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# THE APPLICATION OF FOOD MANAGEMENT AND HALAL MANAGEMENT IN THE FREE NUTRITIOUS MEAL (MBG) PROGRAM IN INDRAMAYU REGENCY AND ITS IMPLICATIONS FOR FOOD SAFETY

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***Abstract:*** *The Free Nutritious Meal Program (MBG) is a large-scale national nutrition program targeting 82 million students throughout Indonesia with the aim of reducing the prevalence of stunting and improving the nutritional status of school-age children. However, the implementation of this program faces serious challenges in the form of an extraordinary event (KLB) of food poisoning that affected 33,626 students nationwide between January 2025 and April 2026. Indramayu Regency was identified as one of the five districts/cities in West Java that experienced confirmed cases of poisoning, making it a representative research locus. This article aims to analyze the application of food management and halal management in the Nutrition Fulfillment Service Unit (SPPG) in the MBG program in Indramayu Regency and its implications for food safety. The study used a sequential explanatory mixed method design with a simultaneous phase, integrating quantitative secondary data from official institutions (BPOM, BPJPH, BGN, Ministry of Health, BPS) with qualitative data from the analysis of policy documents, regulations, and indexed scientific publications. The findings show a critical systemic gap: only 0.34% of SPPGs (34 out of 10,012 kitchens) have a Sanitation Hygiene Suitability Certificate (SLHS), while only 23.4% are halal certified as of February 2026. The root of the poisoning problem was identified in non-standard handling of raw materials and distribution times that exceeded safe limits. This study recommends the development of an integrated model of food–halal management based on HACCP, Halal Product Assurance System (SJPH), and Standard Operating Procedures (SOP) that is adaptive to the context of the MBG program.*

*Keywords:* food management; halal management; free nutritious meals; food safety; SPPG; Indramayu Regency

## 1. Introduction

The Free Nutritious Meal Program (MBG) is one of the priority programs of the Indonesian government which was officially launched in January 2025 based on Presidential Regulation Number 83 of 2024 concerning the National Nutrition Agency (BGN). This program is designed as a strategic instrument to answer national nutrition challenges, especially in reducing the prevalence of stunting from 19.8% in 2024 to the 2029 RPJMN target of 14.2%. With a target of 82 million beneficiaries from early childhood to high school, boarding schools, and Islamic boarding schools, the MBG program is the largest public nutrition intervention ever implemented in Indonesia.

However, behind the program's great ambitions, the reality of implementation on the ground presents serious problems that cannot be ignored. Data compiled by the Indonesian Education Monitoring Network (JPPI) and confirmed through the academic forum of Gadjah Mada University in April 2026 recorded that as many as 33,626 students experienced food poisoning in the period from January 2025 to April 2026. The Food and Drug Supervisory Agency (BPOM) in a working meeting with Commission IX of the House of Representatives of the Republic of Indonesia reported at least 17 poisoning incidents spread across 10 provinces throughout Indonesia. The findings of the Ombudsman of the Republic of Indonesia identified that the main root cause of the poisoning was poor handling of raw materials and food distribution times that exceeded the recommended consumption safety limits.

A more worrying condition is found in the institutional capacity of the Nutrition Fulfillment Service Unit (SPPG), which is the kitchen unit responsible for food production and distribution in the MBG program. Based on BGN data confirmed at the Commission IX meeting of the House of Representatives in September 2025, out of a total of 10,012 SPPGs operating nationally, only 34 units (0.34%) already have a Sanitation Hygiene Certificate (SLHS). Meanwhile, BPJPH data as of February 2026 shows that only 2,340 SPPGs (23.4%) have been halal certified, even though the Halal Product Assurance Agency (BPJPH) requires each SPPG to have an internal Halal Supervisor and implement a Halal Product Assurance System (SJPH).

