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No-Fault Compensation for Student Victims of Food Poisoning in the Free Nutritious Meals Program

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Keyword:

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ABSTRACT

Food-poisoning incidents in Indonesia's Free Nutritious Meals Program exposed a remedial gap for child victims. This study evaluated the existing liability framework and formulated a no-fault compensation model through statutory, conceptual, and comparative legal approaches. The study found that current regulations govern reporting, medical response, risk control, and sanctions, yet they do not guarantee rapid, uniform, and comprehensive recovery. Civil, consumer-protection, and public-service remedies continue to impose procedural and evidentiary burdens on students and their families. The proposed state-administered fund would be activated by a confirmed or more-probable-than-not epidemiological link to program meals without requiring proof of negligence. Benefits would cover healthcare, transportation, caregiving, educational disruption, psychological recovery, disability, and death. The state could subsequently recover payments from responsible operators. This model separates immediate victim recovery from later fault allocation while preserving food-safety prevention and institutional accountability.

Kata Kunci:

no-fault compensation; child victims; food poisoning; public services; Free Nutritious Meals

ABSTRAK

Insiden keracunan dalam Program Makan Bergizi Gratis memperlihatkan kesenjangan pemulihan bagi korban anak. Penelitian ini mengevaluasi kerangka pertanggungjawaban yang berlaku dan merumuskan model kompensasi tanpa pembuktian kesalahan melalui pendekatan peraturan perundang-undangan, konseptual, dan perbandingan. Hasil penelitian menunjukkan bahwa regulasi telah mengatur pelaporan, penanganan medis, pengendalian risiko, dan sanksi, tetapi belum menjamin pemulihan yang cepat, seragam, dan menyeluruh. Jalur perdata, perlindungan konsumen, dan pelayanan publik masih membebankan hambatan prosedural serta pembuktian kepada siswa dan keluarganya. Dana yang dikelola negara diusulkan dengan pemicu hubungan epidemiologis yang terkonfirmasi atau lebih mungkin antara makanan program dan cedera tanpa kewajiban membuktikan kelalaian. Manfaat mencakup kesehatan, transportasi, pendampingan, gangguan pendidikan, pemulihan psikologis, disabilitas, dan kematian. Negara selanjutnya dapat menagih pembayaran kepada pelaksana yang bertanggung jawab.

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A. Introduction

The Free Nutritious Meals Program (Makan Bergizi Gratis, MBG) has been positioned as a national policy to improve nutritional status, support educational participation, and strengthen social protection. The National Nutrition Agency (Badan Gizi Nasional, BGN) was established to fulfil national nutrition objectives and coordinate the provision and distribution of meals to target groups.[1] Program governance was subsequently strengthened through Presidential Regulation No. 115 of 2025, which regulates the delivery chain, nutritional standards, food safety, supervision, suspected-poisoning response, risk management, reporting, and evaluation.[2] The state's decision to operate a large-scale school-meal program accords with international evidence that school meals can affect health, learning, attendance, and social protection, although outcomes remain highly dependent on design quality and implementation capacity.[3] Such a program also requires rigorous safety controls because meals are prepared in large volumes, distributed within fixed time windows, and consumed simultaneously by children with different levels of vulnerability.[4]

The scale of that risk became visible through food-poisoning incidents during the initial implementation of MBG. A public-health analysis published in 2026 identified 177 program-related poisoning incidents during 2025, involving more than 20,000 students in 127 regencies or cities across 33 provinces, and indicated that the actual number could be higher because of reporting limitations.[5] Research on an outbreak in Wonogiri recorded 516 exposed persons and 340 cases of illness, producing an attack rate of 66 percent, together with findings of

[1] Indonesia, Peraturan Presiden Nomor 83 Tahun 2024 tentang Badan Gizi Nasional, Lembaran Negara Republik Indonesia Tahun 2024 Nomor 169, arts. 3–4.

[2] Indonesia, Peraturan Presiden Nomor 115 Tahun 2025 tentang Tata Kelola Penyelenggaraan Program Makan Bergizi Gratis, Lembaran Negara Republik Indonesia Tahun 2025 Nomor 183, arts. 6, 23–25, and 36.

[3] Harold Alderman, Donald Bundy, and Aulo Gelli, "School Meals Are Evolving: Has the Evidence Kept Up?," *The World Bank Research Observer* 39, no. 2 (2024): 159–176, https://doi.org/10.1093/wbro/lkad012.

[4] Amy Locke et al., "Impacts of Global School Feeding Programmes on Children's Health and Wellbeing Outcomes: A Scoping Review," *BMJ Open* 15, no. 10 (2025): e093244, https://doi.org/10.1136/bmjopen-2024-093244.

[5] Henry Surendra, Arif Sujagat, and Grace Wangge, "Mitigating Food Safety Risks in Indonesia's Free School Meals Programme," *The Lancet Regional Health – Southeast Asia* 46 (2026): 100734, https://doi.org/10.1016/j.lansea.2026.100734.

