

GUARANTEEING THE RIGHT TO ADEQUATE SCHOOL MEALS FOR STUDENTS WITH SPECIFIC DIETARY NEEDS: CHALLENGES, UPDATES, AND RECOMMENDATIONS FOR MUNICIPALITIES

GARANTIA DO DIREITO À ALIMENTAÇÃO ESCOLAR ADEQUADA DOS ESTUDANTES COM NECESSIDADES ALIMENTARES ESPECÍFICAS: DESAFIOS, ATUALIZAÇÕES E RECOMENDAÇÕES AOS MUNICÍPIOS

GARANTÍA DEL DERECHO A UNA ALIMENTACIÓN ESCOLAR ADECUADA PARA ESTUDIANTES CON NECESIDADES ALIMENTARIAS ESPECÍFICAS: DESAFÍOS, ACTUALIZACIONES Y RECOMENDACIONES PARA LOS MUNICIPIOS



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ABSTRACT

This study aims to describe the challenges related to access to the right to health for students with special dietary needs within municipalities and in the preparation of school menus. This is an article systematized through the experience of nutritionists regarding the challenges faced in guaranteeing the Human Right to Adequate Food (HRAF) for children and adolescents with allergies, food intolerances, and/or celiac disease. The results showed that, despite the exclusion of certain foods and the development of specific menus to meet the needs of students with specific dietary requirements, significant challenges remain. Our intention is to contribute to reflections on the issue of students' citizenship rights and on the importance of control, monitoring, and enforceability mechanisms to ensure these rights. This experience may serve as a stimulus for the development of child protection mechanisms, as well as for the promotion, prevention, and precautionary protection of children's health in educational institutions, in addition to ensuring universal access to education.

Keywords: Human Rights. Health Promotion. Child Protection. Education.

RESUMO

Este estudo tem por objetivo descrever desafios do acesso ao direito à saúde dos estudantes com necessidades alimentares especiais nos âmbitos dos municípios e da produção dos cardápios. Trata-se de artigo sistematizado por meio da vivência das nutricionistas sobre os desafios enfrentados para a garantia do Direito Humano à Alimentação Adequada (DHAA) para crianças e adolescentes com alergias, intolerâncias alimentares e ou celíacos. Como resultados, o estudo apontou que apesar da exclusão dos alimentos e cardápios específicos

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para o atendimento dos alunos com necessidades alimentares específicas. Nossa intenção é contribuir para a reflexão sobre a temática dos direitos de cidadania dos estudantes e sobre a importância do controle, monitoramento e exigibilidade para poder garanti-los. Esta experiência pode ser um estímulo para a construção dos mecanismos de proteção da criança, e da promoção, prevenção e precaução da saúde da criança em instituições de ensino, assim como para a garantia da universalização do acesso à educação.

Palavras-chave: Direitos Humanos. Promoção da Saúde. Proteção da Infância. Educação.

RESUMEN

Este estudio tiene como objetivo describir los desafíos relacionados con el acceso al derecho a la salud de los estudiantes con necesidades alimentarias especiales en el ámbito de los municipios y en la elaboración de los menús escolares. Se trata de un artículo sistematizado a partir de la experiencia de nutricionistas sobre los desafíos enfrentados para garantizar el Derecho Humano a la Alimentación Adecuada (DHAA) para niños, niñas y adolescentes con alergias, intolerancias alimentarias y/o enfermedad celíaca. Como resultados, el estudio señaló que, a pesar de la exclusión de ciertos alimentos y de la elaboración de menús específicos para atender a los estudiantes con necesidades alimentarias específicas, aún persisten importantes desafíos. Nuestra intención es contribuir a la reflexión sobre la temática de los derechos de ciudadanía de los estudiantes y sobre la importancia del control, monitoreo y exigibilidad para garantizar dichos derechos. Esta experiencia puede servir de estímulo para la construcción de mecanismos de protección infantil, así como para la promoción, prevención y precaución de la salud de niños y niñas en instituciones educativas, además de garantizar la universalización del acceso a la educación.

Palabras clave: Derechos Humanos. Promoción de la Salud. Protección de la Infancia. Educación.

1 INTRODUCTION

The right to education does not differ from the right to life. The right to education does not diverge from the right to food. Access to education cannot be hindered by the lack of adequate food. After all, keeping children protected is also about education. This text synthesizes mishaps from the field to the school feeding table. We know that there are many successes, but here we will focus on the weaknesses, diversities and inequalities of a certain public that still has difficulties in this access: children and adolescents with special dietary needs.

The Universal Declaration of Human Rights states in its article No. 25 that every human being has the right to a standard of living that ensures health, well-being and food. Human Rights are considered natural rights, as they are directly related to the dignity of human nature. They do not need to be specified in a law to be demanded, recognized, protected and promoted and represent the indispensable conditions for all human beings to exist, develop their capacities and integrate into life in society in a fair and inclusive way, being respected in their individualities. In addition, human rights are inalienable, non-transferable, non-negotiable and unavailable, which means that they cannot be voluntarily ceded by anyone, nor can their realization be subject to conditions (Benevides, 2013; CONSEA 2006).

