawkins, 2011). However, most of these studies look at policy or general impact, not at integrated management at the school level.

This study uses four connected ideas as its framework. First, the rights-based view sees enough food as a basic right that the school must protect as part of fair education. Second, inclusive education theory asks for services that answer each learner's differences, not the same service for everyone (Ainscow, 2020; Florian & Black-Hawkins, 2011). Third, instructional and inclusive leadership theory points to the principal, who sets goals, coordinates people, and finds resources for school programs (Hallinger & Murphy, 1985). Fourth, the policy-implementation view explains why a gap often stays between national policy and school practice. These four ideas are used to study MBG management through the functions of planning, implementation, and evaluation.

There is still a clear gap in the research. Most earlier studies look at health and education separately. They have not studied MBG management in inclusive schools as one full cycle of planning, implementation, monitoring, and evaluation. Few studies directly link education management to the nutritional rights of inclusive students at the school level, where policy is really carried out. This study fills the gap by studying MBG management in one inclusive school in a full and contextual way.

The novelty of this study is that it joins three things in one management framework: school nutrition management, students' nutritional rights, and inclusive education. The study does not see MBG only as a health policy. It sees MBG as an education management practice shaped by school leadership, and it places the principal as the key person who links nutrition policy with inclusive practice

(Suhartono & Megawati, 2023). In this way, the study gives both theoretical and practical value for building an inclusive-based model of nutrition program management, which is still rarely studied.

This study is urgent because nutrition is a basic right that the constitution protects. It affects not only health but also learning quality and long-term human-resource growth (Suhartono & Megawati, 2023). The need is stronger in inclusive schools, where students face higher nutrition risk and need adaptive services. As the government gives more attention to MBG, it becomes important to study and strengthen the program at the school level. Therefore, this study aims to describe the planning, implementation, and evaluation of the MBG program, the problems faced, and the strategies used to fulfill the nutritional rights of inclusive students at SMPN 18 Bengkulu City.

METHOD

This study used a qualitative approach with a single instrumental case-study design. The goal was to describe, step by step, how the MBG program is managed to fulfill the nutritional rights of inclusive students at SMPN 18 Bengkulu City. This approach was chosen because it gives a deep and contextual understanding of real situations in the field (Rukin, 2019). SMPN 18 was chosen on purpose as a rich case because it runs an inclusive program and also carries out the MBG program. This makes it suitable for a deep single-case study, not for statistical generalization.

The informants were chosen through purposive sampling. They were the principal (P1), the vice principal (P2), two teachers (G1–G2), and two inclusive students (S1–S2). They were chosen because they take part directly in managing or receiving the program: the principal as the policy maker, the vice principal as the operational coordinator, the teachers as implementers and mentors, and the students as the people who benefit. The number of informants is small, but they were chosen for rich information and different roles, so the study could capture management, teaching, and student views. Data were collected until the information was saturated. The small scope is normal for single-case research and is noted in the limitations.

Data were collected through interviews, observation, and documents, using instruments that were prepared in a systematic way. The semi-structured interviews lasted 30–60 minutes for each informant. They followed an interview guide built around the functions of planning, implementation, and evaluation, and also problems and strategies. The interviews used audio recording and field notes. The non-participant observation used an observation guide with clear points, such as food scheduling, food hygiene, the mentoring of inclusive students, and how well the menu fit the students. The documents included school work plans, school health unit (UKS) records, food distribution schedules, and student nutritional-status data (Syahrizal & Jailani, 2023). Using these three techniques together made

the data more complete and more valid. The interviews were carried out in Indonesian, and the quotations shown in the findings were translated into English by the researchers.

The data were analyzed with the interactive Miles and Huberman model, which has three steps: data condensation, data display, and drawing and checking conclusions (Bagaskara & Rohmadi, 2024). The NVivo program supported the work (Anwar, 2025). In NVivo, the interview transcripts, field notes, and documents were imported and coded openly. The codes were then grouped into categories and built into the main themes reported below (planning, implementation, evaluation, problems, and strategies). NVivo was used to organize the codes, find coded parts quickly, and map how the themes were related, not only to make the work look modern.

To make the findings trustworthy, the study used source triangulation (comparing what different informants said) and technique triangulation (comparing interview, observation, and document data). The study also used member checking, by giving interview summaries back to the key informants for confirmation, and peer debriefing with other researchers. An audit trail of raw data, codes, and decisions was kept to support the dependability and confirmability of the findings.

