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Article

Intersectorality in the sexual and reproductive health of women deprived of liberty: from the national context to the municipality of Rio de Janeiro, 2003-2024

A intersetorialidade na saúde sexual e reprodutiva das mulheres privadas de liberdade: do contexto nacional ao município do Rio de Janeiro, 2003-2024

La intersectorialidad en la salud sexual y reproductiva de las mujeres privadas de libertad: del contexto nacional al municipio de Río de Janeiro, 2003-2024

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Abstract

Objective: this study aims to analyze the evolution of national public policies directed at women deprived of liberty and the experience of intersectoral work in implementing related services within the municipality of Rio de Janeiro. **Methodology**: this research employed a qualitative documentary review, relying on an analysis of public policies, legislation, governmental documents, institutional reports, and normative acts. **Results:** public policies designed to ensure the rights of incarcerated

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women are found to be scarce and recent, with a notable emphasis on interventions focused on maternal and child healthcare. The experience in the municipality of Rio de Janeiro demonstrates the tensions and coordination efforts required across sectors and institutions to enable women deprived of liberty to access essential care, including prenatal follow-up, humanized childbirth, prevention and treatment of sexually transmitted infections, and specialized referrals. The municipal experience is characterized by intersectoral collaboration achieved through the establishment of working groups and the development of institutional flows, while simultaneously acknowledging the persistent barriers that still require mitigation. **Conclusion:** the joint analysis of the national and municipal contexts highlights normative and organizational progress but also reveals the persistence of significant vulnerabilities. These challenges can only be effectively overcome through the institutionalization of intersectoral working groups, dedicated financing, and continuous monitoring of services.
Keywords: Reproductive Rights; Women's Health; Gender Equity; Prisoners.

Resumo

Objetivo: analisar a evolução das políticas públicas nacionais para mulheres privadas de liberdade e a experiência de trabalho intersetorial para implementação dos serviços relacionados à saúde sexual e reprodutiva dessas mulheres no município do Rio de Janeiro. **Metodologia:** trata-se de uma revisão documental qualitativa, baseada em políticas públicas, legislações, documentos governamentais, relatórios institucionais e atos normativos. **Resultados:** as políticas públicas voltadas para garantia de direitos das mulheres privadas de liberdade são escassas e recentes, destacando-se ações voltadas para o cuidado materno e infantil. A experiência do município do Rio de Janeiro mostra os tensionamentos que foram necessários entre setores e instituições para que as mulheres privadas de liberdade pudessem acessar cuidados como acompanhamento de pré-natal, parto humanizado, prevenção e tratamento de infecções sexualmente transmissíveis e encaminhamentos especializados. O trabalho intersetorial marca a experiência do município a partir de grupos de trabalho e elaboração de fluxos institucionais, reconhecendo as barreiras que ainda precisam ser superadas. **Conclusão:** a análise articulada dos contextos nacional e municipal evidencia avanços normativos e organizativos, mas também revela a permanência de vulnerabilidades que só poderão ser superadas mediante institucionalização de grupos de trabalho intersetorial, financiamento e monitoramento contínuo.
Palavras-chave: Direitos Sexuais e Reprodutivos; Saúde da Mulher; Equidade de Gênero; Prisioneiros.

Resumen

Objetivo: analizar la evolución de las políticas públicas nacionales dirigidas a mujeres privadas de libertad y la experiencia del trabajo intersectorial para la implementación de servicios en el municipio de Río de Janeiro. **Metodología:** se trata de una revisión documental cualitativa, basada en el análisis de políticas públicas, legislación, documentos gubernamentales, informes institucionales y actos normativos. **Resultados:** las políticas públicas orientadas a garantizar los derechos de las mujeres privadas de libertad son escasas y recientes, destacándose especialmente las acciones enfocadas en el cuidado materno-infantil. La experiencia del municipio de Río de Janeiro evidencia las tensiones y articulaciones necesarias entre sectores e instituciones para que las mujeres privadas de libertad pudieran acceder a cuidados esenciales, como el seguimiento prenatal, el parto humanizado, la prevención y el tratamiento de infecciones de transmisión sexual y las derivaciones especializadas. El trabajo intersectorial marca la experiencia municipal a partir de grupos de trabajo y la elaboración de flujos institucionales, reconociendo las barreras que aún deben superarse. **Conclusión:** el análisis articulado de los contextos nacional y municipal pone de manifiesto avances normativos y organizativos, pero también revela la persistencia de vulnerabilidades que solo podrán superarse mediante la institucionalización de grupos de trabajo intersectorial, la financiación y el monitoreo continuo.

Palabras clave: Derechos Sexuales y Reproductivos; Salud de la Mujer; Equidad de Género; Prisioneros.

Introduction

According to the National Secretariat for Penal Policies (Senappen), in June 2025 there were 31,773 women deprived of their liberty in the country, 1,678 in the state of Rio de Janeiro (ERJ) and 1,454 in the municipality of Rio de Janeiro (MRJ). The MRJ is the only one in the state with a Maternal and Child Unit, and during the period 12 pregnant women, 6 breastfeeding women and 6 children were described. Most of the women are black, making up 66.9% of the incarcerated population in the municipality[1].