In this perspective, as a result of a process of collective construction and with social participation, the Organic Law of Food and Nutrition Security (LOSAN) was created in 2006, creating the National Food and Nutrition Security System – SISAN with the objective of ensuring the human right to adequate food (DHAA). This fact was important for the constitutional recognition of the DHAA in 2010, and to guide actions for its realization, both in relation to the role of the State as guarantor of the right, and of civil society in the role of demanding and monitoring its implementation (Brasil, 2006; IFZ, 2022).

Therefore, the right to adequate food is at the basis of other human rights and also because it involves food sovereignty and security and an imperative of citizenship. An imperative of citizenship because it involves some facets such as the principle of Safety and Responsibility, the principle of preservation of life and human health, the principle of health protection, conservation of the environment, the principle of prevention and precaution, the principle of transparency, the principle of consumer interest combined with the principle of regulation of products and processes, and the principle of sharing criminal and civil responsibility (Frota, 2011).

In this text we will highlight the challenges for the realization of the right to serve the most vulnerable public with regard to the universalization of access to School Feeding, emphasizing

how fundamental it is that the Entities and units executing School Feeding understand the construction of the right and the challenges for its implementation. In addition, they must perceive and wish to implement a training process to know the differences and carry out risk analyses for each metabolic and physiological alteration of those enrolled. And so they can understand that caring for diabetic children is different from caring for obese children. Serving children with food selectivity and malnutrition is different from attending children with phenylketonuria. And serving children with food intolerances is different from treating allergy sufferers and celiacs. And that they also understand that the processes of risk analysis and the construction of good practices to produce safe food involve monitoring the entire production chain from field to table (Brasil, MEC/FNDE, 2016). Thus, this study aims to present the mechanisms of care management for students who have specific dietary needs in Marechal Cândido Rondon, state of Paraná, presenting the results achieved by the municipality, its challenges and difficulties for the implementation of the law and consequent guarantee of the DHAA of students enrolled in schools and Early Childhood Education centers in the municipality.

2 THEORETICAL FRAMEWORK

Over time, the creation of legal, programmatic, budgetary and participatory guarantees for the DHAA has been fundamental. However, there are still great challenges to be overcome for its implementation, especially when it is realized that in addition to hunger, other food inadequacies must be recognized as a form of violence against human beings and violation of the right to life, and that it is the State's obligation to make these rights effective, creating and organizing the means, institutions, services, and public policies so that citizens can access these rights without interruptions, making social protection effective (Guerra, 2022; Mendes and Preuss, 2024). Whereas the violation of a right is:

any action by the State or third parties to disrespect, infringe, prevent, transgress, violate, embarrass, take, steal or threaten the rights that are guaranteed by national and international laws (Brasil, 2017a, p.10)

It is therefore essential that rightholders know what they are and take ownership of their rights, that they are informed about how they can enforce them and what instruments are available for enforceability. It is necessary to create routines and public instruments for the collection of rights, first of all in the administrative sphere, starting with the local and municipal level of easy public access, and close to the communities. In addition, managers and public servants must be trained on the obligations that fall to them as agents of the State in the

realization of human rights. In the case of the enforceability of rights, access to information about rights for citizens, and about obligations for public agents, is essential. The enforceability mechanisms must be available in all instances and spheres of the Executive, Legislative and Judicial Branches. Among the institutions currently available in Brazil are the Public Prosecutor's Office, the Public Defender's Office, the Human Rights Councils and the Public Policy Councils.

It is essential to know that the DHAA has two indivisible dimensions: the right to be free from hunger and malnutrition and the right to adequate food, and its guarantee requires the guarantee of all other human rights, especially the human right to health (Burity *et al*, 2010). It is essential that the State act legally to prevent the violation of the DHAA and create public policies that guarantee this right.

To this end, in the field of health, several documents deal with the importance of promoting and preventing health problems and point to the need to formulate and implement effective and integrated national, local and regional strategies to reduce morbidity and mortality related to inadequate nutrition. Among these actions and policies that have a regulatory, fiscal and legislative character, the National Food and Nutrition Policy (PNAN), which has among its guidelines, the Promotion of Adequate and Healthy Food (PAAS), as being the promotion of a food practice appropriate to the biological and sociocultural aspects of individuals and the sustainable use of the environment and that:

it must be in accordance with the needs of each stage of the life course and with special dietary needs; referenced by food culture and by the dimensions of gender, race and ethnicity; physically and financially accessible; harmonic in quantity and quality; based on adequate and sustainable production practices with minimal amounts of physical, chemical and biological contaminants (Brasil, 2017b, p.31)

Also noteworthy in the PNAN, the Organization of Nutritional Care, which "comprises care related to food and nutrition aimed at the promotion and protection of health, prevention, diagnosis and treatment of diseases" for all, with a view to the formation of an integrated, problem-solving and humanized care network, including care for individuals with special dietary needs, such as those resulting from inborn errors of metabolism, eating disorders, among others (Brasil, 2017b).