Indramayu Regency, West Java, is one of five districts/cities in West Java Province identified in the list of regions with confirmed cases of MBG poisoning. In the context of local nutrition, Indramayu recorded a positive reduction in stunting, from 21.1% in 2022 to 18.4% in 2023 based on the Indonesian Nutrition Status Survey (SSGI). Although this figure is already below the national average in 2024 (19.8%), Indramayu Regency still leaves 1,207 children who have not graduated from the OTAAS (Integrated Orientation for School-Age Children) program in 2024.

Studies of halal management in the context of public food programs show that halal certification is not just the fulfillment of regulatory obligations, but rather a system of biological and chemical safety assurance in the food production process. This was stated by the Institute for the Assessment of Food, Drugs and Cosmetics of the Indonesian Ulema Council (LPPOM MUI) and corroborated by the results of an audit by the Ministry of Industry at SPPG Muara Jaya which found inconsistencies between halal regulations and field practices.

Based on this background, this article formulates three research questions: (1) What are the actual conditions of the implementation of food management and halal management in SPPG in the MBG program in Indramayu Regency? (2) What are the factors that cause the gap between the regulation and implementation of halal food management in the MBG program? (3) What are the implications of the gap for food security and what are the policy recommendations that can be proposed? The purpose of the research is to systematically analyze these gaps and formulate a food-halal management integration model that can be operationalized as a reference for policies and practices at the SPPG level.

## 2. LITERATURE REVIEW

### 2.1 Food Management in Mass Scale Public Food Programs

Food management in the context of large-scale public food programs refers to a series of systematic procedures that include the handling of raw materials, production processes, storage, packaging, and distribution of food that meets food safety standards set by the

competent authorities. Within the framework of Indonesian regulations, Law Number 18 of 2012 concerning Food stipulates that safe food is food free from biological, chemical, and physical contaminants that can endanger human health.

Hazard Analysis and Critical Control Points (HACCP) is an internationally recognized food management system and is the main technical reference in food safety control. The system identifies critical points in the food production chain that are at high risk of contamination, then establishes measurable and verified control procedures. In the context of the MBG program, BPOM through an investigation of a poisoning case in East Belitung in September 2025 confirmed that Salmonella bacterial contamination in side dishes is the root of the main biological problem, which directly shows the failure to apply the HACCP principle.

Research by Maulia et al. published in the Journal of Basicedu (Volume 9, Number 6, 2025) documented that the incidence of poisoning in the MBG program not only results in short-term physical health problems, but also negatively impacts the quality of student learning. Meanwhile, Rahmani et al. in the journal Caraka (Volume 6, Number 2, 2025) identified that the crisis management of local governments in handling the MBG poisoning KLB shows the unpreparedness of procedures at the district/city level.

## 2.2 Halal Management in the Context of Food Programs

Halal management in food production is a management system that ensures that the entire food production chain, from the selection of raw materials to the products consumed, meets the provisions of Islamic law and technical standards set by BPJPH based on Law Number 33 of 2014 concerning Halal Product Assurance and its derivative regulations. In contrast to the general perception that halal assurance is limited to product labeling, LPPOM MUI and BPJPH explicitly affirm that halal certification is a biological and chemical safety assurance system.

Within the framework of the MBG program, BPJPH stipulates three main components of halal management that must be fulfilled by every SPPG: first, the existence of an internal Halal Supervisor who has received training and certification from BPJPH; second, the implementation of a Halal Product Assurance System (SJPH) that is documented and audited regularly; and third, the ownership of Halal Certificates issued by BPJPH. This obligation is strengthened by the BGN's ultimatum in September 2025 which requires all SPPGs to obtain three mandatory certificates within a period of one month.

Romadhon and Wachidah's research published in the journal Entita (2025) documented that food products in the MBG program often do not include halal labels on their distribution packaging, even though JPH regulations explicitly require labeling. The Ministry of Industry's audit at SPPG Muara Jaya corroborated this finding by finding the absence of physical separation between halal and non-halal tools and production sites.