The precariousness of imprisonment restricts the guarantee of rights beyond freedom, such as health, education, leisure, culture and work. Health care for women deprived of their liberty stems from a history of marginalization and almost non-existent health services[2]. The main disparities with free women are the higher prevalence of STIs and syphilis in women deprived of their liberty; poorer quality prenatal care and a high incidence of congenital syphilis; less access to gynecological exams, mammograms and vaccinations; and a high prevalence of mental disorders[3,4].

These inequalities generate chronic and multifaceted problems that require the implementation of intersectoral policies. Complex problems related to vulnerability are unlikely to be solved by the isolated work of one sector, as they do not obey the "sectoral divisions of public bureaucracies"[5]. Intersectoral work can take place from the formulation of policies to changes in pre-existing organizational forms, in shared management spaces, committees or intersectoral working groups based on communication, negotiation, formalization of flows, objectives and common goals[6].

Considering this complexity, the National Policy for Comprehensive Health Care for People Deprived of Liberty (PNAISP)[7] uses intersectorality to bring together health, justice and public security in states, municipalities and the Federal District. Its aim is to guarantee access for people deprived of their liberty (PPL) to the Unified Health System (SUS) through prison primary care and its integration with the services of the Health Care Network (RAS).

The aim of this article is to analyze the evolution of national public policies for women deprived of their liberty and the experience of intersectoral work to implement services in the municipality of Rio de Janeiro.

Methodology

This study was exploratory and descriptive in nature. A documentary analysis was carried out using a qualitative approach and an analytical approach based on a search of publicly accessible documents on the sexual and reproductive health of women deprived of their liberty. The time frame chosen was from the publication of the National Health Plan for the Prison System in 2003 to maternal and child health with the Alyne Network in 2024.

Documentary analysis helps to "understand objects whose comprehension requires historical and sociocultural contextualization"[8] by observing the evolution of institutions, groups, practices, guidelines, etc. The analysis was carried out from August to November 2024, in accordance with the stages described by Moreira[9]: identification of information sites; individual search for documents; characterization of documents; critical analysis of documents, description and comments, categorization, evidence of the problem and interpretation.

We used public policies, legislation, government documents, reports and other documents produced by the Ministry of Health (MS), the Municipal Health Department of the City of Rio de Janeiro (SMS-RIO), the State Health Department of Rio de Janeiro (SES-RJ), State Secretariat for Penitentiary Administration (SEAP) and supervisory bodies such as the State Mechanism to Combat Torture, the Public Defender's Office of the State of Rio de Janeiro, the Court of Justice (TJ), the Public Prosecutor's Office (MP), the National Council of Justice (CNJ) and the Inter-American Court of Human Rights.

The institutional documents were identified by searching the official websites of the Federal Government and the respective bodies. Data was collected using the following search terms: “person deprived of liberty”, “prison”, “women's health”, “sexual and reproductive rights” and “PNAISP”.

The files found on the sites were categorized and analyzed based on floating reading, the use of summaries and fiches, where syntheses and classifications were made in chronological order to organize the timeline and evolution of reproductive rights. The data was tabulated considering: year of publication, type of document and topic covered.

Discussing the experience of the MRJ will show the trajectory that national policies take until their implementation and achievement of the rights of women deprived of their liberty. The discussion is marked by intersectoral work strategies and the time that differs from the enactments listed at national level for Brazil's second largest capital.

There is a lack of institutional material published on the subject in the context of the MRJ. As a result of this limitation, a search was made for historical contextualization on the websites of research institutions in the municipality, in particular the study “Nascer nas Prisões”[10] and the book “Direito à Maternidade e (Des)encarceramento feminino no Brasil”[11].

The research followed the ethical recommendations established in CNS resolutions Nº. 466/2012, Nº. 510/2016 and Nº. 580/2018, which determine the guidelines and regulatory standards for research with human beings. The use of secondary data and open-access databases means that the project did not need to be submitted to the Research Ethics Committee.

Results and discussion

National context

Some institutional milestones that precede the period analyzed are essential for analyzing Brazilian history, its specificities and the interactions between different institutional players. These are the Federal Constitution of 1988, which guarantees social and individual rights, freedom, security, well-being, development, equality and justice without prejudice[12]; the Penal Code, which regulates the punitive power of the state, defining crimes, penalties and security measures[13]; the Penal Execution Law (LEP), which defines the general rules for penal execution in Brazil and includes protection of the health of prisoners[14]; the Civil Code, by suspending family power for fathers or mothers convicted by unappealable sentence, imprisoned for crimes in which the sentence exceeds two years in prison[15]; and the Statute of the Child and Adolescent, which reinforces as a preference the maintenance and reintegration of the child into the family bed[16].