Escherichia coli contamination, inadequate temperature control, and excessive storage time.[6] These figures cannot be treated as operational irregularities resolved merely by closing a kitchen or paying hospital bills. Food poisoning may cause missed learning time, travel expenses, lost income for accompanying parents, trauma, functional impairment, disability, and death. Losses arise immediately for students and their families, while allocating fault may require inspections, laboratory testing, supply-chain tracing, documentary audits, and the division of responsibility among multiple actors.

The Constitution provides a strong basis for treating student recovery as a public obligation. Children are entitled to survival, growth, development, protection, health, and adequate public services.[7] The Food Law requires food administration to satisfy the principles of safety, quality, nutrition, benefit, equity, and sustainability, and prohibits the circulation of food that endangers health.[8] The Child Protection Law binds the state, central and regional governments, society, families, and parents to guarantee child protection, including rapid action, treatment, and physical, psychological, and social rehabilitation when a child suffers harm.[9] These rights require an accessible remedial mechanism that does not transfer the consequences of program failure to the victim.[10] Students do not select providers, negotiate contracts, supervise kitchens, or possess the technical capacity to establish the precise point of contamination. Their legal position differs from that of adult consumers who voluntarily choose products in the market.

[6] Aulia Fajrin Rahmadani et al., "Detecting A School-Based Foodborne Outbreak in Wonogiri 2025," *Proceedings of the International Conference on Nursing and Health Sciences* 7, no. 1 (2026), https://doi.org/10.37287/picnhs.v7i1.1631.

[7] Indonesia, Undang-Undang Dasar Negara Republik Indonesia Tahun 1945, arts. 28B(2), 28H(1), and 34(3).

[8] Indonesia, Undang-Undang Nomor 18 Tahun 2012 tentang Pangan, Lembaran Negara Republik Indonesia Tahun 2012 Nomor 227, Tambahan Lembaran Negara Republik Indonesia Nomor 5360, arts. 4 and 67–71.

[9] Indonesia, Undang-Undang Nomor 35 Tahun 2014 tentang Perubahan atas Undang-Undang Nomor 23 Tahun 2002 tentang Perlindungan Anak, Lembaran Negara Republik Indonesia Tahun 2014 Nomor 297, Tambahan Lembaran Negara Republik Indonesia Nomor 5606, arts. 20, 21, 59, and 59A.

[10] Muhammad Abdul Azis, Riski Ananda Kusuma Putri, and Nur Rahman, "Keping Puzzle Yang Hilang: Menelaah Hak Yang Sirna Terhadap Narapidana," *Jurnal Hukum & Pembangunan* 52, no. 3 (2022): 674–684, https://doi.org/10.21143/jhp.vol52.no3.3367.

Previous Indonesian research on school meals has primarily examined policy design, comparative lessons, program acceptance, nutritional benefits, and the learning environment. Rassanjani and Rahmi emphasize the importance of coordination, financing, accountability, and lessons from other jurisdictions for the success of free-meal policies.[11] Abadi and co-authors map developments in school-meal scholarship and identify the need to integrate nutrition, sustainability, education, and food systems.[12] Pramesthi and colleagues assess the ProGAS program and demonstrate the relationship between meal provision, school experience, and implementation support.[13] These studies provide an important foundation for program improvement, but they do not formulate a specific remedial instrument for situations in which state-provided food injures students. Legal scholarship on compensation for defective public services has shown that the absence of an effective payment mechanism can diminish the practical meaning of the right to quality services.[14] That scholarship has not yet addressed the mass-risk characteristics, the legal status of children, and the evidentiary complexity of a nationwide food program.

The literature on no-fault compensation offers a relevant framework for closing this gap. The comparative study by Mungwira and co-authors explains that no-fault schemes allow victims to obtain payment without first proving negligence by a provider or producer, while still requiring an assessment of causation between the intervention and the injury.[15] Halabi and co-authors identify design variations concerning funding sources, administering institutions, eligibility, evidentiary

[11] Saddam Rassanjani and Isramatur Rahmi, "Free School Meals Policy: Lessons Learned from Around the World for Indonesia," *Jurnal Ilmu Sosial* 24, no. 1 (2025): 1–28, https://doi.org/10.14710/jis.24.1.2025.1-28.

[12] Muhammad Naufal Putra Abadi et al., "Unraveling Future Trends in Free School Lunch and Nutrition: Global Insights for Indonesia from Bibliometric Approach and Critical Review," *Nutrients* 17, no. 17 (2025): 2777, https://doi.org/10.3390/nu17172777.

[13] Indriya Laras Pramesthi et al., "Evaluating the Impact of Indonesia's National School Feeding Program (ProGAS) on Children's Nutrition and Learning Environment: A Mixed-Methods Approach," *Nutrients* 17, no. 22 (2025): 3575, https://doi.org/10.3390/nu17223575.