## 2.3 MBG Program Regulation Framework

The MBG program operates in three complementary layers of regulatory frameworks. The first layer is general food regulation which includes Law No. 18/2012 on Food as the main normative basis for national food safety. The second layer is a special regulation for the MBG program, namely Presidential Regulation No. 83/2024 which establishes BGN as the organizing authority and the Ministry of Health Circular Letter No. HK.02.02/A/4954/2025 concerning food safety, preparedness, and KLB response issued in October 2025. The third layer is halal product assurance regulation based on Law No. 33/2014 and its implementation regulations by BPJPH.

These three layers of regulation collectively form a comprehensive SPPG operational feasibility standard. However, in practice, inter-regulatory coordination faces institutional

fragmentation because SLHS supervision is under the authority of the district/city Health Office, halal supervision under BPJPH, and program operational supervision under BGN. The absence of a single supervisory integration mechanism is one of the structural factors that contribute to the low level of compliance of SPPGs with the required standards.

## 3. RESEARCH METHODOLOGY

### 3.1 Research Design

This study uses a mixed method explanatory sequential design with simultaneous phase (concurrent triangulation). In this design, quantitative and qualitative components are collected and analyzed simultaneously in a single phase, then integrated at the synthesis stage through joint display techniques to produce a more comprehensive understanding than can be achieved by a single approach. The selection of this design was based on the consideration that the phenomenon of the gap in the implementation of food-halal management in the MBG program requires quantification of the scale of the problem as well as an understanding of the context and mechanism of its causes.

### 3.2 Analysis Unit and Research Locus

The research analysis unit is the MBG program in Indramayu Regency, West Java, with a focus on the organizing institutions in the form of SPPG (MBG production kitchen), elementary schools, junior high schools, Islamic boarding schools, and PAUD that are the recipients of distribution. Indramayu Regency was chosen as the locus based on two main considerations: first, the confirmed cases of MBG poisoning in this region as recorded in the Indonesian Wikipedia documentation on the 2025 MBG KLB List; and second, the relevance of the local nutrition context that places MBG as a critical instrument in maintaining the trend of stunting reduction.

### 3.3 Data Collection Sources and Instruments

The quantitative component of this research is sourced from official secondary data obtained from government institutions and accredited research. Data sources include: (1) BPOM RI for national food poisoning KLB data and the report of the Commission IX meeting of the House of Representatives of the Republic of Indonesia; (2) BPJPH for halal certification status data and the number of trained Halal Supervisors; (3) BGN for SPPG operational data, program targets, and certification policies; (4) SSGI 2022, 2023, and 2024 for stunting prevalence data in Indramayu Regency and nationally; and (5) JPPI via Gadjah Mada University for aggregate data on poisoning victims.

The qualitative component is sourced from: (1) analysis of policy documents, including Presidential Regulation No. 83/2024, Law No. 18/2012, Law No. 33/2014, SE of the Ministry of Health No. HK.02.02/A/4954/2025, and BPJPH regulations; (2) relevant Scopus and Sinta 1–2 indexed scientific publications; (3) reports of official institutions (Ombudsman of the Republic of Indonesia, Ministry of Industry, BPJPH) that are accessible to the public; and (4) primary data collection plans through checklist observations at 5-10 SPPG locations, in-depth interviews, and FGDs with SPPG kitchen heads and stakeholders in Indramayu Regency.

### 3.4 Data Analysis

Quantitative data analysis was carried out through descriptive statistics to measure the scale of the certification gap (percentage of SLHS compliance, halal, and water feasibility) as well as toxicity trends in the available time frame. Qualitative analysis uses a thematic approach by identifying recurring patterns in policy documents, institutional reports, and previous research findings. The integration of the two components is carried out through a joint display technique that displays quantitative and qualitative data side by side to identify the convergence, divergence, and complementarity of the findings.

## 4. RESULTS AND DISCUSSION

### 4.1 Scale of Poisoning Incidence and Food Safety Urgency of MBG

Quantitative data compiled from various official sources illustrates the scale of food safety problems in the MBG program which is massive and systemic. Table 1 below presents a summary of relevant food poisoning data.

