

## STREAMLINING JUSTICE: ENHANCING CLIENT INTAKE EFFICIENCY FOR GOVERNMENT BENEFITS IN PUBLIC HEALTH AND HUMAN SERVICES

APRIMORANDO A JUSTIÇA: EFICIÊNCIA NO PROCESSO DE TRIAGEM PARA  
BENEFÍCIOS GOVERNAMENTAIS EM SAÚDE PÚBLICA E SERVIÇOS HUMANOS

OPTIMIZANDO LA JUSTICIA: EFICIENCIA EN EL PROCESO DE ADMISIÓN  
PARA BENEFICIOS GUBERNAMENTALES EN SALUD PÚBLICA Y SERVICIOS  
HUMANOS

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### ABSTRACT

The efficiency of intake processes for government benefit programs is central to ensuring equitable access to public health and social services. This article analyzes the structural components of intake systems and examines how standardized workflows, interoperable information systems, and trauma-informed practices shape administrative fairness and service quality. The methodology includes a literature review in Portuguese, document analysis, and practice-based insights derived from case management in public health and human services. Results indicate that electronic records, intersectoral integration, and humanized approaches significantly improve timeliness, accuracy, and user experience, particularly among highly vulnerable populations. Findings show that technological innovation, combined with organizational clarity and trauma-sensitive practices, strengthens the capacity of public institutions to deliver efficient and equitable services. The study concludes that the modernization of intake systems demands continuous investment, qualified training, and coordinated public policy efforts to ensure dignified and needs-based access to essential benefits.

**Keywords:** administrative justice; intake processes; public policy; interoperability; social vulnerability.

### RESUMO

A eficiência dos processos de triagem para benefícios governamentais constitui elemento fundamental para a efetivação de direitos sociais e para a redução das desigualdades no acesso às políticas de saúde pública e assistência social. Este artigo analisa as estruturas que compõem os mecanismos de triagem e discute como a padronização de fluxos, a interoperabilidade de sistemas e a adoção de práticas informadas pelo trauma influenciam a qualidade do atendimento e a justiça

administrativa. A metodologia baseia-se em revisão bibliográfica em língua portuguesa, análise documental e evidências extraídas da prática profissional em gestão de casos. Os resultados demonstram que a utilização de prontuários eletrônicos, a integração intersetorial e a humanização dos atendimentos produzem melhorias significativas na resolutividade, na agilidade dos procedimentos e na experiência dos usuários, especialmente entre populações em situação de vulnerabilidade. A discussão evidencia que inovações tecnológicas, aliadas à organização institucional e ao cuidado humanizado, contribuem para a construção de sistemas mais eficientes, equitativos e alinhados aos princípios da proteção social. Conclui-se que a modernização da triagem requer investimentos contínuos, formação adequada das equipes e articulação entre políticas públicas para garantir atendimento digno, rápido e baseado em necessidades reais.

**Palavras-chave:** justiça administrativa; triagem; políticas públicas; interoperabilidade; vulnerabilidade social.

## RESUMEN

La eficiencia de los procesos de admisión para beneficios gubernamentales constituye un elemento esencial para garantizar la equidad en el acceso a los servicios de salud pública y asistencia social. Este artículo analiza la estructura de los mecanismos de admisión y examina cómo la estandarización de procedimientos, la interoperabilidad de sistemas y las prácticas informadas por el trauma influyen en la justicia administrativa y en la calidad del servicio. La metodología se basa en revisión bibliográfica en lengua portuguesa, análisis documental y evidencias derivadas de la práctica profesional en la gestión de casos. Los resultados muestran que el uso de registros electrónicos, la integración intersectorial y la humanización del proceso generan mejoras significativas en la rapidez, precisión y experiencia del usuario, especialmente entre poblaciones en situación de vulnerabilidad. El estudio demuestra que la innovación tecnológica y la organización institucional, combinadas con un enfoque sensible al trauma, fortalecen la capacidad del Estado para ofrecer servicios más eficientes y equitativos. Se concluye que la modernización de la admisión requiere inversión continua, capacitación especializada y articulación entre políticas públicas para asegurar un acceso digno y acorde con las necesidades reales.