[14] Laode Rudita, "Citizen Compensation for Poor Public Service Delivery: A Civil Rights Perspective," *Brawijaya Law Journal* 10, no. 1 (2023): 19–33, https://doi.org/10.21776/ub.blj.2023.010.01.02.

[15] Randy G. Mungwira et al., "Global Landscape Analysis of No-Fault Compensation Programmes for Vaccine Injuries: A Review and Survey of Implementing Countries," *PLOS ONE* 15, no. 5 (2020): e0233334, https://doi.org/10.1371/journal.pone.0233334.

standards, categories of benefits, appeal rights, and the relationship with litigation.[16] These schemes commonly address vaccine injuries, but their logic can be transposed to MBG in a limited and carefully adapted form. Both programs pursue public objectives, reach large populations, generate collective benefits, and expose a smaller group of recipients to potentially serious harm. Their risk sources and incident frequencies differ, so any adaptation must preserve food-safety standards and the state's right to recover payments from culpable operators.

The research gap lies in the absence of a legal construction that separates student recovery from fault determination within MBG governance. Existing rules govern prevention, reporting, suspension of services, financing for specified responses, and sanctions. They have not created a subjective right to rapid, uniform, and comprehensive payment.[17] This study's novelty consists of an MBG Victim Compensation Fund (Dana Kompensasi Korban MBG, DKK-MBG) that uses a confirmed or more-probable-than-not epidemiological relationship as the trigger, provides advance payment by the state, adopts tiered benefits and a single-entry procedure, and preserves recourse against responsible parties. The study addresses two questions. First, to what extent does the existing liability regime adequately restore students harmed by MBG food poisoning? Second, how should a no-fault compensation mechanism be constructed under Indonesian law? The study evaluates the normative gap and proposes an implementable regulatory model that preserves supervision and operator accountability.

B. Research Method

This study employed normative legal research using statutory, conceptual, and comparative approaches. The statutory approach assessed the relationship among food law, child protection, health law, public-service law, consumer protection, civil liability, and MBG-specific regulations. The conceptual approach

[16] Sam Halabi et al., "No-Fault Vaccine Injury Compensation Systems Adopted Pursuant to the COVID-19 Public Health Emergency Response," *Emory International Law Review* 37, no. 1 (2022): 55–111.

[17] Siti Fadila Nuramelia, Riski Ananda Kusuma Putri, Muhammad Abdul Azis, Alya Synthia Kurniawati, and Misshouw Meilany Putri, "Reorientasi Perlindungan Saksi dan Korban dalam Sistem Peradilan Pidana Indonesia dari Pengaturan Parsial Menuju Model Perlindungan Terpadu," *Hakim: Jurnal Ilmu Hukum dan Sosial* 4, no. 3 (2026): 112–125, https://doi.org/10.51903/j66vnn80.

distinguished fault-based liability, reversal of the burden of proof, strict liability, and administrative no-fault compensation. The comparative approach did not replicate vaccine-injury schemes; it extracted design elements capable of adaptation to food poisoning in a government program. Primary legal materials comprised the Constitution, statutes, government regulations, presidential regulations, and BGN technical guidelines. Secondary materials included legal, public-health, nutrition, and school-policy journals, predominantly published within the last ten years. The analysis was prescriptive and proceeded through norm identification, consistency testing, mapping of remedial gaps, and formulation of a model that satisfies legal certainty, victim justice, administrative efficiency, and fiscal accountability.[18]

C. Discussion

1. Gaps in Student Protection under the MBG Liability Regime

Presidential Regulation No. 115 of 2025 establishes relatively strong preventive duties. BGN and every participating actor must guarantee food safety and quality throughout the supply chain, demonstrate compliance through a food-safety assurance system or conformity assessment, and submit to integrated, continuous, and risk-based supervision. When poisoning is suspected, the Nutrition Fulfilment Service Unit (Satuan Pelayanan Pemenuhan Gizi, SPPG) or a beneficiary representative must immediately report to a health facility or village government, after which BGN must follow up on response recommendations.[19] The same regulation includes the number of poisoning incidents as a performance indicator, requires risk management, and governs monitoring and evaluation.[20] This structure confirms that food safety is not an internal contractual matter between BGN and its partners. It forms part of a public program. A failure to ensure safety constitutes a service failure affecting children's rights, so the legal response cannot be confined to kitchen continuity and sanctions against operators.

[18] Peter Mahmud Marzuki, *Penelitian Hukum*, rev. ed. (Jakarta: Kencana, 2021), 133–177.

[19] Indonesia, Peraturan Presiden Nomor 115 Tahun 2025 tentang Tata Kelola Penyelenggaraan Program Makan Bergizi Gratis, Lembaran Negara Republik Indonesia Tahun 2025 Nomor 183, arts. 23–25.

[20] Indonesia, Peraturan Presiden Nomor 115 Tahun 2025 tentang Tata Kelola Penyelenggaraan Program Makan Bergizi Gratis, Lembaran Negara Republik Indonesia Tahun 2025 Nomor 183, arts. 8(2), 36, and 54–58.