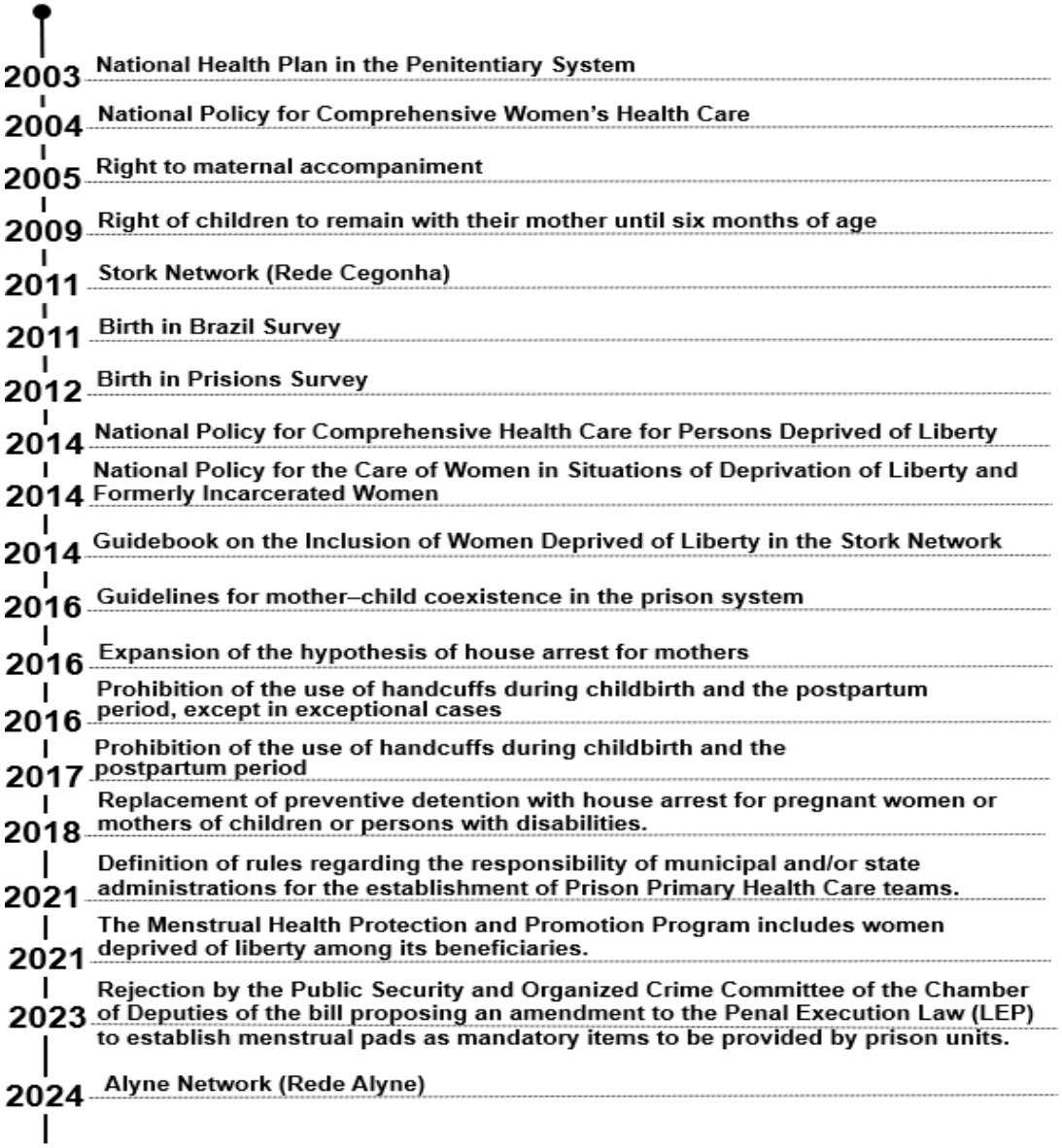
The LEP, enacted in 1984, was the first piece of legislation to discuss health as a right for both men and women within the prison system. The right for men deprived of their liberty to have intimate visits with their female companions has been guaranteed by the same law since it was enacted, but it

was only regulated for women in 2001, despite the recommendation of Resolution No. 01 of March 30, 1999 by the National Council for Criminal and Penitentiary Policy[14].

Public policies: women in the background

The institutional milestones found during this research include: public policies, laws, decrees, ordinances, booklets, nationwide surveys and other civil society initiatives that have marked the sexual and reproductive rights of women deprived of their liberty. They have been organized in chronological order in Figure 1.

Figure 1. Timeline of the main national institutional milestones related to the sexual and reproductive health of women deprived of their liberty



Source: Prepared by the authors.

Gender perspectives in normative acts recognize the needs and vulnerabilities faced by women and aim to reduce inequities and guarantee access to public policies for an often marginalized population. Incorporating intersectionality makes it possible to meet complex demands in line with the principles of social justice and the promotion of comprehensive health[17].

It is through public policies that the state is able to guarantee fundamental rights. Five guiding national policies have been identified for this discussion: the National Policy for Comprehensive Women's Health Care (PNAISM), from 2004[18]; the Stork Network, from 2011[19]; the PNAISP, from 2014[7]; the National Policy for the Care of Women in Situations of Deprivation of Liberty and Exiting the Prison System (PNAMPE), from 2014[20]. and the Alyne Network[21].

The creation of the PNAISM in 2004 marks the consolidation of a SUS focused on the specific needs of the majority of the national population and the main users of the system. The policy highlights issues such as maternal mortality, unsafe abortion, precarious contraception, STIs, violence, climacteric and menopause, mental health, chronic degenerative diseases, gynecological cancer, sexuality, race/color, age groups and specific groups such as indigenous women, rural workers and women deprived of their liberty[18].

Specific objective nº. 13 of the PNAISM action plan is to promote health care for women in prison, with the goal of having 100% of Brazilian states qualified to provide comprehensive health care for women prisoners, including the prevention and control of STIs and HIV infection. The PNAISM predates the creation of the PNAISP, based on the PNSSP, created in September 2003[18].