The study followed clear ethical rules. Taking part was voluntary and based on informed consent, given after the purpose of the study was explained, and the school gave its permission. The names of the informants were hidden with codes (P1, P2, G1–G2, S1–S2), and the data were used only for academic purposes and kept confidential. For the student participants, consent was also given by the school and the guardians.

RESULT AND DISCUSSION

Result

Table 1 shows the profile of the informants, including their code, role, and place in the management of the program. The codes are used in the quotations below.

Table 1. Profile of the Informants

Code	Informant	Role in MBG management	Number
P1	Principal	Policy maker	1
P2	Vice principal	Operational coordinator	1
G1–G2	Teachers	Implementers and mentors	2
S1–S2	Inclusive students	Program beneficiaries	2

Source: Data processed by researchers, 2026

Figure 1 shows the model of inclusive MBG management that came out of the findings. It explains how the parts of the program are connected. The school context and the school leader are at the top, because the principal guides the whole program. The three management steps—planning, implementation, and evaluation—form a cycle, because the result of the evaluation is used to improve the next plan.

Around the cycle, the problems slow the program down, while the strategies help to solve them. The bottom of the figure shows the main result: the program gives equal access to food (equity), but it does not yet give fully adaptive service for each student (equality). The final goal is to fulfill the nutritional rights and the learning participation of inclusive students. The text below explains each step and gives the words of the informants.