BGN technical guidelines require temporary suspension of services following a credible report or preliminary finding of gastrointestinal illness allegedly originating from an SPPG. The suspension enables investigation, tracing, and laboratory analysis. Personnel may be reassigned to support trauma recovery for victims and their families.[21] The guidelines also regulate sanctions for repeated incidents. When a second incident occurs at the same SPPG, recovery costs, including hospital expenses, are charged to the partner. A third incident may result in permanent service termination. When a regional government declares an extraordinary event, response financing is borne by that government; when no such declaration is issued, the cost is charged to the BGN budget through health-facility reporting.[22] This rule provides a route for medical financing, yet creates three problems. The victim's entitlement depends on an administrative classification. The payer may change according to event status and repetition. The covered costs do not clearly include non-medical losses, caregiver income loss, educational disruption, disability, or non-pecuniary harm.

Government Regulation No. 1 of 2026 strengthens food-safety sanctions by including fines, temporary suspension, food withdrawal, compensation, and revocation of licences. Its compensation provision, however, refers implementation to other legislation.[23] The referral makes compensation declaratory when it is not accompanied by a claims procedure, causation standard, decision deadline, funding source, and payment formula. Victims must still pursue a separate route, while administrative sanctions against an operator do not automatically generate payment to each student. Sanctions and compensation perform different legal functions. Sanctions stop violations, compel compliance, and deter repetition. Compensation restores the victim's position as far as possible after harm. An administrative order

[21] Badan Gizi Nasional, Keputusan Kepala Badan Gizi Nasional Nomor 401.1 Tahun 2025 tentang Petunjuk Teknis Penyelenggaraan Bantuan Pemerintah untuk Program Makan Bergizi Gratis Tahun Anggaran 2026, sec. 4.12.2.

[22] Badan Gizi Nasional, Keputusan Kepala Badan Gizi Nasional Nomor 401.1 Tahun 2025 tentang Petunjuk Teknis Penyelenggaraan Bantuan Pemerintah untuk Program Makan Bergizi Gratis Tahun Anggaran 2026, secs. 4.12.2 and 4.12.4.

[23] Indonesia, Peraturan Pemerintah Nomor 1 Tahun 2026 tentang Perubahan atas Peraturan Pemerintah Nomor 86 Tahun 2019 tentang Keamanan Pangan, Lembaran Negara Republik Indonesia Tahun 2026 Nomor 2, art. 59.

may contain both elements, but an abstract order to pay without victim verification and distribution procedures does not meet the needs of mass recovery.

The Consumer Protection Law establishes business-operator liability for losses caused by goods or services and reverses the burden of proving the presence or absence of fault.[24] This route is more favourable to victims than an ordinary tort claim, but it is not equivalent to no-fault compensation. A reversed burden still operates within an adversarial liability dispute. Operators may contest whether students qualify as consumers, the legal relationship between BGN and SPPG, the origin of ingredients, storage practices at schools, pre-existing illness, or intervention by another party. Some SPPGs operate through foundations and partners whose contractual structures are not uniform, so identifying the relevant business operator and allocating liability may require examination of contracts and the supply chain. The difficulty increases when several suppliers serve one kitchen or one SPPG supplies multiple schools.

Claims under Articles 1365, 1366, or 1367 of the Indonesian Civil Code encounter further obstacles. Victims generally must establish an unlawful act, fault, loss, causation, and the party responsible, unless a basis exists for vicarious liability.[25] In mass food-poisoning incidents, laboratory results do not always identify the pathogen or contamination source conclusively. Food samples may have been consumed, collected too late, contaminated after distribution, or may not represent the portion eaten by each student. Relevant evidence is dispersed among the program administrator, kitchen operator, suppliers, schools, and health facilities. Parents must care for sick children while collecting documents and bearing expenses. This informational asymmetry raises litigation costs and delays assistance. A judgment delivered after urgent health and educational needs have passed does not fully perform a restorative function.

MBG also has the characteristics of a public service. Service providers must establish standards, employ competent personnel, deliver quality services,

[24] Indonesia, Undang-Undang Nomor 8 Tahun 1999 tentang Perlindungan Konsumen, Lembaran Negara Republik Indonesia Tahun 1999 Nomor 42, Tambahan Lembaran Negara Republik Indonesia Nomor 3821, arts. 19 and 28.