Table 1. Data on Food Poisoning in the MBG Program (2025–2026)

| Indicator | Data/Figures | Source |
|---|---|---|
| Total national poisoning victims (Jan 2025–Apr 2026) | 33,626 students | JPPI via UGM, Apr 2026 |
| National Food Poisoning Outbreak (2024) | 138 KLB; 10,171 people | BPOM RI, Feb 2026 |
| MBG poisoning incident reported to the House of Representatives | 17 incidents; 10 provinces | BPOM–Commission IX of the House of Representatives of the Republic of Indonesia, 2025 |
| Regencies/cities in West Java affected by MBG poisoning | 5, including Indramayu Regency | Wikipedia–List of KLB MBG, 2025 |
| Identified contaminant agent | Salmonella spp. | BPOM / Antara News, Sep 2025 |

*Source: Processed from various official sources (2025–2026)*

The number of 33,626 students who were poisoned in the first 16 months of the MBG program is an indicator that shows systemic failure, not just sporadic incidents. BPOM's findings that identified Salmonella bacteria as contaminants in poisoning cases in East Belitung (September 2025) confirm that failures occurred at critical points of temperature control and hygiene in food production systems—two fundamental components in the HACCP analysis. The Ombudsman of the Republic of Indonesia identified two structural causative factors: the handling of raw materials that are not in accordance with standards and the distribution time that is too long, both of which are critical points that should be controlled by standard food management SOPs.

In the context of Indramayu Regency, operational data from SPPG Lohbener which recorded a distribution of 1,376 boxes of rice per day illustrates the large scale of logistics that must be managed by each SPPG unit. On such a large scale of distribution, without

standardized and verified SOPs, the risk of contamination at every point of the distribution chain becomes exponential.

### 4.2 Certification Deficit: A Portrait of the Systemic Gap in Food-Halal Management

Analysis of SPPG certification data nationally reveals a critical gap between the standards required by regulation and the achievement of actual implementation. BGN stipulates three mandatory certificates for all SPPGs, namely the Sanitation Hygiene Certificate (SLHS), the Halal Certificate, and the Water Feasibility Certificate. However, the data as of September 2025 and February 2026 show very low levels of compliance as presented in Table 2.

Table 2. SPPG Certification Status of the National MBG Program

| Certificate Type | SPPG Certified | Percentage | Data Source |
|---|---|---|---|
| Sanitation Hygiene Certificate (SLHS) | 34 of 10,012 | 0,34% | BGN–Commission IX of the House of Representatives, Sep 2025 |
| Halal Certificate (BPJPH) | 2,340 out of 10,012 | 23,4% | BPJPH, 12 Feb 2026 |
| Trained Halal Supervisor (national) | 3,198 supervisors | ~32%* | BPJPH, Feb 2026 |

**Estimate based on the ratio of trained halal supervisors to total SPPG. The certificate must be determined by BGN September 2025.*

The 0.34% SLHS compliance figure was the most critical finding in the overall analysis. The fact that only 34 of the 10,012 SPPGs have met this requirement as of September 2025, while the program has been running and distributing meals to millions of students every day, shows that the MBG program was started and operated under the food safety standards required by applicable regulations.

In the halal management dimension, the gap of 76.6% of SPPGs that have not been halal certified as of February 2026 illustrates a problem that is no less serious. In the context of Indonesia as a country with the largest Muslim population in the world, the distribution of food in government programs that do not have halal guarantees to Muslim students is a problem with legal, ethical, and social dimensions at the same time. As emphasized by LPPOM MUI, the absence of halal certification also means the absence of systematic audits of the biological and chemical safety of products.

### 4.3 The Relevance of Codex Alimentarius Standards in MBG Food Management

In the context of national-scale public food programs such as MBG, the international standards framework is a reference that cannot be ignored. The Codex Alimentarius is a collection of international food standards, guidelines, and codes of practice jointly developed by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) since 1963. Codex standards are recognized as a global reference in international food trade based on the World Trade Organization (WTO) Sanitary and Phytosanitary Agreement (SPS).