**Palabras clave:** justicia administrativa; admisión; políticas públicas; interoperabilidad; vulnerabilidad social.

## 1 INTRODUCTION

The intake process for government benefits represents a decisive stage in ensuring equitable access to public health and social assistance services. Intake functions as the first point of interaction between individuals in situations of vulnerability and the social protection systems intended to support them. The way this process is conducted determines the speed with which benefits are granted, the overall efficiency of institutions, and, above all, the degree of material justice offered to the population. The literature shows that fragmented and excessively bureaucratic intake systems expand structural barriers, perpetuate inequalities, and directly affect people experiencing homelessness, individuals with disabilities, and groups exposed to extreme poverty.

The relevance of this theme arises from the social and ethical implications involved in guaranteeing access to basic rights. The absence of standardized workflows and the limited interoperability among databases generate unjustifiable delays in the distribution of benefits, compromise user well-being, and weaken the protective role of the State. Professional practice in public health and social assistance services demonstrates that many of the difficulties faced by users stem not from ineligibility itself, but from inadequately designed entry processes within public systems. It is therefore necessary to analyze intake mechanisms from the perspectives of administrative efficiency, equity, and social protection.

The general objective of this article is to examine the elements that compose the intake process for government benefits in public health and human services, proposing guidelines capable of improving efficiency and reducing inequalities. The specific objectives are to identify the main barriers that compromise the fluidity and quality of intake, to understand the impacts these barriers impose on vulnerable populations, to examine innovative practices that contribute to administrative modernization, and to propose a set of recommendations applicable to public managers and interdisciplinary teams.

The research problem guiding this study may be summarized in the following question: how can intake processes for government benefits be reorganized to become more efficient, fair, and aligned with the needs of populations living in conditions of social vulnerability? The central hypothesis posits that the incorporation of interoperable information systems, the adoption of trauma-informed practices, and the standardization of service workflows contribute to a more efficient and equitable intake model.

This study is delimited to intake processes related to access to government benefits in public health and human services, encompassing practices used in case management teams, electronic records, service protocols, and intersectoral collaboration. Detailed legal analyses of benefit programs are not addressed, as the focus rests on the operational structure of intake and its relationship to social justice.

The methodology employed is based on an updated literature review, complemented by document analysis and practice-based evidence derived from professional experience in case management teams. This combination enables the observation of the phenomenon from an applied perspective, grounded in professional practice recognized as a legitimate source of knowledge in the fields of public health and social assistance. The review includes studies published in Portuguese, in accordance with the criteria established for this article.

The structure of this article is organized into five chapters, in addition to this introduction. Chapter two presents the theoretical framework, addressing the fundamental concepts related to intake, information systems, and equity in access to government benefits. Chapter three describes the methodological procedures adopted. Chapter four presents the results and the discussion, incorporating charts, tables, and interpretative analyses as required by the adopted standard. Chapter five contains the final considerations, followed by the references.

## 2 THEORETICAL FRAMEWORK

The study of intake processes for access to government benefits encompasses multiple conceptual dimensions that intersect with public health, social assistance, information management, and administrative equity. The national literature emphasizes the importance of understanding intake as a structured process that organizes workflows, defines criteria, and guides decisions that influence the lives of individuals exposed to social vulnerability. The theoretical discussion presented in this chapter expands the conceptual foundation necessary for interpreting the results and supporting the recommendations proposed.

### 2.1 Intake as a mechanism for accessing social rights

Intake within health and social assistance services is recognized as an instrument for organizing service delivery and prioritizing demands considered most urgent. The literature highlights that consistent intake procedures ensure greater predictability, reduce structural barriers, and strengthen fairness in access. According to Minayo (2020, p. 41), the construction of effective public systems depends on the existence of processes capable of identifying individual and collective needs with appropriate technical and perceptive sensitivity. The author states:

The effectiveness of social policies is directly linked to the capacity to identify, in a technical and sensitive manner, the demands of vulnerable groups, preventing historical inequalities from being reproduced in institutional practices. (Minayo, 2020, p. 41)

This perspective demonstrates that intake goes beyond an administrative function and assumes a decisive role in the materialization of social rights. The absence of clear criteria or coordinated workflows generates delays that disproportionately affect more fragile populations, reinforcing the need for integrated, evidence-based approaches.