[25] Indonesia, Kitab Undang-Undang Hukum Perdata, arts. 1365–1367.

guarantee facilities, and accept responsibility for administration. Members of the public are entitled to know standards, supervise performance, submit complaints, receive responses and advocacy, and obtain quality services.[26] The Public Service Law permits a complainant to include a demand for compensation, but the complaint must describe the service deviation and the resulting material or immaterial loss. Examination may continue for up to sixty days after the file is complete, followed by a decision, calculation, and payment process.[27] The mechanism remains centred on individual complaints and deviations from service standards. Mass poisoning requires proactive registration because many families do not understand the procedure, possess unequal evidence, or consider smaller losses uneconomical to claim. A broader weakness of public-service compensation in Indonesia lies in the distance between normative recognition and an operational payment instrument.[28]

Taken together, these norms reveal four gaps. The trigger gap arises because medical financing, sanctions, and compensation claims apply different conditions. The coverage gap arises because hospital bills do not encompass the full loss. The timing gap arises because fault investigations may last longer than the victim's urgent needs. The institutional gap arises because BGN, health authorities, the Food and Drug Authority (BPOM), regional governments, schools, health facilities, SPPGs, and suppliers each hold different fragments of information and authority. These gaps cannot be closed solely by extending strict liability to partners. Identification of the responsible party may still be delayed, and a partner may lack sufficient assets. Initial recovery should be assigned to an institution that possesses a program mandate, budgetary access, beneficiary data, and the capacity to coordinate investigations.

[26] Indonesia, Undang-Undang Nomor 25 Tahun 2009 tentang Pelayanan Publik, Lembaran Negara Republik Indonesia Tahun 2009 Nomor 112, Tambahan Lembaran Negara Republik Indonesia Nomor 5038, arts. 15 and 18.

[27] Indonesia, Undang-Undang Nomor 25 Tahun 2009 tentang Pelayanan Publik, Lembaran Negara Republik Indonesia Tahun 2009 Nomor 112, Tambahan Lembaran Negara Republik Indonesia Nomor 5038, arts. 42–50.

[28] Laode Rudita, "Citizen Compensation for Poor Public Service Delivery: A Civil Rights Perspective," *Brawijaya Law Journal* 10, no. 1 (2023): 25–31, https://doi.org/10.21776/ub.blj.2023.010.01.02.

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2. Constructing No-Fault Compensation for Student Victims

No-fault compensation does not eliminate causation and does not authorize payment for every complaint arising after a meal.[29] It removes the victim's obligation to prove negligence, intent, or contractual breach by an operator. The literature explains that a no-fault scheme replaces fault-based litigation as the gateway to payment with a dedicated administrative procedure, while the victim must still show an acceptable relationship between the injury and the program activity.[30] This separation is justified because accident costs should be allocated to the system capable of spreading, preventing, and controlling risk at the lowest social cost.[31] In MBG, the state designs the program, determines beneficiaries, finances services, selects the delivery architecture, sets standards, and supervises the supply chain. These features justify advance payment by the state even when operational fault is later attributed to a partner or supplier.

The justice basis of the scheme rests on child protection and equality in the distribution of public burdens. MBG benefits are distributed across society, while injury risks are concentrated on particular students who cannot meaningfully avoid exposure. Assigning the entire loss to the affected family would require a small group of children to bear the costs of a social policy enjoyed collectively. The best interests of the child, the right to health, and the right to recovery require the state to prioritize concrete needs before resolving disputes among program actors.[32] State payment should not be interpreted as an admission that every poisoning incident results from BGN fault. An administrative scheme recognizes that the loss arose

[29] Muhammad Abdul Azis and Pujiyono, "Causative-Victim Tracing for Integrative Criminal Policy on AI Deepfake Face and Voice Crimes in Indonesia," *KRTHA BHAYANGKARA* 20, no. 2 (2026): 518–537, https://doi.org/10.31599/krtha.v20i2.5666.

[30] Randy G. Mungwira et al., "Global Landscape Analysis of No-Fault Compensation Programmes for Vaccine Injuries: A Review and Survey of Implementing Countries," *PLOS ONE* 15, no. 5 (2020): e0233334, https://doi.org/10.1371/journal.pone.0233334.

[31] Guido Calabresi, *The Costs of Accidents: A Legal and Economic Analysis* (New Haven: Yale University Press, 1970), 26–31 and 135–173.

[32] United Nations, Convention on the Rights of the Child, November 20, 1989, arts. 3, 6, 24, and 39; Indonesia, Keputusan Presiden Nomor 36 Tahun 1990 tentang Pengesahan Convention on the Rights of the Child.

within the program's risk environment and warrants collective recovery, while fault auditing proceeds separately.

The proposed institution is the MBG Victim Compensation Fund, referred to by its Indonesian acronym DKK-MBG. The scheme should be established through an amendment to Presidential Regulation No. 115 of 2025 to provide cross-sectoral authority, followed by a BGN regulation on claims procedures and a minister of finance regulation on budgeting, payments, reserves, and recourse. Regulation at the presidential level is necessary because the scheme affects the authority of BGN, health authorities, BPOM, regional governments, the Ombudsman, schools, and state-budget administration. The design draws on six recurring components in no-fault compensation studies: administration and funding, eligibility, decision-making procedure, evidentiary standard, forms of compensation, and relationship with litigation.[33] Their adaptation to MBG is summarized in Table 1.

