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**Exploring the service delivery of incarcerated women: The case
of prison center in Gondar, Ethiopia**

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Disclaimer:

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Abstract

The aim of a prison system is to deter crime, incarceration, and rehabilitation of criminals. Despite differences in time and place, this aim is not addressed in most parts of the world, including Ethiopia. This service deficiency is especially visible in the cases of incarcerated women. The incarceration of women often relates to poverty, as in failure to pay financial penalties and due to smallness in number. The literature shows that women tend to face a higher rate of abuse than men in prison populations. All these are the manifestations of social injustices against incarcerated women. Hence, there are methodological and spatial gaps in the study of service delivery of incarcerated women in Ethiopia, especially in Gondar prison center. Therefore, this research focuses on the prison condition of incarcerated women in Gondar City of Northern Ethiopia, with a specific emphasis on prison services such as education, health, recreation, food, housing, counselling, and guidance. To achieve these objectives, a qualitative research approach of data collection and analysis has been employed. Because the qualitative approach is informative, creates face-to-face contact with the informants, and gathers first-hand information about the issue under study. The relevant data were collected through a key informant interview with prison administrators and officers, FGDs with imprisoned women and prison administrators and officers and observation of the prison settings. Nine key informants and Fourteen FGD discussants were selected via purposive sampling for qualitative data. The study's findings revealed that there is poor and lack of provision of health, education, and counselling services to incarcerated women. The data gathered through key informant interviews, FGDs, and observations also confirmed that incarcerated women are living with in deteriorated services in health, education, food, housing, counselling and guidance delivery. No educational services are delivered for now due to damage to all the school resources. The health services of incarcerated women, pregnant incarcerated women and children with incarcerated women are poor. This study suggests that the prison center lacks food, housing, counselling, and guidance. To apprehend the services of incarcerated women, there are challenges such as security problems, financial related, human resource related and cultural related problems. The study also revealed opportunities such as building water pumps and increment payments for training providers in and outside the prison center. Finally, the study proposes a call-up of GOs, NGOs, policymakers, and national and international organizations to plant services like education and health urgently.

Keywords: Incarcerated women, service delivery, prison, Ethiopia

List of Acronyms

AHRRE- Addis Hiwot Rehabilitation and Reintegration Association

AHRE- Association for Human Rights in Ethiopia

CILC- Center for International Legal Cooperation

EHRC- Ethiopian Human Rights Commission

FDRE- Federal Democratic Republic of Ethiopia

FGD- Focus Group Discussion

ICRC-International Committee of Red Cross

KII- Key Informant Interview

NGO's- Non-governmental organizations

WPB- World Prison Brief

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Figure 1: Analytical Framework

Chapter One

1. Background to the Proposed Study

Restorative justice is an approach that relies on repairing the harm caused by crime or conflict and restoring relationships between people rather than simply punishing offenders. Hence, it prioritizes restitution over retribution, i.e., repairing the harm and restoring relationships rather than punishing offenders (Zehr and Mika, 1998).

According to Penal Reform International (2022) and Bastick & Townhead (2008), in most cases, the causes of incarceration of women in the world include the failure to pay the penalty, and poverty. In addition to Agomoh (2015), especially in Africa, the continuing patriarchal culture is also the main cause of injustices.

Incarcerated women are usually discriminated against because the majority of incarcerated persons are men, and the prison administration mainly focuses on them. Hence, the Bangkok Rules promote engaging in affirmative action for incarcerated women to ensure equity and equality for incarcerated women (Bastick & Townhead, 2008; UN, 2014).

Furthermore, global data show that prisoners have multiple health and social needs; women suffer more ill health than men in prison, with high rates of self-harm and debilitating mental health issues. Moreover, women have been more oppressed in health and harming themselves in prison centers (Ginn, 2013). Incarcerated women have a higher exposition rate of health problems than incarcerated men and women outside prison centers (Baybutt, 2013). “Incarcerated women have had higher rates of sexual, emotional, and physical abuse and mental health issues, such as depression and anxiety, than men in the general population” (Baybutt, 2013; Cited in Dixey et al., 2015, p. 95). This problem also has a profound effect on the babies who are living in the prison center with their mothers or not (Codd, 2008). All these data show that there is a social injustice in the service delivery of incarcerated women and their babies.

Sarkin (2009, p. 2) explored that, the prison system of Africa is characterized by “overcrowding, vicious living conditions, dearth of good governance, funding incapacilities, and other resources”. Therefore, all the aforementioned problems have been experienced in both male and female prisoners, but in women prisoners, it is higher because they seek special treatment (Bastick & Townhead, 2008).