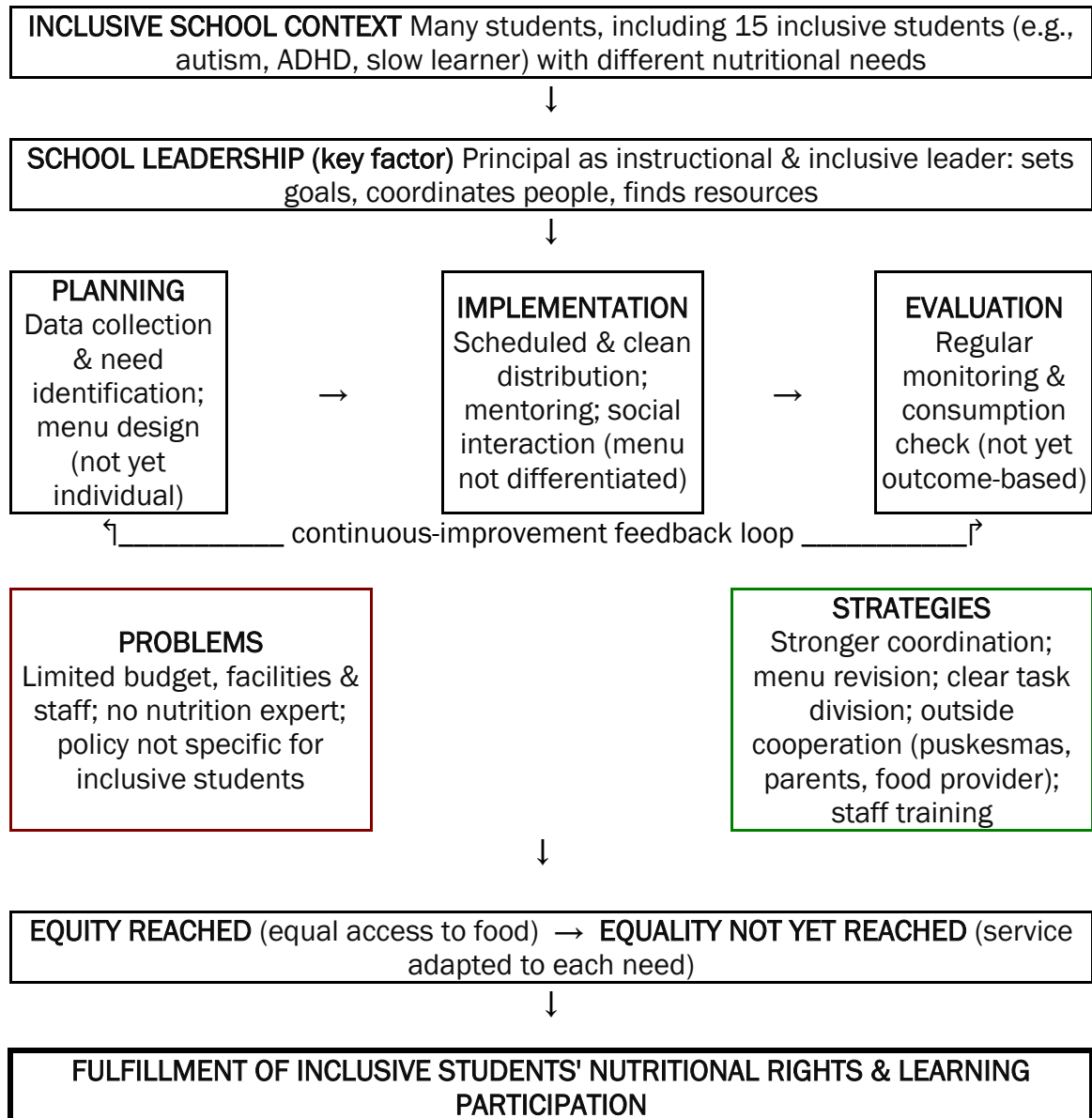


Figure 1. Model of Inclusive MBG Program Management at SMPN 18 Bengkulu City

Source: processed from research findings, 2026 (NVivo-assisted thematic analysis)

Planning of the MBG Program

At the planning stage, the school collected data on the students' health and needs before the program started. The principal explained that class teachers and

special-assistant teachers gathered health data through a form that the parents filled in.

"At the early planning stage, the school identified the nutritional needs of inclusive students. First, the class teachers and the special-assistant teachers collected data on the students' health through a health form filled in by the parents. The data covered illness history, food allergies, and special diet needs." (P1)

The planning was done together with several people. The principal said that the menu was prepared in coordination meetings with teachers, the school health unit (UKS), and the food team, and that the school could change a food when a student had an allergy.

"If a student is allergic to a certain food, we change it for another food with the same nutritional value. For a student who has trouble swallowing, the food is served softer, for example mashed or cut into small pieces." (P1)

Even so, the planning was still mostly administrative. The school did not yet use a full and individual nutritional assessment, and no professional nutritionist took part. Because of this, the menu could not fully match every special condition. This shows that the school already has awareness, but the planning has not yet become a fully data-based and multidisciplinary process.

Implementation of the MBG Program

The program ran in a scheduled and orderly way. Food was given to all students on a fixed schedule, and teachers and staff handed it out.

"Food from the MBG program is usually delivered by the provider in the morning before break time. A school officer or the teacher on duty receives the food and checks the amount and condition. At meal time, the teachers and staff hand out the food to each class." (P1)

The food was served in a clean way, and inclusive students were helped during the meal. The shared meal also helped these students join social activities with their friends.

"We feel happy with the MBG program. We feel cared for because we get healthy food every day with our friends. Eating together makes us feel more comfortable and not different from other students." (S1)

However, the food was mostly the same for everyone. The vice principal said that teachers adjusted the food for some students, but not for all needs.

"The way we serve the food is starting to fit some inclusive students. For students with motor difficulties or trouble chewing, the food is cut smaller and made softer. But this change does not yet cover all kinds of special needs." (P2)

This means that the program gave equal access to food, but the service was not yet fully different for each special need. The adjustment depended on the care of individual teachers, not on a written standard.

Evaluation of the MBG Program

The school checked the program regularly. The vice principal explained that the school used simple tools to follow how the students ate and how their health changed.

"The school has some simple tools to check the program for inclusive students. We use a teacher observation sheet, a record of the students' health, and a list of attendance and food intake. The special-assistant teacher writes down whether the student finishes the food and how the student responds to the menu." (P2)

The results of the evaluation were then used to improve the program, for example to change the menu.

"The MBG menu has been revised several times based on our evaluation. We look at how much the students eat, the food left over, and the input from students and teachers. Menus that students do not like are changed for more suitable ones, but we keep the nutrition value." (P2)

Still, the evaluation was mostly administrative. The tools were simple and not standardized, and no nutritionist took part. So the school could not yet measure the real effect of the program on the students' nutritional status in a clear and outcome-based way.

Problems in the MBG Program

The program met several problems that worked together. The budget was a main problem, especially for inclusive students with special needs.

"In general, the MBG budget already helps to provide food for all students, including inclusive students. But for some students with special needs, such as food allergies or special nutrition, the budget is not fully enough. Sometimes the school has to change the menu or look for other food." (P2)

The number of assistant teachers was also limited, so support for inclusive students could not be given fully. In addition, the policy did not give detailed rules for inclusive students.

"In general, the MBG policy supports food for all students. But in practice, not all needs of inclusive students are explained in detail in the policy." (P2)

There was also no professional nutritionist, so the menu was not fully based on ideal nutrition standards. These problems show a structural gap between the policy and the real practice in the field, not only small technical problems.