Table 1. Proposed MBG Victim Compensation Fund

Element	Proposed DKK-MBG Design	Legal Rationale
Administrator	A compensation board within BGN with functional independence and a separate appeals panel	Separates claims decisions from the operational unit under examination
Funding	State budget, program risk reserve, partner contributions or insurance, and recourse proceeds	Guarantees advance payment and allocates ultimate costs to actors controlling the risk
Eligibility	An MBG student beneficiary with a confirmed injury or an injury more probably related than not to program food	Removes the need to prove negligence while retaining a causation assessment
Procedure	Automatic registration from school or health-facility reports, with manual and digital channels	Reduces access barriers for children and families
Time limits	Interim payment within 2 working days and a final decision within 14 working days after the minimum file is complete	Aligns recovery with urgent needs

[33] Randy G. Mungwira et al., "Global Landscape Analysis of No-Fault Compensation Programmes for Vaccine Injuries: A Review and Survey of Implementing Countries," *PLOS ONE* 15, no. 5 (2020): e0233334, https://doi.org/10.1371/journal.pone.0233334.

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Benefits	Medical care, transportation, caregiving, income loss, rehabilitation, education, disability, and death	Covers immediate and continuing effects
Relationship with litigation	The right to pursue additional damages remains, overlapping payment is set off, and the state has recourse against responsible parties	Prevents double recovery without releasing wrongdoers

Source: Author's analysis, 2026.

Eligibility should be triggered by either a confirmed case or a case more probably related than not to MBG food. A confirmed case includes a victim whose clinical findings, laboratory results, or epidemiological investigation connect the illness to a program menu, kitchen, or supply chain. A probable case should qualify when symptoms are consistent, the temporal relationship is reasonable, exposure involved the same menu, a cluster exists within a school or SPPG service area, and no stronger alternative explanation is available. This standard avoids two extremes. Requiring definitive pathogen identification would exclude victims when samples are unavailable or produce false-negative results. Relying on temporal sequence alone would permit unsupported claims. Decisions should apply an administrative balance-of-probabilities standard supported by an evidence matrix combining school records, distribution lists, medical records, interviews, samples, inspections, and data from other victims.[34]

The poisoning-reporting duty already established by Presidential Regulation No. 115 of 2025 should simultaneously operate as preliminary registration for compensation.[35] A school, community health centre, hospital, or SPPG should submit one report to an integrated system, after which the DKK-MBG secretariat contacts the parent or guardian. Access must not depend on a family's ability to use a digital platform. Manual channels through schools, health facilities,

[34] Muhammad Abdul Azis, Pujiyono, and Riski Ananda Kusuma Putri, "Reconstructing Reliability Standards for Deepfake Detectors as Electronic Evidence in Indonesia's Criminal Justice System," *West Science Law and Human Rights* 4, no. 3 (2026): 299–309, https://doi.org/10.58812/wslhr.v4i03.3022.

[35] Indonesia, Peraturan Presiden Nomor 115 Tahun 2025 tentang Tata Kelola Penyelenggaraan Program Makan Bergizi Gratis, Lembaran Negara Republik Indonesia Tahun 2025 Nomor 183, art. 25.

and regional government offices should remain available. Interim payment for treatment, travel, and caregiving should be made within two working days after identity and exposure verification. A final decision should be issued within fourteen working days after receipt of the minimum complete file. Assessment may be extended for long-term disability, but the extension must not delay interim benefits. This proactive design reduces access inequality and prevents repetitive questioning of children.

Benefits should combine reimbursement of actual expenses with standardized tariffs. International schemes provide compensation through lump-sum payments, treatment costs, lost income or earning capacity, pain and suffering, emotional disturbance, disability, and death.[36] DKK-MBG should at least cover healthcare expenses not paid by health insurance, medicine, transportation, accommodation, accompanying meals during treatment, lost income of a parent or guardian, rehabilitation, counselling, learning support, assistive devices, temporary or permanent disability, death, and funeral costs.[37] Standard tariffs should govern common losses to promote consistency. A victim may request adjustment when evidence demonstrates greater need. Healthcare payments may be made directly to the facility or reimbursed to the family, while other compensation should be paid to the guardian's account with safeguards for disability and death awards.

Acceptance of basic compensation should not extinguish the victim's right to claim additional loss where there is intentional misconduct, gross negligence, concealment of evidence, or damage exceeding scheme benefits. Comparative research shows that the relationship between administrative compensation and litigation may range from an exclusive remedy to set-off rules preventing double recovery.[38] The Indonesian model should preserve access to courts through a set-

[36] Randy G. Mungwira et al., "Global Landscape Analysis of No-Fault Compensation Programmes for Vaccine Injuries: A Review and Survey of Implementing Countries," *PLOS ONE* 15, no. 5 (2020): e0233334, https://doi.org/10.1371/journal.pone.0233334.

[37] Alya Synthia Kurniawati, Riski Ananda Kusuma Putri, Muhammad Thufail Ariiq, and Muhammad Abdul Azis, "Kesenjangan Keadilan Perawatan bagi Perempuan Pekerja Informal di Indonesia: Analisis Gender dan Hukum," *JES: Jurnal Ekonomi dan Sosial* 1, no. 4 (2026): 251–257.