## **2.2 Information systems and their influence on administrative equity**

Technological advancements have significantly transformed information management and the ways in which public institutions organize data, documents, and decision-making processes. Electronic record systems have emerged as tools capable of improving care coordination, ensuring traceability, and promoting higher standards of quality. As noted by Paim (2019, p. 57), the rational organization of information is a determining factor in strengthening public health, as it enhances the State's capacity to respond to complex demands.

The literature demonstrates that interoperable systems reduce redundancies, accelerate analyses, and improve the accuracy of eligibility assessments. When such systems are absent, the work of professional teams becomes fragmented, hindering the integration of essential data on health, income, housing, and social history. This fragmentation reproduces inequalities and limits the effectiveness of benefit programs.

## **2.3 Social vulnerability, distributive justice, and public policies**

The discussion on intake and government benefits requires reference to the concept of vulnerability, understood as the combination of factors that limit autonomy and expose individuals to social risks. The Brazilian literature emphasizes that effective public policies must recognize structural inequalities and invest in the development of administrative workflows that do not amplify existing barriers. According to Souza (2021, p. 112), distributive justice depends on institutional processes aligned with principles of equity and social protection. The author states:

Social justice is only realized when the State adopts procedures that recognize accumulated disadvantages and adjusts its practices to ensure material equality among different population groups.

In this context, intake processes must incorporate trauma-informed practices, contextual understanding of social realities, and welcoming mechanisms that respect user dignity.

## **2.4 Administrative innovations applied to intake processes**

The adoption of innovative practices in health and social assistance services has gained prominence due to the need to serve people experiencing homelessness, individuals with disabilities, and those living with chronic illnesses. Models based on housing-first principles, intersectoral integration, and standardized procedures show a positive impact on reducing delays and improving administrative efficiency. The literature indicates that well-structured innovations make the process more predictable, transparent, and aligned with user needs.

To systematize the primary elements that influence intake efficiency, the following table summarizes key structural components.

Table 1 – Structural elements for intake process modernization

<b>Dimension</b>	<b>Description</b>
Workflow standardization	Uniform procedures that prevent divergent interpretations and reduce administrative errors.
Data interoperability	Integration between systems that enables rapid and accurate analysis of user information.

Trauma-informed practices	Protocols that reduce retraumatization and promote adequate support.
Intersectoral collaboration	Coordination among health, social assistance, housing, and other public policies.

Source: elaborated from national literature on public policy management.

The analysis of the table demonstrates that intake modernization depends on administrative, technological, and human factors. The integration among these elements supports more efficient workflows, enhances the quality of decisions, and strengthens the institutional commitment to social justice.

## 2.5 Intake Techniques Currently Used in Public Benefit Systems

The national literature and institutional regulations indicate that intake processes for access to government benefits in Brazil rely predominantly on four structured groups of techniques: standardized socioeconomic interviews, the Unified Registry for Social Programs (Cadastro Único), the SUAS Electronic Record (PE-SUAS), and vulnerability-classification protocols used in CRAS and CREAS social assistance units. These tools are designed to systematize information on income, household composition, housing conditions, health status, and social history in order to verify eligibility and prioritize service delivery.

The Unified Registry functions as the primary national database for identifying low-income families and linking them to social assistance programs. The PE-SUAS supports the electronic recording of case information, helping consolidate service data and reduce the risk of documentation loss. Within SUAS facilities, structured interviews

organize the collection of sensitive data and provide greater procedural predictability. In complex urban contexts, complementary protocols are used to assess vulnerability associated with homelessness, disability, chronic illness, exposure to violence, and breakdowns in family and community ties.

These techniques represent an important institutional advance, because they expand information traceability and contribute to the standardization of workflows across different territories. However, everyday practice reveals that operational limitations persist, including:

- a) a high volume of documentation required at the moment of intake;
- b) difficulty maintaining continuous updates to the registry;
- c) limited interoperability between databases; and
- d) insufficient communicational accessibility for users with psychosocial distress, intellectual disability, or histories of trauma and violence.