In view of this, it is verified that the perspectives of the PNAN are not limited to meeting the precepts of the Unified Health System (SUS), but seek to act in an intersectoral way so that the National System of Food and Nutrition Security (SISAN) is established and strengthened. In addition, it is observed that it is based on actions that consider the citizen in his totality, in his

individual and collective needs, and that resolute actions in these areas necessarily require partnerships with other sectors, such as Education. Intersectoriality forms shared decision-making spaces between institutions and different government sectors that should promote health and FNS through the formulation, implementation, and monitoring of public policies that positively impact the health of the population (Brasil, 2017b). In this way, it can be stated that in all spaces, including educational spaces such as schools and daycare centers, they should be built based on health promotion through access to adequate and healthy food.

Among these public policies that also aim at Food and Nutrition Security and health promotion, in the area of education, the National School Feeding Program (PNAE) stands out. César *et al* (2018) state that over time the PNAE stopped focusing exclusively on the state of hunger and expanded the service of students in the school period as a whole. This expansion extended to the incorporation of care for individuals collectively and individually, considering health conditions and aspects of socioeconomic, cultural and environmental sustainability.

In this perspective, in order to achieve the objective of the PNAE of "contributing to the growth and biopsychosocial development, learning, school performance and the formation of healthy eating practices of students", school feeding began to be offered based on legal guidelines and the principles and dimensions of the human right to adequate food (DHAA), reinforced with food and nutrition education actions and the provision of meals that meet the nutritional needs of students during the time they stay in the school space for at least 200 school days in a stable, regular and permanent manner (Brasil, 2009)

In addition, considering the universal attendance of the Program, there was the implementation of Law No. 12,982/2014, which sought to guarantee the DHAA in the school environment, ensuring individual care and offers of adequate and healthy food based on the biological conditions of students with special dietary needs (Brasil, 2014).

These special dietary needs (ANE) are defined by the PNAN as those identified through evidence of metabolic and physiological changes that require changes in the dietary requirements of individuals:

[...] or supplemental, of individuals with metabolic or physiological alterations that cause changes, temporary or permanent, related to the biological use of nutrients or the route of food consumption (enteral or parenteral). Examples: inborn errors of metabolism, celiac disease, HIV/AIDS, food intolerances, food allergies, eating disorders, prematurity, nephropathies, etc. (Brazil, 2017b, p.74).

Although currently the inclusion of children with special dietary needs in school is not questioned as a right, it can be said that its operationalization was late, as it was observed that

throughout the twentieth century, the recommendation of health professionals towards children with specific dietary needs was for them to be homeschooled, at least until they needed to learn to read and write. There was no protection mechanism guaranteed by law. Although the Federal Constitution of 1988 guaranteed the right to Education and LDBEN 9394/96 materialized the challenges for all, even so, school feeding did not operate with diversity, after all, the right to food was only included in the Constitution in 2010. And many times, children with specific dietary needs, even when they started to be enrolled, continued to be invisible, unknown, kept in a state of vulnerability and not heard (Paula, 2016).

With this focus, in 2014, Law No. 12,982 was created in 2014, which made individualized nutritional care mandatory in case of specific state or health condition, with the elaboration of a special menu based on medical and nutritional recommendations, nutritional assessment and differentiated nutritional demands of students (Brasil, 2014).

This law came to meet a growing and alarming need shown by several studies that attest to an increase in the prevalence of diseases associated with food and nutrition in the child population, imposing the need for continuous monitoring and evaluation of the PNAE, and the implementation of strategies and actions that promote the improvement of care and the planning of the nutrition and health policy of schoolchildren. ensuring the well-being and safety of children and those involved in the process. Considering the legal basis that supports the universal right to school meals, health promotion, and the DHAA, this scenario makes feeding in the school environment challenging due to the complexity of individual care and the legal basis that supports the universal right to school meals, health promotion, and the DHAA (Pereira *et al*, 2024).

In this way, the offer of special food to serve students with NAE is a right guaranteed by law, which aims to reduce the biological and social damage of this public, it is essential that there is an understanding that any person can file a complaint and demand the guarantee of the realization of their right, or a dimension of it, before administrative, political or judicial public bodies, "in order to prevent, overcome and/or repair violations". In addition, the population also has the right to have a response and action in a timely manner to repair the violation by the public authorities, considering that the obligations and responsibilities for the realization of this right are of the managers and public agents involved in the execution of the PNAE and it is the State's obligation to respect, protect, promote, and provide adequate food and nutrition, protecting students from any interference that may deprive them of access to adequate food at school (FIAN, 2021).

Also noteworthy, to guarantee this right, is the principle of universality of the PNAE, which will only be effective when all students can enjoy adequate and healthy school meals as their right. For this, it is necessary that, in addition to the State, other actors involved in the Program such as nutritionists, school feeding councils, parents, managers and teachers, and civil society recognize themselves as responsible for guaranteeing this right (César *et al*, 2020).

In addition, in order to ensure the adequate care proposed by the PNAE to students with NAE, it includes, in addition to the preparation of an adequate menu and the planning for their acquisition, the identification with the diagnosis for the monitoring of the nutritional status of these students. From the perspective of equality and equity in care, it should also contribute to ensuring that the student with NAE is ensured through comprehensive care from the perspective of the professional in charge, and other actors involved (Colares; Sorato, 2019).