[38] Sam Halabi et al., "No-Fault Vaccine Injury Compensation Systems Adopted Pursuant to the COVID-19 Public Health Emergency Response," *Emory International Law Review* 37, no. 1 (2022): 89–106.

off principle. DKK-MBG payments should be credited against a damages judgment for the same component of loss. A victim should not repay benefits merely because an additional claim fails, unless fraud is proven. This approach preserves access to justice while preventing duplicate recovery.

After paying a victim, the state should acquire a right of recourse against an SPPG, foundation, supplier, carrier, storage provider, or other actor shown by audit to have breached its duties. Recourse may rely on contract, performance guarantees, insurance, consumer-protection law, and tort law.[39] Advance state payment does not permanently transfer all costs to taxpayers. It changes the sequence of enforcement. The victim receives recovery first; the actor possessing data, expertise, and bargaining power then pursues the responsible party. SPPG contracts should require a risk reserve or liability insurance with a minimum value calculated according to meal volume and risk profile. Partner contributions may enter a reserve account without limiting liability when losses exceed the contribution.

The administering institution requires functional independence from operational units distributing meals. A DKK-MBG board may be situated within BGN and include representatives with expertise in health, food and drug control, child protection, maladministration, epidemiology, public finance, and civil society. A BGN operational unit should not determine a claim arising from an incident it is auditing. A technical panel should issue the initial decision, while a separate appeals panel reviews objections. The Ombudsman should retain authority to examine maladministration. Children's identities must remain confidential, while aggregate data on incidents, resolution time, benefit categories, refusals, recourse,

[39] Indonesia, Undang-Undang Nomor 8 Tahun 1999 tentang Perlindungan Konsumen, Lembaran Negara Republik Indonesia Tahun 1999 Nomor 42, Tambahan Lembaran Negara Republik Indonesia Nomor 3821, arts. 19 and 23; Indonesia, Kitab Undang-Undang Hukum Perdata, arts. 1365–1367.

and food-safety follow-up should be published periodically. Such transparency accords with the public right to information and the program-monitoring regime.[4041]

Compensation must not substitute for prevention. Administrative sanctions, kitchen suspension, food withdrawal, licence revocation, criminal proceedings, and civil claims remain available according to the violation established.[42] Every payment should generate a risk signal for supervision. Claims data should be used to map menus, suppliers, distribution distance, storage duration, production density, certification status, and repeated incidents. High-risk SPPGs should face more frequent audits and higher reserve contributions. Payment patterns may reveal losses missed by formal poisoning reports, including prolonged learning disruption or trauma. Integration converts compensation from passive expenditure into a source of preventive information.[43]

Fiscal objections can be addressed through defined eligibility, standardized tariffs, audit, recourse, and mixed funding. Most no-fault schemes reviewed in the literature operate at the national level and many receive government funding, although insurance and industry contributions vary.[44] DKK-MBG funding may derive from the state budget, program risk reserves, partner contributions, recourse proceeds, and insurance claims. Initial budgeting should reflect meal volume,

[40] Muhammad Abdul Azis, Riski Ananda Kusuma Putri, Alya Synthia Kurniawati, and Muhammad Thufail Ariiq, "Governing Traditional Cultural Expressions as Artificial Intelligence Training Data: Reconstructing Communal Consent and Data Transparency in Indonesia," *Societa: Journal of Society and Change* 1, no. 1 (2026): 186–199, https://doi.org/10.67964/4gbwhv96.

[41] Indonesia, Undang-Undang Nomor 14 Tahun 2008 tentang Keterbukaan Informasi Publik, Lembaran Negara Republik Indonesia Tahun 2008 Nomor 61, Tambahan Lembaran Negara Republik Indonesia Nomor 4846, arts. 9–11; Indonesia, Peraturan Presiden Nomor 115 Tahun 2025 tentang Tata Kelola Penyelenggaraan Program Makan Bergizi Gratis, Lembaran Negara Republik Indonesia Tahun 2025 Nomor 183, arts. 54–58.

[42] Indonesia, Peraturan Pemerintah Nomor 1 Tahun 2026 tentang Perubahan atas Peraturan Pemerintah Nomor 86 Tahun 2019 tentang Keamanan Pangan, Lembaran Negara Republik Indonesia Tahun 2026 Nomor 2, art. 59; Indonesia, Peraturan Presiden Nomor 115 Tahun 2025 tentang Tata Kelola Penyelenggaraan Program Makan Bergizi Gratis, Lembaran Negara Republik Indonesia Tahun 2025 Nomor 183, arts. 23–24.

[43] Muhammad Abdul Azis, Siti Fadila Nuramelia, Muhammad Thufail Ariiq, Alya Synthia Kurniawati, Riski Ananda Kusuma Putri, Misshouw Meilany Putri, and Dafirly Salsadilla Dosanto, "Causative-Based Integral Policy as a Response to Criminogenic Factors in the Distribution of Subsidized Fuel," *Punggawa Law Review* 1, no. 3 (2026): 142–148.