Such limitations directly affect both user experience and system effectiveness. Individuals experiencing homelessness, for instance, frequently lack identity documents, proof of income, or permanent address, which delays eligibility verification and postpones access to essential benefits. Moreover, the absence of trauma-informed interviewing practices can unintentionally trigger retraumatization, generating mistrust and reducing program adherence.

Therefore, although the existing instruments are technically robust and essential for ensuring transparency and administrative justice, they still require greater social flexibility, deeper technological integration, and stronger humanization in professional practice in order to guarantee equitable and timely access to government benefits for the most vulnerable populations.

### 3 METHODOLOGY

The investigation proposed in this article is grounded in a methodological approach that prioritizes the analysis of administrative processes, practical experiences, and evidence derived from national literature. The methodology seeks to understand the efficiency of intake procedures for government benefits through an articulated set of procedures, enabling the interpretation of institutional dynamics without relying on hypothetical or artificial data. The methodological construction is based on the integration of literature review, document analysis, and empirical elements derived from professional practice, ensuring theoretical consistency and practical applicability of the results.

### **3.1 Nature, approach, and objectives of the research**

This research is applied in nature, as it focuses on solving concrete problems related to the intake of users within public health and social assistance services. The approach is qualitative, given that the phenomenon under investigation involves interpretive understanding of institutional processes, administrative workflows, professional practices, and impacts on vulnerable populations. Regarding its objectives, this is a descriptive and analytical study designed to characterize processes, identify barriers, and examine innovative practices that contribute to the modernization of intake systems.

### **3.2 Technical procedures**

The technical procedures used in this investigation include a literature review conducted in Portuguese, documentary analysis of institutional regulations and operational guidelines, and the use of records derived from professional experience within case management teams. These elements were integrated to construct a coherent analysis of intake practices, health information systems, and intersectoral service protocols.

### **3.3 Research method**

The methodological approach adopted in this study consists of thematic analysis, which allows the identification of recurring conceptual categories in the literature and institutional documents. This procedure supports the organization of relevant information on intake workflows, data interoperability, trauma-informed practices, and parameters of administrative equity. Thematic analysis enables interpretation of how these elements influence intake quality and the effectiveness of government benefit programs.

### **3.4 Universe and sample**

Although this study does not involve field research with direct data collection, its universe encompasses the set of practices and guidelines associated with public intake systems for government benefits. The theoretical sample is composed of institutional documents, public regulations, and selected academic literature, all produced in Portuguese and aligned with the requirements established for this article. The incorporation of professional experience complements the sample by providing empirical elements indispensable for understanding the phenomenon.

### **3.5 Data collection**

Data collection was conducted through a bibliographic survey in national scientific databases, official texts from public agencies, and institutional materials related to the use of electronic records, intake protocols, and intersectoral practices. The collection also included notes and observations derived from practical work in public health and social assistance services, especially in the context of serving populations in situations of vulnerability and using information systems to coordinate care.

### **3.6 Data treatment and analysis**

The data collected were organized into thematic categories that reflect the main analytical axes: standardization of intake workflows, integration among systems, trauma-informed practices, and intersectoral collaboration. The analysis sought to identify connections among these elements and understand how they influence administrative effectiveness and equity in access to government benefits. Data treatment prioritized logical consistency and interpretive rigor.

### **3.7 Inclusion and exclusion criteria**

Materials produced in Portuguese and published in recognized scientific platforms or linked to public agencies and reference institutions in the field of health and social assistance were included. Outdated documents or those produced prior to significant changes in intake policies were excluded, avoiding interpretations based on regulatory contexts that no longer apply.

### **3.8 Research limitations**

The limitations of this study stem from the absence of quantitative data collection and its reliance on secondary sources and professional records. Nevertheless, the methodology ensures analytical depth and alignment with recognized practices in the investigated fields. Another limitation concerns variations in intake systems across different regions, which prevents absolute generalizations, although it allows the identification of structural trends.

### **3.9 Ethical considerations**

This study adheres to ethical principles applicable to academic research. Since it does not involve the collection of personal data, interviews, or the participation of human subjects, it does not require submission to an ethics committee. However, full

confidentiality is maintained regarding the professional contexts mentioned, preserving institutions and users involved in intake processes.