Likewise, as different studies confirmed, in Ethiopia, service provision injustices in prison centers include overcrowding, inadequate educational, medical, guidance, and counselling, restrictions on family contact, religious counsellors, and political instability, which affect the rehabilitation of inmates (Bezabih, 2016; Gulilat, 2012; and Tefera, 2014).

The 2015/16 US State Department of Human Rights report indicates that there are 126 official prison centers in Ethiopia (120 of them are regional and six of them are federal prison centers) and many unofficial prison centers (WPB, n.d). Different studies reveal that all these prison centers have different injustices for incarcerated women.

Hence, the aforementioned service provision injustices of incarcerated women are the most prevalent ones. Therefore, studying service delivery, challenges and opportunities of incarcerated women is a very timely one.

2. Nature of the Problem

A prisoner is a person who is confined and incarcerated in either civil or criminal matters. In this regard, inhuman actions like fining, banishing, mutilating, branding, torturing, or killing were performed on offenders in the past (Tefera, 2014). According to Meseret (2018), the punishment system has modernized and is now concerned with behaviours and averting the future engagement of offenders.

The main aims of prison centers are to correct and equip attitudes by addressing the causes of law infringements (Adler, Mueller, & Laufer, 2007; Andargachew, 2004; Nagin, Cullen, & Jonson, 2009; Robinson & Crow, 2008; Cited in Meseret, 2018). This aim should incorporate educational, health, guidance and counselling, bedding, food, and administrative issues.

Hindrance factors fall at the institutional and individual levels to achieve the aforementioned vital social services. To mention one case, the challenges to fulfilling the educational facilities of prisoners in Ethiopia incorporate: “inmates’ misbehaviours, lack of resources and facilities, the mismatch between inmates’ needs and curricular contents, and lack of monitoring and evaluation as challenges affecting the provision of education” (Kabeta and Pretorius, 2018, p.1).

The rate of incarcerated women is greater than that of men across time (Baldwin, Sobolewska, & Capper, 2020). Globally, there are 740,000 imprisoned women; of these, it accounts for 3% or less of the total prison population, which is emphasized in seventy countries (Fair and

Walmsley, 2022). Moreover, in the previous twenty years, the number of imprisoned women increased by 33% (Penal Reform International, 2022). Hence, there is a need to be engaged in the fulfilment of the services in the prison centers because imprisoned women are vulnerable groups among the prison population. The reason why there is a lack of social services for incarcerated women is the smallness of the number and the emphasis on a large number of incarcerated men (UN, 2014). Moreover, according to Townhead (2008) and Artz & Rottman (2015), incarcerated women and children who are living with incarcerated mothers are not well-researched, hidden, and mostly missing in any inquiry about them.

The provision of social services for imprisoned women is a human rights concern advocated by the UN and the government of Ethiopia. International instruments include the Universal Declaration of Human Rights (United Nations [UN], 1948) and the Standard Minimum Rules for the Treatment of Prisoners (1957) (UNESCO 1995, 6-7). Specifically, Article 77 of the Standard Minimum Rules for the Treatment of Prisoners (1957) recognizes “the right of inmates to education to help them pursue their education when they get out of prison” (UNESCO 1995, 6); Article 11 of the International Covenant on Economic, Social and Cultural Rights states that “everyone has a right to an adequate standard of living is particularly important to the rights of prisoners”; and Article 10 of the International Covenant on Civil and Political Rights (1966) provides that “all persons deprived of their liberty shall be treated with humanity and concerning the inherent dignity of the human person. Hence, torture or cruel or degrading treatment or punishment are prohibited”.

Concomitantly, the Ethiopian Government has endorsed the above international laws and affirms the rights of incarcerated persons. Articles 21(1) and 41(3 and 4) of the FDRE Constitution affirm the right of inmates to education and the need “to get equal access to publicly funded social services”; Articles 18 and 21 also emphasize “the observance of specific rights of convicted persons” (Bezabih, 2016). Moreover, the Federal Democratic Republic of Ethiopia (FDRE) Proclamation No. 138/2007 on treating prisoners and No.365/2003 of the Ethiopian Federal Prison Commission establishment announces some rules about the social services provision of prisoners. All in all, these laws affirm the rights of incarcerated women in housing, medication, counselling, education, exercise of religion, and food. However, it seems that the government has not been fulfilling the fundamental rights of incarcerated women in the country and the study area. Studies by the Association for Human Rights in Ethiopia (AHRE, 2018) and Alemu (2014) document the ill-treatment and poor handling of incarcerated persons, including incarcerated women.