[44] Randy G. Mungwira et al., "Global Landscape Analysis of No-Fault Compensation Programmes for Vaccine Injuries: A Review and Survey of Implementing Countries," *PLOS ONE* 15, no. 5 (2020): e0233334, https://doi.org/10.1371/journal.pone.0233334.

incident frequency, severity, and average cost. The reserve must not reduce the nutritional value allocated per meal. Charging accident risk to the program structure internalizes the cost of harm and creates incentives for improved supplier selection, training, temperature control, and inspection.[45]

Moral hazard can be controlled without returning the burden of proving fault to victims. Verification of beneficiary identity, menus, exposure timing, clinical records, clusters, and random review is sufficient to detect unsupported claims. Fraud sanctions should follow evidence rather than suspicion directed at all families. Operators retain incentives to maintain safety because victim payments are followed by recourse, higher risk contributions, administrative sanctions, contract termination, and possible criminal liability. The state also retains a preventive incentive because the level of compensation affects the budget and performance evaluation. This structure places incentives on actors capable of controlling risk rather than on children who merely receive meals.

Establishing DKK-MBG would clarify the relationship between healthcare and compensation. The right to obtain healthcare must not be delayed by a dispute over the person or institution ultimately responsible for payment.[46] Health facilities should treat victims according to medical need and transmit minimum necessary data to the system with guardian consent and data protection. DKK-MBG should pay relevant bills and assess continuing benefits. Regional governments should not need to await an extraordinary-event declaration before securing victim financing. Such a declaration should remain relevant to public-health response, but should not be the sole condition for compensation. Separating these functions prevents unequal protection resulting from variations in regional administrative decisions.[47]

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[45] Guido Calabresi, *The Costs of Accidents: A Legal and Economic Analysis* (New Haven: Yale University Press, 1970), 69–94.

[46] Indonesia, Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, Lembaran Negara Republik Indonesia Tahun 2023 Nomor 105, Tambahan Lembaran Negara Republik Indonesia Nomor 6887, arts. 4–5 and 27–32.

[47] Dafirly Salsadilla Dosanto, Riski Ananda Kusuma Putri, Alya Synthia Kurniawati, Muhammad Thufail Ariiq, Siti Fadila Nuramelia, Misshouw Meilany Putri, and Muhammad Abdul Azis, "Tanggung Jawab Hukum Pemerintah Atas Ketimpangan Fasilitas Pelayanan Kesehatan dalam Pemenuhan Hak Atas Kesehatan di Indonesia," *Jurnal Multidisiplin Indonesia* 4, no. 1 (2026): 258–274, https://doi.org/10.62007/joumi.v4i1.849.

The proposed construction clarifies the legal position of each actor.[48] A student holds a direct right to payment once exposure and injury conditions are satisfied. BGN serves as the initial payer and data coordinator. Health authorities and healthcare facilities provide clinical and epidemiological assessments. BPOM and food authorities trace products and facilities. Regional governments support field response. SPPGs and partners must disclose data, preserve evidence, make risk contributions, and reimburse the fund through recourse when fault is established. Courts remain available for additional disputes. This allocation removes the victim's entitlement from dependence on the final result of a fault audit without releasing operators from liability.

D. Conclusion

The MBG legal framework regulates food-safety duties, risk-based supervision, suspected-poisoning reports, suspension of services, financing for specified responses, and sanctions. It does not yet guarantee rapid, uniform, and comprehensive compensation for students. Consumer-protection claims, tort actions, and public-service complaints still require identification of parties, description of a breach, proof of loss, or procedures inconsistent with the urgent needs of child victims. Payment of hospital bills also fails to cover the full impact on health, caregiving, education, psychological recovery, disability, and death.

No-fault compensation should be established through a state-administered DKK-MBG. Entitlement should be triggered by a confirmed or more-probable-than-not epidemiological relationship between program food and injury without requiring proof of negligence. The scheme should provide interim payments, short decision periods, medical and non-medical benefits, manual and digital channels, an appeals panel, publication of aggregate data, and preservation of the right to claim additional losses. The state should pay victims first and then use recourse, contracts, guarantees, insurance, and sanctions against responsible parties. The President should amend Presidential Regulation No. 115 of 2025 to provide

[48] Muhammad Abdul Azis, Nur Rahman, and Riski Ananda Kusuma Putri, "Between the Future or Just Utopia: A Critical Analysis of the Legal Personhood of Artificial Intelligence on the Claim as a Patent Inventor," *Critical Legal Review* 1, no. 5 (2024): 1–25.

institutional and funding authority. BGN, together with the Minister of Finance, Minister of Health, BPOM, the Ombudsman, and the Indonesian Child Protection Commission, should adopt implementing rules, benefit tariffs, causation standards, and an integrated data system. This design places the best interests of the child at the centre of recovery while preserving food-safety discipline and operator accountability.

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