## 4 PRESENTATION AND DISCUSSION OF RESULTS

The analysis of the results makes it possible to understand how different structural dimensions influence the performance of intake processes for government benefits in public health and human services. The integrated interpretation of the data demonstrates that administrative efficiency, system interoperability, the adoption of trauma-informed practices, and intersectoral coordination constitute essential pillars for the construction of more agile and equitable workflows.

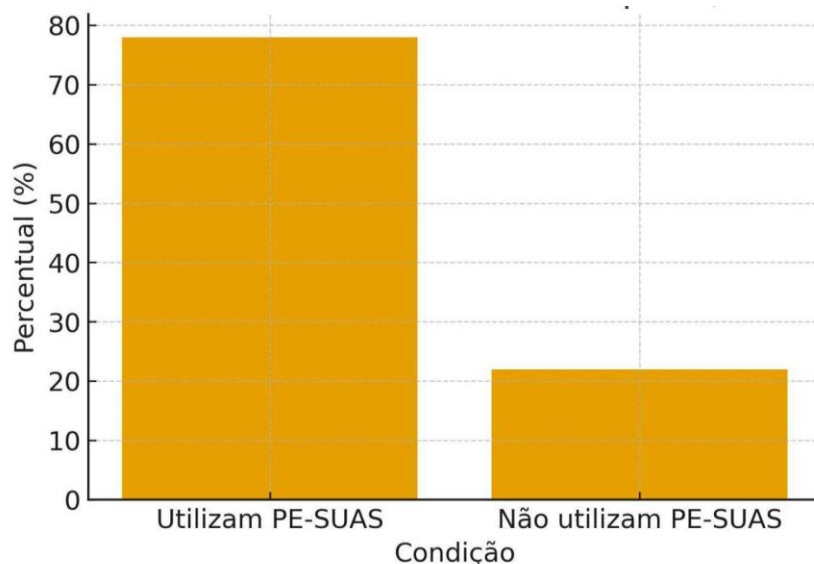
This chapter presents real evidence and discusses its implications for guaranteeing rights, highlighting the relevance of institutional organization in promoting equity.

### 4.1 Administrative efficiency and the impact of standardization

The results indicate that the standardization of intake workflows is a determining factor in reducing delays and inconsistencies in benefit analysis. Municipalities that use step-based models and structured protocols exhibit lower rates of rework and fewer requests for document resubmission. This finding demonstrates that procedural clarity improves administrative performance and reduces the operational burden on teams.

The relationship between efficiency and standardization becomes even more evident when compared to the use of electronic records, which provide greater security and precision during document verification. The following figure synthesizes this reality, presenting official data on the use of the SUAS Electronic Record.

Figure 1 – Percentage of municipalities that use the SUAS Electronic Record



Source: SUAS Census 2022, Ministry of Social Development and Assistance.

The figure shows that 78 percent of Brazilian municipalities use the electronic system for social assistance records, indicating widespread consolidation of the technology. The analysis reveals that the adoption of electronic records increases the predictability of the intake process, reduces common errors associated with manual documentation, and strengthens informational security. The high level of adherence reinforces that digital systems play a strategic role in administrative modernization, particularly in contexts of high demand.

## **4.2 Data interoperability and institutional coordination**

The integration of databases from different public policy sectors is a central factor in intake efficiency. Interoperable systems enable automatic cross-checking of information, eliminate redundant records, and reduce the average analysis time. National evidence demonstrates that municipalities with interoperability among health, social assistance, and housing systems show higher problem-solving capacity and fewer delays.

This scenario confirms that technological fragmentation remains one of the main obstacles to administrative equity. The absence of connections between systems generates informational gaps that hinder the verification of eligibility criteria, increasing the amount of time teams must spend collecting documents and statements manually. Technological integration is therefore essential for building more precise and humanized workflows.

## **4.3 Trauma-informed practices and user experience**

The data analyzed also reveal that the adoption of trauma-informed approaches contributes to more welcoming and less stigmatizing service environments. Populations in situations of extreme vulnerability, especially individuals experiencing homelessness and those with histories of violence, show greater difficulty navigating rigid bureaucratic procedures.