Strategies to Solve the Problems

To answer these problems, the school used several adaptive strategies. It made coordination stronger, divided tasks clearly, and worked with outside partners.

"In running the MBG program, the school works together with some outside partners, such as the food provider, the related offices, and the staff in charge of food distribution. The school also coordinates with the parents to explain the goal of the program." (P2)

The school also adjusted the menu step by step and gave basic training to the staff. These strategies show that the school did more than only react to problems. However, to build a professional and sustainable system, the school still needs stronger cooperation with nutrition experts and other partners.

Discussion

The findings show that the school managed the MBG program through planning, implementation, evaluation, and problem-solving strategies, inside an inclusive management framework. The program helped fulfill students' nutritional rights, mostly by giving fair access to healthy food. But it was not yet fully effective, because of limited individual assessment, the absence of nutrition experts, and an evaluation system that was not outcome-based. When we read this through inclusive education theory, the program reached equity but not yet equality—service that answers each learner's difference (Ainscow, 2020; Florian & Black-Hawkins, 2011). This shows that success comes not only from having a policy, but from the quality of data-based management and team work.

Joining health and education through the MBG program is a good step for learning quality. This fits the idea that good nutrition is linked to thinking ability and school results (Mappaenre et al., 2022; Taras, 2005). So the program is not only a health action; it is also a tool for education quality. But the findings also show that without a strong management system, the program may not reach its goals. The weak individual assessment and the small role of experts show that the program is still moving toward an evidence-based system.

Inclusive practice in the program still meets structural and cultural problems. In theory, inclusive education needs service that answers each student's need (Florian & Black-Hawkins, 2011). But in practice, limited resources and a still-growing understanding of inclusion mean that the service stays general. This shows that having an inclusive policy on paper is not enough. The school also needs to change its management practice and build the institutional readiness to give adaptive service.

School leadership was a key factor. The findings fit instructional-leadership theory, which sees the principal as a leader who sets goals, coordinates people, and finds resources for success (Hallinger & Murphy, 1985; Susanto & Raharjo, 2023; Yusran, 2024). In this case, the principal was not only an administrator but also a person who drove coordination. This means that building leadership capacity is central to a better MBG program in inclusive schools. At the same time, the steps of management were still not fully joined, which shows that a full system-based approach (Rahmah et al., 2025) is not yet in place and needs a data-based, cross-sector change. These results agree with earlier research that found a positive effect of school meal programs on students' health and learning motivation (Mowilos et al., 2025), and they add an education-management view in an inclusive-school

setting. However, they are different from studies that say such programs already work very well with strong system support. In this single case, the program still met limited resources and the absence of nutrition experts (Fatimah et al., 2024; Pomeo & Winarti, 2024). The difference is best explained by local and institutional factors, which shows why we must read policy implementation in its context. In line with international evidence, lasting school-feeding results depend on joined-up, multi-sector systems, not on giving meals alone (Bundy et al., 2017; Programme, 2025).

In theory, this study adds to inclusive education management by joining the health side of students' nutritional needs and by showing that nutrition programs cannot be separated from education, so they need a multidisciplinary way of management. In practice, schools should make data-based planning stronger, bring in nutrition experts, build an outcome-based evaluation system, and grow leadership capacity. At the policy level, the findings show that national success depends on school-level practice, so the government needs to give more support through resources, training, and technical help, including clear inclusive guidelines for the MBG program.

CONCLUSION

This study concludes that SMPN 18 Bengkulu City managed the MBG program through planning, implementation, evaluation, and problem-solving strategies inside an inclusive management framework, but the program is not yet fully optimal. The program widens access to food services and supports the learning participation of inclusive students. However, its effect is limited by weak individual nutritional assessment, the small role of nutrition experts, and an evaluation system that is not yet outcome-based. The program reached equity more than equality, so its success depends on the quality of management, school leadership, and the joining of health and education policy.

In theory, the study confirms that meeting nutritional needs is part of inclusive education management and is linked to learning quality, and it gives a base for an inclusive-based model of nutrition program management. In practice and policy, it recommends clear steps: do individual nutritional assessment for inclusive students, bring nutritionists into menu design and evaluation, use outcome-based indicators (for example, monitoring of nutritional status), build the leadership capacity of principals, and make a clear inclusive standard for the MBG program. This study is limited to one school, a qualitative design that does not measure impact in numbers, and limited standard nutrition data. So future research should use a mixed-methods approach with a wider scope, measurable health indicators, the help of nutrition experts, and comparative designs. This will give stronger support for building policy and practice to manage MBG programs in inclusive education in a sustainable way.

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