The creation of the Stork Network in 2011 was an important stage in the process of guaranteeing women's rights to family planning, childbirth and the puerperium, and children's rights to safe birth, growth and healthy development. The Network was organized around four components: 1) prenatal care; 2) labour and birth; 3) puerperium and comprehensive child health care; and 4) the logistics system: health transport and regulation. Among its milestones is the strategy of linking women to the maternity hospital of reference, with the aim of avoiding pilgrimages and guaranteeing the "always available" model. It also guaranteed access to safe transportation for pregnant women, puerperal women and newborns by the Mobile Emergency Care System - SAMU Cegonha[19].

In order for policies aimed at women to reach the plurality of the group, it is necessary to interlocute with other public policies aimed at other marginalized groups, such as PPLs. The publication of the PNAISP[7] in 2014 was the result of an intersectoral working group set up by the Ministry of Health and the Ministry of Justice between 2012 and 2013 to evaluate ten years of the PNSSP.

The PNAISP involved academia, social movements and civil society in the discussion of its principles and guidelines. The policy meets the principles of the SUS, as it is based on comprehensiveness, longitudinality, humanization and social control[22].

During the analysis of the ordinances that make up and guide the policy, it was noted that the word “woman” is mentioned four times at different moments, three of which are associated with maternal and child health. The other citation is in the "Guidelines for the State/Municipal Action Plan for the PNAISP", citing it only as one of the points for evaluating lines of action and epidemiological indicators, joining tuberculosis control, hypertension and diabetes control, oral health, women's health, maternal and child health care, among others.

> Women receive greater attention within the system when linked to children (...) this is a reflection of the way in which women's health has been - and sometimes still is - understood by health policies. The inclusion of women in public health generally takes place through prenatal care programs, mother/baby care, kangaroo mother care, among others[23].

The importance of discussing maternal and child health is not diminished; however, feminist attention and reflection is needed to ensure that the issue cannot be reduced to mother and baby. The prison system is mostly made up of men and created for men. Thus, a public policy could focus on women's rights, such as women's access to contraceptive methods, menstrual dignity, breast and cervical cancer prevention, climacteric and menopause care and family planning.

PNAMPE was published ten days after PNAISP was published in the Federal Official Gazette. The policy was created by the Ministry of Justice and the Secretariat for Women's Policies of the Presidency of the Republic. Although PNAMPE discusses, among other issues, the health of women deprived of their liberty and contains important highlights for PNAISM, PNAISP and Rede Cegonha, the Ministry of Health did not participate in its drafting[23]. PNAMPE sought to meet the specific demands of women prisoners and former prisoners, such as adapting prison policies and improving the database from a gender perspective[20].

Also in 2014, the Ministry of Health published the booklet *"Inclusão das Mulheres em Privação de Liberdade na Rede Cegonha"*[24] as guidance for health, justice and security managers. The material reaffirms the need to integrate prison primary care teams into the RAS; to ensure that children born to imprisoned mothers have the same rights as other Brazilian children; and to ensure that women have access to preventive cytology tests, information on family planning and STIs, as well as treatment for chronic, transmissible or other diseases. In the same year, the Ministry of Health also published the booklet Breastfeeding for Women Deprived of Liberty, aimed at mothers, with guidelines on healthy eating, exams, prenatal care and breastfeeding[25].

The document Guidelines for Mother-Child Coexistence in the Prison System was the result of the workshop "Mother-Child Coexistence in the Prison System", held by the Ministry of Justice in Brasília-DF on March 1 and 2, 2016, with the participation of actors from the prison administration, judiciary, public defenders, specialists and researchers, with the aim of systematizing humanized measures that take into account the needs of women and their children in an integral way in the prison system[26].

These guidelines emphasize that only a comprehensive, intersectoral approach can ensure compliance with the rights laid down in national and international legislation, such as the EC[16] and the Bangkok Rules[27] for women prisoners. Comprehensiveness ensures that all aspects of motherhood and childhood are covered, while intersectorality ensures that solutions are implemented in an articulated and effective manner.

This document was drawn up as part of the PNAMPE and reinforces respect for women's autonomy and leading role. It offers guidelines on the moment of arrest and entry into the prison unit; recording and flow of information; sheltering children and mother-child coexistence; maintaining links and contact with the outside world; promoting citizenship for women and their children; coexistence spaces; differentiation of security rules for pregnant women, women in labor and mothers with children; deprivation of family power; training of professionals; and planning and production of information[27].

The greater the intersectoral capacity to work on the creation of institutional documents, the greater the breadth of discussion on the subject. Research institutions can also help legislative and executive decision-making by identifying gaps and problems not resolved by the state.

Based on the data collected in the "Nascer nas Prisões" survey, carried out with 495 pregnant women and mothers from 24 Brazilian states between 2010 and 2014, the Brazilian Association of Collective Health (Abrasco) acted as amicus curiae during a decision by the Federal Supreme Court (STF) when judging the collective Habeas Corpus nº 143.641/SP[28]. The association presented technical and scientific evidence of the degrading conditions faced in Brazilian prison systems, such as the lack of adequate assistance during prenatal care, childbirth and the puerperium, as well as the absence of minimum infrastructure to meet reproductive health demands.

On February 20, 2018, the order was granted, by a majority vote, to determine the replacement of pre-trial detention with house arrest for all women prisoners who were pregnant, had recently given birth or were mothers of children and/or disabled persons under their care, except in the case of crimes committed by violence or serious threat against their offspring or in other very exceptional situations.