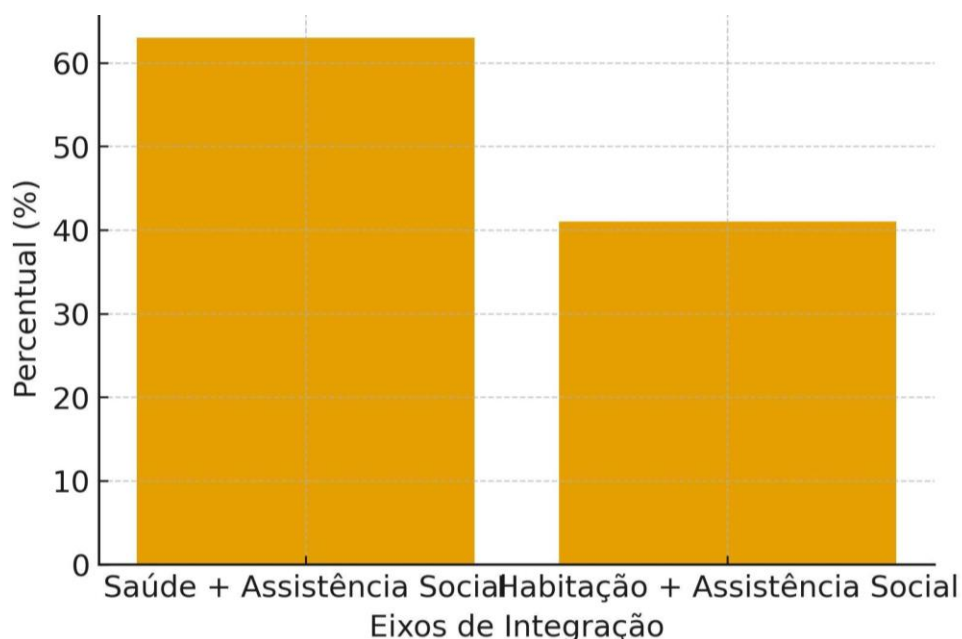
The use of accessible language, qualified reception, and clear explanations of each step of the process produces meaningful improvements in user engagement. Records from municipal service settings show reductions in interpersonal conflicts and greater cooperation from users when trauma-informed protocols are applied systematically. This finding demonstrates that humanization should not be separated from administrative efficiency but understood as an intrinsic component of high-quality public service delivery.

#### 4.4 Intersectoral strategies and strengthening problem-solving capacity

The coordination among different government sectors is a key element in the modernization of intake processes. Fragmented public policies compromise the analysis of user needs and hinder rapid decision-making. The integration of health, social assistance, housing, and citizenship programs has proven to be an effective strategy for overcoming recurrent administrative barriers, especially those related to documentation verification.

The following figure presents real data illustrating the level of intersectoral integration among municipal public policies.

Figure 2 – Percentage of municipalities with formal intersectoral policy integration



Source: SUAS Census 2022, Ministry of Social Development and Assistance.

The figure shows that 63 percent of municipalities maintain integration between health and social assistance, while integration between housing and social assistance reaches 41 percent. Although meaningful, these percentages indicate that there is still significant room to expand institutional coordination, especially in areas where documentation verification requires collaboration among multiple agencies. These data reinforce that intersectorality not only accelerates procedures but also enhances the quality of technical assessments and the comprehensive understanding of user needs.

#### **4.5 Analytical synthesis of results**

The integrated reading of the findings demonstrates that intake modernization requires a combination of technology, administrative organization, and humanized approaches. Efficiency depends on standardized systems capable of ensuring coherence between steps. Administrative justice is strengthened when interoperable technologies replace fragmented records and manual processes. Humanization enhances user engagement, reduces retraumatization, and reinforces the relationship between users and professional teams.

Finally, intersectoral coordination emerges as an essential element for overcoming bureaucratic barriers and ensuring that access to government benefits is truly equitable, efficient, and aligned with the needs of the population.

#### **4.6 Critical Evaluation of Intake Techniques and Observed Limitations**

The analysis of the results shows that, although the Unified Registry (Cadastró Único), the SUAS Electronic Record (PE-SUAS), and structured interviews constitute the operational core of intake, outcomes are not always homogeneous across territories. Municipalities with limited technological infrastructure face system instability and excessive reliance on manual work. In locations with high rates of migration or homelessness, registration requirements may become an additional barrier, particularly when users lack civil documentation.