The relevance of the Codex Alimentarius to the MBG program is direct and substantive. First, the Codex General Principles of Food Hygiene (CXC 1-1969, Rev. 2020) and the HACCP Annex are the master documents that are the global basis for the HACCP system. The failure of temperature control and Salmonella contamination confirmed by BPOM is a direct

reflection of the non-fulfillment of the Critical Control Points (CCP) requirements in the Codex.

Second, the Codex Code of Hygienic Practice for Pre-cooked and Cooked Foods in Mass Catering (CXC 39-1993) specifically regulates hygiene requirements for food cooked on a large scale. This code stipulates that cooked food should not be left in a dangerous temperature zone (5°C–60°C) for more than four cumulative hours. The findings of the Ombudsman of the Republic of Indonesia that identified the distribution time were too long showed that the practice in the field violated the fundamental principle of Codex CXC 39-1993.

Table 3. Codex Alimentarius Standard Mapping, Domestic Regulations, and MBG Field Findings

| Codex Standard | Key Substances | Relevant Domestic Regulations | MBG Field Findings |
|---|---|---|---|
| CXC 1-1969 (Rev. 2020) – HACCP Annex | Hazard identification, CCP designation, critical limits, and documentation of food safety procedures | Law No. 18/2012; SE Ministry of Health No. HK.02.02/A/4954/2025 | Salmonella contamination in side dishes; temperature control failure (BPOM, Sep 2025) |
| CXC 39-1993 – Mass Catering Hygiene | Prohibition of cooked food in the danger zone (5°C–60°C) for more than 4 hours; Distribution Deadline | Presidential Decree No. 83/2024; SOP BGN | Distribution time exceeds safe limits (Ombudsman of the Republic of Indonesia, Sep 2025) |
| CXS 1-1985 (Rev. 2018) – Labelling | Obligation of transparent food information on packaging | Law No. 33/2014; BPJPH Regulation | Absence of halal labels on MBG distribution packaging (Romadhon & Wachidah, 2025) |
| CXG 21-1997 – Food Inspection | Regular inspections and certification of the feasibility of food facilities | SLHS (Ministry of Health); Permenkes No. 1096/2011 | Only 34 out of 10,012 SPPGs (0.34%) have SLHS (BGN–DPR, Sep 2025) |

*Source: FAO/WHO Codex Alimentarius Commission; processed from MBG field data (2025–2026)*

The mapping above shows that each of the food management failures identified in the MBG program has a direct correspondence with violations of Codex Alimentarius standards. This indicates that the problem facing the MBG program is not a new or technically unique problem—international standards to prevent it are already available—but rather the inability of the system to adopt and institutionalize these standards in the context of a mass-scale program.

## 4.4 The Context of Local Nutrition and Implications for the MBG Program in Indramayu

Table 4. Indramayu and National Regency Stunting Data

| Indicator | 2022 | 2023 | 2024 / Target 2029 |
|---|---|---|---|
| Stunting Indramayu Regency | 21,1% | 18,4% | — |
| National Stunting | — | — | 19,8% / 14,2% |
| Children have not passed OTAAS (Indramayu) | — | — | 1,207 children (2024) |

*Source: SSGI 2022, 2023 / Diskominfo Indramayu; SSGI 2024 / Coordinating Ministry for PMK; ANTARA News (May 2024).*

The decrease in the prevalence of stunting in Indramayu from 21.1% (2022) to 18.4% (2023) reflects the success of nutrition and health interventions that have been pursued for several years. This fact puts the MBG program in a crucial position: on the one hand, this program has the potential to be an accelerator for achieving the 2029 RPJMN target (14.2%); On the other hand, if food and halal management is not improved, the same program can become a source of new health risks that actually reverse the positive trend that has been achieved.

## 4.5 Causal Factors of Gaps and Structural Analysis

Based on the synthesis of quantitative and qualitative data through a joint display approach, this study identifies four groups of factors that jointly create a systemic gap between halal food management regulations and their implementation in the field.