Binding Precedent Nº. 11/STF of 2008[29] discusses the indiscriminate use of handcuffs in unfounded cases. Although it is considered emblematic, the Precedent is not gender-specific and is not specific to childbirth[11]. Law Nº. 13,434/2017[30] adds to the Penal Code a ban on the use of handcuffs on pregnant women during labor, a practice that has been considered a violation of human rights and the dignity of the human person.

Abrasco's participation demonstrates how civil society organizations can and should act as key agents in building more inclusive policies and jurisprudence in line with human rights principles. The STF's decisions on this issue have been essential in promoting the humanization of the prison system by emphasizing human dignity, the protection of children and access to health.

Law Nº. 14.214, of October 6, 2021[31] establishes the Menstrual Health Protection and Promotion Program, which ensures the free supply of sanitary pads and other basic menstrual health care, including among its beneficiaries women deprived of their liberty. In the same vein, Bill 59/2023[32] proposed amending the LEP to establish hygiene products as mandatory items offered by prison units. However, the bill was rejected on the grounds that the priority of meeting basic needs should lie with free society, and not with those who have violated its laws, demarcating a position that violates the rights of PP[33].

On September 12, 2024, the Ministry of Health presented the Alyne Network[34] as a replacement for the former Stork Network. The strategy presents a restructuring of urgent and emergency services, incentives for breastfeeding and more investment in prenatal care, kangaroo beds and a financing model per live birth. One of the aims of the Alyne Network is to reduce maternal and infant morbidity and mortality, with an emphasis on the neonatal component, especially among the black and indigenous population. The strategy was created as a tribute to Alyne Pimentel, a low-income black woman from Rio de Janeiro who died six months pregnant after being denied health care in the municipality of Belford Roxo, in Rio de Janeiro. The case led to Brazil being condemned for preventable maternal death, and was assessed as a violation of women's human rights and safe motherhood[21].

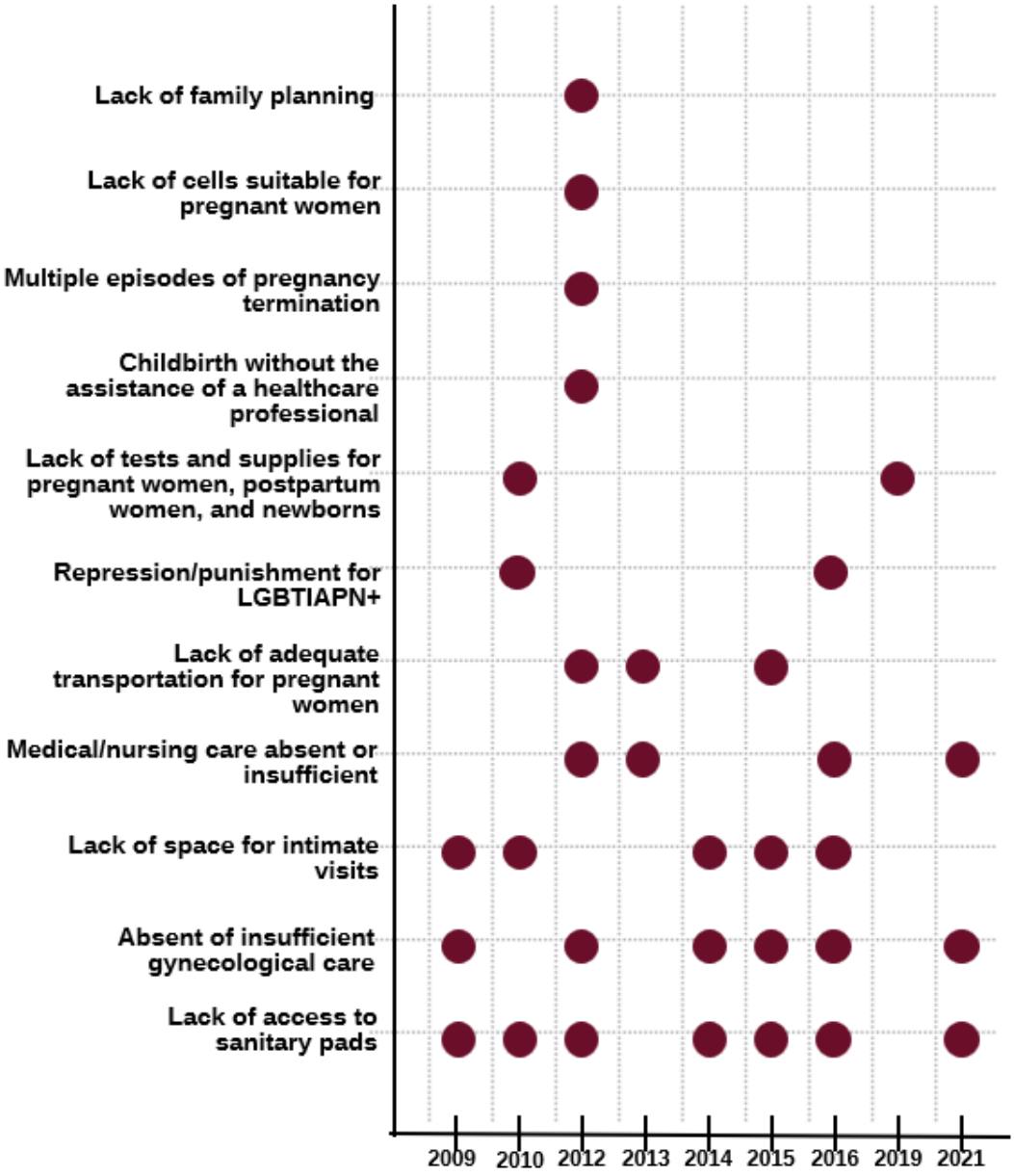
The intersectoral experience of the municipality of Rio de Janeiro