It is essential to integrate the strategies and actions of the education, health and FNS teams, including training for the professionals involved; intensify the support between the multidisciplinary team of the basic health unit and the schools to develop care plans and emergency actions in cases of allergic reactions, anaphylaxis and aggravation of diseases diagnosed in schools. (Pereira *et al*, 2024)

Finally, when dealing more specifically with individual care for students who have special dietary needs in the school environment, it is essential that all those involved in the educational process are aware of the biological conditions involved, which physiological and metabolic aspects make this individual the bearer of a right to food that respects these conditions.

In this research, the conceptual basis of the pathologies that represent the greatest challenges in the execution to comply with the legislation was presented, which are food allergies and celiac disease. The challenges are greater because it is not only the nutrition professional who is involved, it is not only the exclusion of allergens, or wheat, rye and barley, in the case of celiacs. The difficulty of execution is because the small fraction of the protein can trigger reactions. It is due to the severity of the symptoms and health problems of these children. It is crucial that the school community knows about celiac disease and the specific dietary needs of students and how to avoid protein from the purchase of inputs but also from environmental contamination, direct contamination, cross-contamination or residues on utensils and surfaces. Security, inclusion, and transparent communication must be ensured. It is based on the ethics of care that "represents an attitude of occupation, concern, responsibility and involvement with the other" (Boff, 2014, p. 37).

An update of the guidelines takes place in 2026 with a new FNDE Resolution. Highlighting the service criteria.

Art. 5 The guidelines for school feeding are: I - the use of healthy and **adequate** food, including the use of varied, safe foods that respect the culture, traditions and healthy eating habits, contributing to the growth and development of students and to the improvement of school performance, in accordance with their age group **and their state of health, including those who need specific attention;** (Brazil, 2026, emphasis added)

Making the intention of service transparent:

VI – the right to school meals, in order to ensure the food and nutritional security of students, with equal access, **respecting the biological differences between ages and health conditions of students who need specific attention** and those who are socially vulnerable. (Brazil, 2026, art 5, emphasis added)

Regarding the construction of menus, the 2026 Resolution makes explicit:

School Feeding Menus Art. 17. School feeding menus must be prepared by the RT nutritionist of the PNAE, based on the use of fresh or minimally processed foods, in order to respect the nutritional needs, eating habits, food culture of the locality and be based on sustainability, seasonality, agricultural diversification of the region and the promotion of adequate and healthy food.

Paragraph 1 - The menus must be adapted to **meet the needs of students diagnosed with special dietary needs** and atypical eating behaviors, such as: **celiac disease**, diabetes, hypertension, anemia, **allergies**, food intolerances, food selectivity, among others.

2º Students with disabilities, global developmental disorders and with high abilities/giftedness must receive school meals during the schooling period and, at least, one meal in the after-hours, when in SEA, in **order to meet their nutritional needs, according to their specificities.** (Brazil, 2026, art 17, emphasis added)

It is worth noting that the groups in special food needs are not in alphabetical order and denote other priorities of the regulatory body for enforcement. This time, making explicit what is a diet that is appropriate to the biotype and productive of health.

3 PHYSIOLOGICAL AND METABOLIC CHARACTERISTICS OF STUDENTS WITH SPECIAL DIETARY NEEDS

3.1 FOOD ALLERGIES

Based on information provided by the Brazilian Consensus on Food Allergies (2018), food allergy is a public health problem, defined as a "disease resulting from an anomalous immune response, which occurs after ingestion and/or contact with certain food(s)". A food can cause allergic reactions in three ways: a) when the food is ingested or there is contact with the

skin or respiratory tract; b) when, through cross-reaction, there is the production of specific IgE and sensitization even before contact with the food, c) when there is cross-reactivity between an inhalable allergen (e.g. pollens, latex) responsible for sensitization and production of IgE and ingestion of the food. All foods can cause allergies, but approximately 80% of them are caused by the ingestion of cow's milk, eggs, soybeans, wheat, peanuts, nuts, fish and crustaceans (ASBAI, 2018a).

It is important to note that some foods cause cross-reactivity, causing a person allergic to a specific food to experience symptoms when consuming other foods that contain proteins with similar structures. An example of this is tropomyosin, which is present in different sources such as crustaceans, mollusks, mites and even plants, causing a person allergic to shrimp, for example, to also have a reaction when eating foods with the same protein (ASBAI, 2018a).

For the diagnosis, the clinical history is essential, which depends on the patients' ability to recall the symptoms, and the ability and sensitivity of the physician to correctly identify those who have the disease. Laboratory investigation may also be carried out (ASBAI, 2018b).

In the school environment, guidance should be given on the importance of monitoring by a doctor and nutritionist on a continuous basis, guidance and monitoring, which is also essential to: check if there is cross-reactivity with other foods, if the student has acquired any tolerance to the food and, also, to assess and monitor the general state of health and nutritional status, since this can be compromised by the manifestations of allergic reactions due to the exclusion diet. It is also important to verify the need for nutritional supplementation (Brasil, 2017).

As for the nutritional issues involved, so that there is no harm to the growth and development of students, it is proposed that the Food Allergy (AA) certificate should not be considered as a definitive condition, as the unnecessary continuous adoption of an exclusion diet can harm the student in the long term. It is also recommended that the main modification in the menu be the complete exclusion of food allergens and, in the case of infants, the use of expressed breast milk or adequate infant formulas, ensuring the nutritional supply of energy, macro and micronutrients.