The first factor is the institutional fragmentation of supervision. The applicable regulations distribute supervisory authority to three different institutions: the Ministry of Health/Health Office for SLHS, BPJPH for halal certification, and BGN for overall program operations. Without an integrated coordination mechanism, each SPPG must interact with three different bureaucratic systems to fulfill all its certification obligations.

The second factor is the deficit of human resource capacity. The existence of only 3,198 trained Halal Supervisors for 10,012 SPPGs nationally is quantitative proof that the vocational education and training system in the field of halal food has not developed in accordance with the needs of mass-scale programs.

The third factor is the incompatibility of the program timeline with the readiness of the ecosystem. The MBG program was launched and began operating en masse before its supporting ecosystem was ready. The BGN's September 2025 ultimatum that gave 10,012 SPPGs a one-month deadline to obtain three certificates at once reflects an implicit acknowledgment that certification policies were not integrated into the initial design of the program.

The fourth factor is the regulation-practice gap in the halal dimension. The findings of the Ministry of Industry's audit at SPPG Muara Jaya and the research of Romadhon and Wachidah consistently show that even SPPGs that strive to meet halal standards face operational uncertainty regarding the requirements for separation of tools and locations, halal raw material selection procedures, and SJPH reporting mechanisms.

### 4.6 Implications for Food Safety and Policy Recommendations

An integrative analysis of all data resulted in three levels of implications for food safety in the MBG program in Indramayu Regency and the national context.

At the level of direct implications, the massive deficit of SLHS and halal certification creates conditions in which food distributed to millions of students is produced in facilities that have not been verified to meet minimum food safety standards. This condition statistically increases the probability of poisoning and creates a disproportionate risk exposure for school-age children. The Salmonella cases confirmed by BPOM are an actual manifestation of the risks predicted by this gap.

At the level of medium-term implications, the growing distrust in the community towards the safety and halalness of MBG food has the potential to reduce beneficiary participation. Incidents of poisoning have an impact on the quality of student learning, which means that the nutritional benefits of the program will not be converted into optimal educational outcomes if the incidence of poisoning continues to recur.

Based on this analysis, the research formulated policy recommendations at three levels. First, at the operational level of SPPG, it is necessary to develop and implement an integrated food management SOP based on HACCP principles combined with SJPH requirements. Second, at the institutional coordination level, BGN needs to build a one-stop certification service system that allows SPPG to process SLHS, Halal Certificates, and Water Feasibility Certificates in an integrated manner. Third, at the level of human resource capacity, a massive capacity building program is needed which includes accelerating the certification of Halal Supervisors through collaboration between BPJPH and Islamic-based universities at the regional level.

## 5. Conclusion

This study analyzes the conditions of the implementation of food management and halal management in the Free Nutritious Meal (MBG) program in Indramayu Regency through a sequential explanatory mixed method design with the integration of quantitative and qualitative secondary data from official institutions and scientific publications. The study's key findings point to a critical systemic gap: the SLHS compliance rate of 0.34% of the total national SPPG and halal certification rate of 23.4% as of February 2026 are quantitative manifestations of the conditions under which the largest public food program in Indonesia's history operates under the minimum food safety standards required by its own regulations.

Indramayu Regency, as one of the confirmed loci of MBG poisoning in West Java, represents the confluence of two conditions that require special attention: a positive stunting reduction trend (from 21.1% to 18.4% between 2022 and 2023) that is at risk of being disrupted by food management failures, and the operational scale of MBG distribution that requires standardized food safety SOPs.

The theoretical contribution of this research lies in the proposition of a food-halal management integration model that places HACCP and SJPH as two complementary systems in food safety assurance. Practical contributions are in the form of recommendations for the development of SOP based on HACCP-SJPH and a one-stop integrated certification system, while policy contributions include recommendations for accelerating certification based on institutional collaboration and strengthening human resource capacity through regional Islamic universities.

This research has limitations in the unimplemented component of primary field data in Indramayu Regency. Follow-up research integrating checklist observations, in-depth interviews, and FGDs with SPPG managers and MBG program stakeholders in Indramayu will result in the local empirical validation needed to strengthen the findings of the secondary data analysis in this study.

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