The sexual and reproductive rights of PPL women are regulated mainly by federal and state legislation, since the prison system and the serving of sentences are the result of criminal justice, which, in turn, is the responsibility of the Union and the States, under the terms of Articles 92 to 124 (Union Justice) and 125 (State Judiciary), all of the Federal Constitution[12]. The role of municipalities is fundamental in the implementation of public policies aimed at prisons, and the aim of municipalization is to allow decentralized management to favour the allocation of resources based on knowledge of the local reality and the specific needs of the population. Thus, even if the prison administration is not carried out by municipalities, the units are present in their territories and integrate their population.

A scenario of abandonment: before the SUS arrived

The public inspection reports on women's prisons drawn up by the ERJ Public Defender's Office cover the period from 2009 to 2021. In all, 14 reports were located. Figure 2 describes the reports found associated with issues related to the sexual and reproductive rights of women deprived of their liberty. While some problems have been resolved - such as the lack of a cell for pregnant women and the lack of pregnancy care - others have remained for more than a decade, such as the lack of sanitary napkins and insufficient gynecological care.

Figure 2. Reports described in the Rio de Janeiro State Public Defender's Office reports related to sexual and reproductive health, women's prison units, municipality of Rio de Janeiro, 2009-2021



Source: Public Defender's Office of the State of Rio de Janeiro, 2009-2021[35-48]. Organized by the authors.

The reports by the Rio de Janeiro State Public Defender's Office[35,36,37,38,39,40,41,42,43,44,45,46,47] Moraes[11] and the survey "Nascer nas Prisões"[10] reported common shortcomings related to the lack of assistance for mothers and their babies, such as the lack of consultations and exams, births carried out inside prison units, termination of pregnancies, lack of transportation for pregnant women and the lack of cells for pregnant women.

The reports from the MRJ survey show: loss of information about births in the hospitals where the births took place; most of the women were imprisoned pregnant; prenatal care did not exist for some of the women and for those who did receive it, it was precarious, late and outside the standards

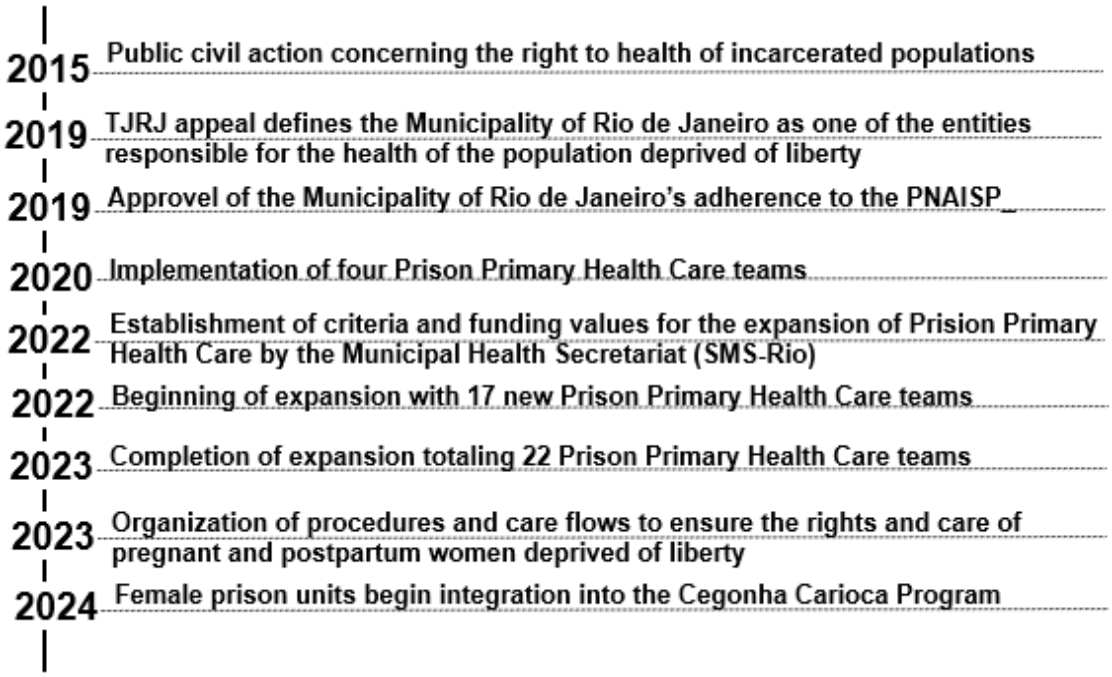
recommended by the Ministry of Health; lack of education and health promotion actions on the use of alcohol, drugs and healthy eating during pregnancy; excessive use of anxiolytic medication; the families of women in prison were not informed about the birth, depriving them of the right to a companion; use of handcuffs during childbirth; low encouragement of breastfeeding; higher rates of prematurity, low birth weight and greater exposure to congenital syphilis and HIV; and difficult access to the infant vaccination schedule[10].