3.2 CELIAC DISEASE

Although the prevalence of celiac condition is around 1/200 people, the diagnosis is still late and related to nutritional sequelae. Gluten-related disorders (GRD) affect 1% to 6% of the population, with complications and a high risk of morbidity and mortality in the short and long term (Cruscinsky, 2021). Even though there has been a Clinical Protocol and Therapeutic Guidelines (PCDT) since 2009, it is common for people to claim that health professionals are

unaware of the subject (Ministry of Health, 2009), and the common sense remains that it is a digestive gluten intolerance.

The celiac person lives with a systemic autoimmune condition that does not only affect the small intestine. It is a permanent whole-body reaction to gluten characterized by a systemic inflammatory process that also involves the mucosa of the small intestine, generating atrophy of the intestinal villi, malabsorption, and a variety of clinical manifestations (Araújo *et al*, 2022; Garcia *et al*, 2023). These are, within the scope of human diversity, people who, by genetic constitution, live with a permanent biological incompatibility with winter cereals, wheat, rye, barley and oats, especially with their protein called gluten. Gluten in celiacs will produce metabolic and physiological changes that can cause significant damage and aggravation to health. To survive, a consensus was reached that the daily life of the celiac person should be the exclusion of contact with gluten. From then on, attending to celiac children is to meet their special dietary needs, but also to practice celiac education so that they can interact with their peers. Therefore, it requires full attention and respect in the school environment in order to overcome social barriers.

In view of this, we reiterate that celiac is an autoimmune, permanent, self-destructive, non-transmissible condition, whose trigger is gluten in people with genetic predisposition. It is genetic, but not hereditary. These are not defective genes, but more likely to be a mark of shared ancestry with other primates. Having the genes is not enough to develop the autoimmune alteration, it can develop, or not, depending on exposure to the environment. But, in the school environment, it is common to ask: What complications or physiological and metabolic changes can be caused by non-attendance in the development of celiac students?

First of all, let's remember that the word celiac comes from the word colic and this already helps us to understand that this student has pain. Although it seems like a simple change in diet, daily life can be a constant challenge, with serious impacts on psychological health and emotional balance. (Bai, Ciacci, Corazza, 2016). Only a few celiacs will have dermatitis herpetiformis with visible lesions, most of the manifestations of Gluten-Related Disorders can be subjective: pain, malaise and tiredness. This makes it difficult to identify the severity of the symptoms and leads to the trivialization of complaints.

This reality has serious consequences for the health of these people, described in the PCDT (Ministry of Health, 2009, 2015) as digestive alterations (canker sores, esophagitis, stomatitis, duodenitis, liver alterations, diarrhea and severe colds), neurological and reproductive alterations and infertility, thyroid alterations, depression, anemia, joint pain, malabsorption of nutrients, weight loss, slow growth, osteoporosis of dental problems,

malnutrition and alterations pathological or lesions in organs or systems, capable of being seen or measured by exams, refractory celiac disease, cancer of the digestive system, lymphoma, and even sepsis.

Just as pain, often disabling and with great damage to quality of life, cannot be quantified. Currently, the status of celiac condition as a more acceptable gluten-related disorder is that of pathology. However, the community discusses other statuses, such as permanent physical disability and diverse human condition. Although these statuses are not convergent for the formulation of public policies and generate internal debates, they do not alter the material existence of the children and adolescents who need to be served.

It is worth mentioning that the education professional does not diagnose either food allergies or celiac allergies. These diagnoses follow exclusive PCDT. However, it is up to the education professional to report problems that occur with the child to the family members and guide the referral. Remembering that many municipalities have joined the Health at School Program.

4 INSTITUTIONAL AND INFRASTRUCTURE CONDITIONS TO GUARANTEE ACCESS ON A PERMANENT AND CONTINUOUS BASIS

The planning of the menus must follow the recommendations of the FNDE and serve students enrolled in the Municipal Center for Early Childhood Education (CMEI) full-time with 4 meals a day for children from 6 to 11 months and children from 1 to 4 years old. The nutritional value of these meals meets 70% of the students' daily nutritional needs. For students enrolled in Elementary 1 schools, the menus are prepared serving 01 daily meal, for children in the morning and afternoon periods enrolled. These students have at least 30% of their daily nutritional needs met.

According to legal guidance, NAE students are served with a specific menu for their needs. Nutritionists elaborate, in addition to the general menus, menus identified as: a) without milk. b) without egg; c) without wheat; d) without milk and without egg and without wheat; e) for diabetics. In case of other allergens such as soy, dye, oilseeds, honey, fruits, these foods are advised. One of the difficulties in executing differentiated menus is the purchase. After all, nutritionists often claim that the result was deserted.

Some municipalities in order to achieve the menus, purchase food via bidding by electronic auction, once a year, seeking to obtain food that meets all special dietary needs. However, other municipalities other purchasing processes are elaborated and the request for

the presentation of the product's technical sheet to ensure that it meets the NAE and, above all, does not pose a risk to the student, as stated in the FNDE reference booklet (Brazil, 2017).