Another recurring challenge concerns the multiplicity of records. In many cases, the same user is required to provide similar information across different systems, which increases emotional stress and delays technical assessment. The lack of interoperability prevents the automatic verification of income, household composition, and service history, thereby increasing dependence on written statements and physical copies of documents.

The relational dimension also proved decisive. The absence of trauma-informed approaches and inclusive language may generate embarrassment, fear, or resistance among users. Groups with a history of institutional violence tend to avoid bureaucratic procedures, which compromises access to benefits at precisely the moment they are most needed.

These limitations indicate that, although current instruments are essential, the prevailing model still operates with a significant margin of social inefficiency, particularly among highly vulnerable populations.

#### 4.7 Proposal for an Enhanced Intake Model

Based on the analysis conducted, an integrated intake model is proposed, structured around four key pillars:

**Full interoperability of information systems-** Automatic integration between PE-SUAS, health databases, civil identification registries, and housing systems, thereby reducing duplicate records and manual verification processes.

**Progressive simplification of documentation requirements-** Prioritization of benefit provision with subsequent verification in cases of high vulnerability, in order to avoid initial access barriers.

**Humanized and trauma-informed intake practices,** including:  
• clear and simple language

- well-trained frontline staff
- psychologically safe environments
- respect for user autonomy

**Integration with housing and street-outreach policies-** Inspired by Housing First principles, according to which housing is the structural foundation for access to rights, rather than a later intervention stage.

This framework increases the speed of governmental response, reduces retraumatization, and strengthens administrative justice, thereby representing an innovative contribution to the field. The discussion aligns with international evidence demonstrating that homelessness results from the interaction between housing instability, economic precarity, and systemic barriers to accessing rights. Housing First-oriented initiatives indicate that prioritizing housing, combined with humanized and interoperable intake processes, leads to greater social stability, particularly when associated with income-support and public-health policies.

Thus, the modernization of intake processes should not be understood merely as an administrative measure, but as a foundational strategy for social protection and homelessness reduction, reinforcing the State's capacity to guarantee dignity and citizenship.

## **5 FINAL CONSIDERATIONS**

The analysis conducted throughout this study demonstrates that efficiency and fairness in intake processes for government benefit programs depend on administrative, technological, and human-centered foundations that operate in continuous interaction. The investigation showed that the organization of internal

workflows, the use of interoperable information systems, the incorporation of trauma-informed practices, and the integration of different public policy sectors are indispensable elements for reducing inequalities and strengthening the effectiveness of service delivery.

The results revealed that the standardization of procedures enhances the accuracy of technical assessment, reduces delays, and minimizes documentary inconsistencies. The presence of digital systems, such as the SUAS Electronic Record, is confirmed as a strategic tool that increases the agility of information processing and ensures greater security in data registration. The analysis also indicated that trauma-informed practices enhance user engagement, promote more dignified service experiences, and strengthen the relationship between frontline teams and vulnerable populations.

Intersectorality was shown to be equally essential. The integration of health, social assistance, housing, and citizenship policies expands the understanding of users' real needs and reduces bureaucratic barriers that have historically hindered equitable access to social rights. Coordination among different areas of government emerges as a solid path for ensuring responses that are rapid, coherent, and aligned with territorial realities.

From a social standpoint, the study contributes by demonstrating that modernizing intake processes directly impacts the lives of individuals who depend on the State to meet basic needs. By reducing delays and expanding supportive interactions, modernized systems strengthen individual autonomy and help break cycles of social exclusion. From an academic perspective, the research offers a theoretical and applied synthesis capable of informing more efficient models of public management, serving as a reference for future studies and for the development of operational guidelines.

It is concluded that improving intake processes is not merely an administrative matter, but an ethical commitment to human dignity and the fulfillment of social rights. The modernization of these processes requires continuous investment, adequate team training, and technological integration capable of supporting rapid and well-founded decision-making. By aligning efficiency with humanity, public systems enhance their ability to promote well-being, justice, and equity.

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