The challenges listed are not static; the territory of prison units is influenced by social, economic and political conditions. After tension from different sectors, some challenges have begun to be structured, such as the consolidation of the unit and the cells adapted for pregnant women, puerperae and babies. However, other challenges have remained unresolved for more than decades, such as the lack of sanitary napkins and insufficient gynecological care.

A journey towards access to rights

A new perspective has been put on the problems listed, thanks to the intervention of the penal enforcement bodies provided for in the LEP, especially the Public Defender's Office and the Public Prosecutor's Office of Rio de Janeiro. Figure 3 describes the timeline in the MRJ, with the initial milestone being the public civil action on the right to health of the prison population by the TJRJ No. 0051047-83.2015.8.19.0001[48] on the right to health of PPLs.

Figure 3. Timeline of the main institutional milestones in the municipality of Rio de Janeiro relating to the sexual and reproductive health of women deprived of their liberty



Source: Prepared by the authors.

Based on a public civil action filed in 2015 by the MP-RJ in partnership with the ERJ Public Defender's Office, on the right to health of the prison population, the full functioning of prison health

was determined, based on human resources, physical and organizational structure provided for in the PNAISP. The appeal filed in 2019 states:

> The prison population is covered by the protection guaranteed by the constitutional norms that impose a joint obligation on the federated entities to promote health care for the entire population (...) The services of providing health care to SEAP inmates are the responsibility of all federative entities, and the responsibility of the Municipality cannot be excluded in the context of prison health[48].

The National Council of Public Prosecutors (CNMP) describes some of the main actions of the MP-RJ in the implementation of public policies, such as: oversight; coordination between different spheres of government and civil society; education and awareness-raising and filing lawsuits to correct deficiencies and ensure the effectiveness of the policy[22].

Five years after the publication of the PNAISP, ERJ and MRJ were ordered to adhere to the policy, with the municipality being responsible for Prison Primary Care. In 2020, SMS-Rio implemented four prison primary care teams (eAPP), covering 24.6% of the municipality's PPL, including two of the four female units. Despite the progress, coverage in the period was derisory given the challenges listed above.

The understanding of the need to expand the number of eAPPs to cover 100% of the PPL was reinforced by the parameters established by Ordinance GM/MS Nº 2,298, of September 9, 2021[49], which sets out the rules for the operationalization of the policy. Consequently, in 2022, the State Program for Co-financing, Fostering and Innovation of the PNAISP within the SUS of the MRJ (COFI-PNAISP-RIO) proposed the expansion of teams and made it possible for the SMS-Rio to expand the service.

The transfer of regular state resources to the municipalities supports the consolidation, expansion and evaluation of the work carried out by the teams, and is also based on Complementary Law 141/2012[50].

The teams were gradually expanded, starting in September 2022 and ending in February 2023. 100% of the PPLs were covered, totaling 22 eAPP and 22 Complementary Psychosocial Teams (eCP), distributed over 28 units[50]. All the units have a team made up of nurses, doctors, nursing technicians, dentists, oral health assistants, pharmacists, psychologists and psychiatrists[49].

The care offered by prison primary care to PDL women in the MRJ includes mental health care, care for chronic diseases, prevention, control and monitoring of STIs/AIDS, obstetric and gynecological care and sexual and reproductive planning[51].

In the field of sexual health, the advances listed are associated with the guarantee of rights that have long been denied, such as the insertion of an intrauterine device (IUD) or subdermal implant; rapid testing for STIs and HIV at the entrance to the unit and available during the stay; attention to cases of sexual violence; availability of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP); and sexual education and information actions. APP follows SMS-Rio's primary health care services portfolio, offering barrier contraceptives to women with PDL, however, guaranteeing access to these contraceptives can be hampered by the security sector[51].

The demand to guarantee the sexual and reproductive rights of PDL women predates the implementation of the APP. However, since then, progress has been made in terms of the very organization of the prison system, reinforcing the role of intersectoral work. In terms of care, the APP

implemented the Guthrie test, popularly known as the heel prick test and previously not carried out in prisons, prenatal care, immunization of mother and baby, breastfeeding guidelines such as the Golden August and puerperium care.

The Official Letter SMS-RJ-2023/41728 is a milestone in describing the rights and main guidelines aimed at quality health care for pregnant women deprived of their liberty, taking into account the security aspects established by SEAP. The letter marks the beginning of the incorporation of pregnant women into the Cegonha Carioca Program, starting with the linking visit to the reference maternity hospital, transportation by the program's ambulance and the guarantee of the pregnant woman's card and the baby's layette kit[52].

The Cegonha Carioca Program aims to direct pregnant and puerperal women to the appropriate service, taking into account their clinical and obstetric needs, to avoid peregrination of pregnant women in the RAS, and to avoid maternal and infant mortality through adequate childbirth care[53]. The publication of Joint Ordinance SEAP SUBTP/SUBOP Nº. 06, of March 6, 2024, consolidates this flow and demonstrates the institution's responsibility for access to the rights of pregnant and postpartum women deprived of their liberty[54].