To serve celiac students, rice-based and gluten-free foods are purchased, such as rice noodles, rice crackers, gluten-free bread, gluten-free oats and rice flour. For diabetics, artificial stevia sweetener, brown rice, whole wheat pasta, diet chocolate milk, sugar-free wholemeal biscuits are purchased and it is recommended to remove sugar in culinary preparations or replace it with fruit juices or raisins.

Among the guidelines for culinary preparations, substitutions are used, for allergens such as CMPA and allergy to egg protein, it is the removal of these foods in preparations and replace them according to guidelines, for example, in a cake preparation, milk is replaced by fruit juices or water and egg by vinegar or flaxseed. In addition, students with CMPA are purchased milk-free growth formulas (from 0 to 12 months), soy milk and vegetable yogurt, lactose intolerant products are purchased.

The request for specific school meals follows the protocol: families make the request at the school office or to the principal, attaching the related documentation and statements, and the school forwards it to the municipal school feeding service. Family members can access the menu that is available at educational institutions. Interviews and conversations are often necessary for service adjustments. The service process must comply with the recommendations of Resolution/CD/FNDE No. 06/2020 (which establishes that menus must meet students with specific nutritional needs) as well as that specified in Federal Law No. 12,982/14. Ribeiro *et al* (2014) considered that the mapping of students is the first step towards the implementation of strategies that aim to meet their needs.

In schools and CMEI's, at the time of enrollment, the declaration if the student has any NAE is requested and the statement of the health professional or medical report or nutritionist's report is also requested. This request is valid for one year and needs to be renewed, after all, the clinical condition may have evolutions and/or complications. Colares *et al* , in a study carried out with 134 school feeding nutritionists in Santa Catarina, pointed out that 85.9% (n=115) request the updating of supporting documents at least once a year. It is recommended that an identification of each student and their NAE be carried out in the school environment, to ensure their safety. This service protocol, which provides for the sending of a document by the school manager to the nutritionist, agrees with what Rosa, Pavão and Marquesan (2019) cite about the articulation between nutritionists and managers in the implementation of menus for students with NAE, considering that it is the principals who welcome these students.

From this perspective, the challenge is even greater when considering the care of students with Celiac disease, as one must be aware of the fact that when a food that is naturally gluten-free (fish, fruits and vegetables, meat, dairy products, seeds, eggs, nuts...) or that has been developed especially for celiacs (such as gluten-free bread), cross-contact or direct contact can occur, making the food unsafe for consumption. To this end, a Good Practices protocol and continuing education are required for the food handler to understand and perform the risk analysis. Contact with gluten can occur through a common surface, through residues in shared utensils, through shared equipment, or through the food handler who, when preparing food in a sequence, can transfer small pieces or particles of protein.

Thus, given the seriousness of the consequences of the violation of the student's right and knowing that food is the basis of treatment for celiac disease, with a strict gluten-free diet as the only effective treatment so far, are municipal managers and nutritionists attentive to fulfilling their responsibility? How can an understanding be reached that the guarantee of the DHAA of students with NAE would help in the process of promoting the health and quality of life of celiacs? How, in addition to taking care that those labeled as gluten-free, good handling practices, a menu that effectively offers nutrition and a gluten-free diet, that takes care of the risks of the presence of traces of this protein in other foods, that takes care of the environment where the food is stored, prepared and distributed, still guarantees food education? How to promote health and inclusion?

Safety in the management of care goes beyond nutritional issues and reaches the conditions of human resources and infrastructure. Training is carried out every six months with school cooks using theoretical and practical methods, every 6 months. How to manage the turnover of outsourced professionals? The theoretical part explains each type of NAE and what care should be taken with the preparation so that there is no cross-contamination, the hygiene of utensils, storage and storage of specific foods for these needs. The practice needs to address recipes that can be made with the ingredients purchased for these students and the substitutions for each NAE. On the part of the nutritionists in charge, it is also necessary to carry out technical visits weekly to ensure that this work is being done and for further guidance in case of doubts.

For nutritionists, training for food handlers is still insufficient, mainly due to the high turnover of the workforce, causing many professionals who participate in the first event to no longer be present at the second meeting. Also, due to the insecurity in the operationalization of the recommendations, which in the opinion of the nutritionists, may be the result of the low level of education of the professionals who prepare the food and the recognition of the great

responsibility with the health of the students in case there are failures in the care process. This fact does not agree with the study carried out by Souza and Nascimento (2019) who in a survey carried out with 06 nutritionists and 06 food handlers from two municipalities in Greater Florianópolis on the effectiveness of human resources training, and which showed that the former see that they carry out efficient training, and the handlers feel well guided and trained by nutritionists regarding pre-preparation, preparation, handling and storage of products and utensils, to avoid cross-contamination with gluten

A contradiction has been produced and needs to be better heard. Some municipalities prohibit students from bringing any food from home, due to biological risks and contamination. In other municipalities it is possible to bring only some type of fruit. In some prohibitions, there is a prohibition, both for socioeconomic factors and food security, for celebrating birthdays in schools. In other municipalities, they still authorize this practice by bringing into this environment external food without the certainty of the origin, without designation of the place where they were produced were adequate, or without the certainty of whether the handler maintained good hygiene practices, the quality of the ingredients, among others. Such a practice, in addition to producing a certain frustration in those who cannot enjoy collective food, leads to another question. Who sanitizes the school environment after the celebration and ensures the cleanliness of traces of proteins in the environment? Within this context, many municipalities have banned snacks brought from home. On the other hand, there is an increasing number of municipalities that, in municipal legislation, guarantee students with specific dietary needs to take their ready-to-eat food from home to school.