The documents define that the occurrence of births without the assistance of a doctor or nurse in a prison unit, situations that were previously neglected, are considered an emergency in the system because of the potential risk to maternal and child health. In these cases, the mother-baby binomial should be referred immediately to the nearest unit with medical support and available transportation [28,52,54].

The child's rights must be met from the first hour of life: skin-to-skin contact with the mother, breastfeeding and guaranteed rooming-in with the puerperal woman. It is the child's right to be accompanied by their mother at all times, including in cases of hospitalization. It is forbidden for the mother and baby to be transported separately on their return to the prison. They also state that the puerperal person's family must be informed about the baby's hospitalization and health conditions.

The implementation of policies involves different bodies (national, state and municipal) and sectors (health, security, the public defender's office, the public prosecutor's office, academia and civil society) which are constantly in tension in order to organize flows, overcome problems and guarantee rights.

> Public policies are a dynamic process, with negotiations, pressures, mobilizations, alliances or coalitions of interests. It is necessary to understand the class composition, the internal decision-making mechanisms of the various apparatuses, their conflicts and the internal alliances of the power structure, which is not monolithic or impervious to social pressures, since it reflects the conflicts of society[55].

Capella[56] argues that the formulation and implementation of public policies rely on “visible actors”, who receive attention from the press and the public (the legislature, political parties, interest groups and the media) and "invisible participants", who form the communities in which ideas are created and circulate (civil servants, interest group analysts, parliamentary advisors, academics, researchers and consultants).

The role of civil servants in the implementation of public policies is mainly twofold. The first depends on the influence of the civil servant in the participation of the organizational hierarchy or the opening up of participatory management spaces, based on the development and presentation of

proposals to the government agenda. The second emphasizes the role of civil servants in drawing up proposals for action, solutions and alternatives available for a policy[56].

These invisible participants are actors who, due to their proximity to reality, have the ability to make an accurate diagnosis of needs and, due to their knowledge of technical and administrative intricacies, can assess both the feasibility and the potential impact of proposed policies. In addition, the stability of their careers allows them to actively participate in demanding the continuity of actions, even in the face of changes in municipal or state management.

The MRJ's experience encompasses a wide variety of actors who bring multiple technical expertise to bear on the same problem. The Legislative Assembly of the State of Rio de Janeiro (ALERJ), in addition to its role of creating laws, also acts as a watchdog. This oversight function is carried out by a composition of representatives from the three branches of government, especially the State Mechanism for Preventing and Combating Torture in the State of Rio de Janeiro, which enhances intersectoral work.

One of the strategies used during the implementation of the eAPP was the creation of intersectoral working groups to establish flows, publish ordinances and divide responsibilities and attributions. The institutionalization of these groups is crucial in order to consolidate an institutional culture and prevent the progress made from regressing due to management changes in public services.

In addition to the complexity of aligning objectives between sectors, budget coordination between the federal, state and municipal levels is also a challenge. Transforming reality requires investments in human and material resources that often go beyond the limits and scope of the funding models currently in force in health and safety policies.

> The development of integrated policies is related to the convergence of efforts between health and other government sectors and the participation of local civil society to direct actions towards a given priority situation, be it an object, a theme or a need[6].

Normative and ordinary acts establish and direct the conduct of public administration; however, continuous monitoring and evaluation by different sectors of society are indispensable to ensure that rights are achieved. The mobilization and organization of civil society puts pressure on legislators, with the aim of promoting social change and making the needs of the population visible.

Final considerations

When discussing the sexual and reproductive rights of PPL women, it is necessary to remember that the same rights are still fragile for women in freedom. The social determinants of health go beyond the context of imprisonment, since extreme vulnerability and inequalities do not allow women the same access to the right to sexuality, menstrual dignity, pregnancy and motherhood. The legal achievements of sexual and reproductive rights are recent, flawed and incomplete. One of the greatest examples is that legal and safe abortion is not a national reality.

The experience of the MRJ has shown the complexity of implementation, highlighting the efforts of different sectors (Public Prosecutor's Office, Public Defender's Office, SMS, SES, FIOCRUZ, legislative assembly and civil society) to prevent security routines from overriding the right to sexual and reproductive health of women deprived of their liberty. Although the creation of institutional flows and the establishment of sectoral responsibilities help in this process, structural and bureaucratic

barriers are constant challenges. Despite the fact that the municipality is the second largest capital in the country, the normative advances instituted at national level take time to materialize due to complex federative articulation, bureaucratic limits and budget transfers. The implementation of the eAPP with the incorporation of the PPL into SUS services is recent, and it is to be expected that some care flows have not yet been finalized.

Comprehensiveness and intersectorality are fundamental concepts in promoting human rights, especially in contexts of vulnerability, reinforcing the need to discuss gender in the prison system. The implementation of the policies and the execution of the services described have shown how the actors involved find themselves in antagonisms and consensuses that occur not only in court cases (which are important drivers of change), but also in everyday life. The consolidation of an institutional culture that prioritizes sexual and reproductive health care requires the institutionalization of flows and intersectoral working groups and the creation of public policies to prevent progress from regressing and to guarantee the continuity of the work, regardless of changes in management.

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J.O. Comonian: conception/design of the article, data analysis and interpretation, drafting the article, critical revision of the article and approval of the final version of the article.
A.C.F.C. de Oliveira: conception/design of the article, drafting the article and approval of the final version of the article.
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