Even with the municipal provision legalized, such practice does not occur without conflicts, including legal ones, in the coexistence of different enforcement models. Below we will make a brief list: a) phenylketonuria students whose school meals are provided directly from the health department to the school and part of it is delivered to their families so that they can take fractional; b) celiac and allergic students who take all meals produced by family members to school in full with the recommendation that it be close to the menu, or not; c) municipalities that provide the families of celiac and allergic students with the ingredients d) municipalities that provide the families of celiac and allergic students with ingredients, lending equipment, gas, and containers for transportation to school; e) municipalities that offer a place for students to store their food brought from home and heat it; f) municipalities that produce specific foods in a central kitchen and distribute them to school units or family members.

5 DIFFICULTIES AND CHALLENGES OF ACHIEVING UNIVERSALIZATION OF STUDENT CARE WITH NAE

Another relevant issue is the vulnerability arising from a Special Food Need or a chronic disease that affects these students in different ways. Many have to face prejudice and *bullying* arising from the lack of information of the people they live with on a daily basis. In addition to affecting nutritionally, there are also the psychological effects resulting from it and which are also equally devastating. Problems such as anxiety, difficulties in social contexts, continuous clinical symptoms, and also changes in body composition are reported. "In fact, one study revealed that social phobia, as measured by the Liebowitz Social Anxiety Scale, was significantly higher in individuals with CD" (Smith, 2022). It can generate double vulnerabilities or hypervulnerability (economic, social, psychological) as a result of daily experiences of exclusion and fear due to the danger that their health runs. This phobia occurs due to food insecurity because they do not know if good practices for handling and controlling ingredients and inputs have been carried out. It can be: from attending a classroom space, in which there was gluten, or going to the playground and cafeteria, participating in events, parties, or outings, or some other place where there is food, it already causes fear of possible problems with your health. Promoting welcoming and inclusion is much more than beautiful words, it involves monitoring, control and purposeful actions and the understanding of vulnerabilities.

For Mainaier (2023), the non-conformity of menus to serve students with NAE ranges from the unavailability of food to the lack of execution of meals. Through the FNDE's Accountability Management System (SiGPC), it is possible to know that in 2021, 69% of the Executing Entities stated that they identified students with NAEs, but not all of them served with different menus. What is surprising is that even when students are identified, they continue to be unattended. What is still surprising is that 31% of the Executing Entities, that is, about 1600 municipalities, do not identify any student with NAEs, since we know that epidemiologically it makes no sense at all. This also suggests an insufficiency in public policy, in its execution and monitoring.

There are two major blocks for training for the inclusion of NAEs: first, understanding the physiological and metabolic characteristics of students and the conditions for producing a safe environment; secondly, dialogue with the institutional conditions to guarantee access and permanence, purchases, bidding, calls for special foods, request for equipment and utensils, information in the system, monitoring and control.

From this perspective, there is a perception that although training is carried out for cooks, one of the great difficulties encountered is the high turnover of outsourced employees that

impairs the technical training of professionals, hindering the process of continuous permanent training. It also makes it difficult for the kitchen/school environment to be integrated so that it obtains a good performance in the preparation of food. In addition, the possibility of a bond between the cook and the students is reduced, through an affective relationship and respect for special food needs.

Another limiting factor to full attendance is the precariousness in the infrastructure of educational establishments. The lack of specific space in the kitchens, which is sufficient and safe for handling food, and the lack of investment in the adequacy of the facilities that, in addition to affecting the safety of food production, can compromise the health of students. Still in relation to structure, utensils and equipment can be mentioned. In Marechal, there is a specific bidding for the acquisition of kitchen items, but as already explained, there is a lack of understanding of the managers regarding the need to request the responsible sector and that this failure can generate losses for the student. It is perceived that this difficulty with risk analysis and control of cross-contact and direct contact to produce food is greater in the care of allergic and celiac students. Although the number of allergic children and adolescents is small, most common sense understands the severity and speed of the reaction. Within a few hours of contact, a series of signs and symptoms become visible (Paula and Almeida, 2016).

In view of this, nutritionists and education professionals presented service options with the implementation of systems that guarantee food safety for students.

- a) Outsourcing of ready-to-eat meals with direct acquisition from a commercial establishment that strictly meets safety standards from production to distribution;
- b) Adaptation of a production site within one of the existing establishments that produces for all other locations, under a strict safety guarantee scheme in preparation, storage, transportation and distribution;
- c) Production in segregated spaces and establishing a safe production routine with locations in each school identified with the presence of students in special feeding,
- d) Production of a single menu for all students without the allergenic ingredient, reducing the risks of direct and cross-environmental contact, the impacts of special hygiene costs on equipment and surfaces and stimulating socialization.

It is important to understand that by following option c, of production in segregated spaces and establishing a safe production routine with locations in each school that has students with NAE, there are some difficulties to be overcome. The first would be the routine of cleaning and sanitizing surfaces, utensils and spaces to deglutenize and eliminate protein residues. It is known in the case of production for celiacs, how wheat flour propagates through

the air, and wheat dust can stay in the air for up to 24 hours, the challenge is enormous because in school units: What would be the cost of hygiene? What if students have multiple allergies? Would allergenic foods such as wheat flour, milk and eggs be used, for example, and what would be the correct hygiene and good practices for the next production?

Therefore, to avoid cross-contact in production, in a shared environment you would need:

a) a place to store isolated and isolated special foods, or allergenic foods in relation to others, b) proper cleaning of surfaces before starting production, starting with the production of the special menu, c) acquiring exclusive utensils such as baking sheets, pans, molds, grills, griddles, and equipment such as blenders, ovens and capped boxes. d) training in good care practices so that the food handler does not become an instrument of contamination, e) exclusive PPE for the handler, who must wear, among other things, an exclusive apron. f) specific sanitizing utensils. g) care with the cafeteria and the serving equipment, avoiding accidents and inhibiting the exchange of food. h) in which cases the system can be hybrid, with production being done in another location, but stored ready at the school and heated.

The vast majority of family members and the school community do not have this information clarified and do not seek to know if in the school where their child studies there are other students with these needs and if they are being met, in addition to the fact that when the subject comes up they believe it is not of significant importance. Educational and pedagogical work is up to everyone. Thus, the promotion of events and dissemination of these guidelines is of paramount importance so that there is a greater dissemination of knowledge of these NAE and how to act so that the DHAA of these students is guaranteed more effectively. The CAE (School Feeding Council) has the duty to monitor and inspect compliance with the guidelines and regulations of the PNAE (Brasil, 2009). However, they end up focusing a lot on the structure of the kitchen, quality of the food provided, accountability of the municipality and leaving aside the requirement of compliance with the menu for students with NAE, which is also part of their obligations. The participation of the CAE and the requirement to guarantee the service to these students is fundamental, which has not been happening so far.

It should be noted that for the DHAA to be fully achieved in school, it needs to be demanded and for this, each government has the obligation to create and make available in an accessible way the necessary mechanisms so that individuals have the possibility to demand and claim their rights. In this sense, rights holders can contact their family or the people they live with, the School Feeding Council, the school, the Public Prosecutor's Office, the Public Defender's Office, the residents' association of their neighborhood or others who can support

them. Complaints/complaints can be submitted individually or in groups, and can be confidential, if they are not sure to file the complaint on your behalf (FIAN, 2021).

It is the duty of municipal managers to facilitate or promote conditions that allow compliance with the guidelines and regulations of the PNAE and the effective realization of the DHAA in the school. Therefore, at the local level, the holders of obligations are the secretaries of Education, school feeding coordinators, school principals, educators and local administration employees, in addition to the professionals responsible for the preparation of bids and public calls for the acquisition of food from the PNAE, cooks, nutritionists and technicians responsible for the PNAE. All of these must act supported by students or their guardians, the school community, the School Feeding Council, family farmers, non-governmental organizations and civil society organizations, as well as those in the business sector. It is understood, therefore, that it is up to the public authorities to guarantee conditions for these actors to exercise their responsibilities (FIAN, 2021).

It is unfair that the public power does not assume its responsibility. Because with the violation, the responsibility falls on the students' families, who should not have to worry about the safety and adequate care of their children in public environments of mandatory enrollment. How the menu can be made more flexible. When can this partnership exist and the child take the food? Under what circumstances and for how long? How to regulate? Is there a way to close trust agreements? Yes, after all, protection, prevention and precaution will be collective actions. This production not only involves nutritional and health care issues, but also education, inclusion and welcoming. Thus, meeting specific food needs is not a favor, nor a demonstration of kindness, but a guarantee of the right and fulfillment of the Municipality's obligation.

6 FINAL CONSIDERATIONS

To overcome this scenario, it is necessary to develop institutional strategies that sensitize and arouse the interest of health, food and education professionals and expand their technical knowledge on this topic so that they can both recognize pathologies and their manifestations and consequences, but that they can provide safe processes throughout the school feeding production chain. biotype-friendly and sustainable.

In short, to produce inclusion and overcome social barriers, it requires action on different fronts: a) institutional actions and public care policies; b) Training of education, health, assistance, food and justice professionals; c) Reception and monitoring of students with NAE and their families for monitoring; d) Dissemination and dissemination of knowledge about celiac and special dietary needs for all school components and for the general population.

Although many advances have been made, difficulties in guaranteeing the DHAA of students with specific dietary needs were evidenced by this study. It was pointed out that the supply of food free of cross-contact is the great challenge to be faced by the municipality, but that there are paths that can be followed so as not to violate this right. It was found that it is still necessary for civil society to act in the collection of these rights.

Finally, a movement to guarantee access, permanence and continuity of public policy that guarantees the care of a population so vulnerable to food, health and life as an imperative for citizenship.

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