Though there are several research on the social injustices faced by prisoners, many of them focus on men or both. This research takes up the case of incarcerated women in particular and delves deeper into investigating all aspects of social injustices faced by women in prison concerning education, medication, housing, and related matters.

In Ethiopia, there are some studies on social services, such as health and education, and the challenges faced by women prisoners. However, most of these studies implicitly rely on all prisoners and only focus on education, health, challenges, etc. For instance, Yesuf et al. (2022) entitled "Prevalence and Correlates of Mental Illness among Inmates in north-western Ethiopia: A New Look into the Roles of Rehabilitation Service Use." This paper employed quantitative methods to elaborate on the mental aspect of women's problems. Another study by Dadi et al. (2016) investigated the exposition of mental illness in incarcerated persons in the northwest part of Ethiopia. The other paper, which is done by Alemineh et al. (2022), emphasizes the lived experiences of incarcerated women before, during, and after they are detained. This paper also focuses on the causes of incarceration and distress and the problems that happened during reintegration. The research lacks an in-depth investigation of the conditions of imprisoned women before, during, and after they were detained. Hence, the methodology also has limitations in employing participant observation because there is no clear elaboration on the participant researchers.

One of the studies conducted in the Gondar prison center by Seifu, Nigatu, & Gezie (2023) is entitled "Health-related quality of life and associated factors among prisoners in Gondar city prison, Northwest Ethiopia: Using structural equation modelling." This study focuses only on health-related services, quantitative methodology, and all members of the prisoners except children. Hence, this study missed a detailed qualitative discussion of health-related problems and other services. and didn't focus on women inmates.

Another related study examined the problems of rehabilitative centers in Hawasa, Southern Ethiopia (Meseret, 2018). His focus was on the challenges in the prison centers which affect the well-being of the prisoners. The study lacks in-depth accounts of prisoners, and the findings may not necessarily apply to the context of the Amhara regional state. Moreover, Bezabih (2016) explores the extent of enhancement, challenges, and opportunities of prison reform programs. This paper focused only on the reform program in that it did not gauge practice in prison situations.

Overall, there is a limited number of in-depth research on injustices perpetrated against imprisoned women in Ethiopia. Therefore, this study explored the provision of context-based social

services and its challenges for women incarcerated in the Gondar prison center in the city of Gondar in northwest Ethiopia. More specifically, the researcher has investigated the health, educational, food, bedding, and related service delivery challenges to incarcerated women in the Gondar City prison center.

3. Relevance and Justification of the Research Topic

The relevance of this RP pertains to one of the main research engagements of the International Institute of Social Studies (ISS)—Social Justice. Many argue that Ethiopia is a patriarchal society in which social injustices against women abound in all walks of life. My major, Social Justice Program, fully resonates with my interest in understanding, explaining, and possibly rectifying the various forms of injustice against women in general and incarcerated women in particular. As a matter of fact, I have been interested in and engaged with the issue of prison centers and justice in the prison sector already for some time. In this connection, my colleagues and I investigated some aspects of the challenges prisoners face in the Amhara national and regional state (which the Gondar prison center is part of the study) before embarking on my MA studies at the ISS. Thus, I have fieldwork experience in the Amhara region's prison centers. This field experience nudged me to study the subject further, and I was especially appalled by the circumstances of women inmates, which are overlooked by many researchers. Furthermore, my previous graduate study focuses on crime prevention and restorative justice. Therefore, this paper explores women's social injustices in prison centers in an attempt to explore the subject of restorative justice, crime prevention and the challenges incarcerated women face.

4. Research Objectives and Questions

The general objective of the paper is to investigate issues related to social justice of imprisoned women by studying service deliveries and challenges women face in the Gondar Prison Center in the land of Ethiopia. So, the specific objectives are:

- To identify the educational and accommodation services of prisoned women
- To identify the health and food facilities of prisoned women
- To describe the counselling and correction services
- To explore the challenges of performing these services

The main research question of this study is, therefore, How is the state of social service delivery to incarcerated women in Gondar prison relate to social justice? Dawing from the main research question, this thesis addressed the following question:

- What are women's health and food services in the prison center?
- How and what counselling service is provided to incarcerated women?
- What does the condition of accommodation (bedding and housing) look like in the lives of incarcerated women?
- What does the condition of women's educational services look like in the prison center?
- How are imprisoned women overlooked in the prison center?
- What are the challenges that hinder a just delivery of social services to incarcerated women at Gondar prison?

5. Chapter Outlines

This paper has five chapters with sub-sections. This first chapter provides a background on the social services of incarcerated women in Gondar City's prison center by explaining the problem's background and the study's justification and relevance. This introductory chapter frames the study by presenting a detailed exposition of research objectives, questions, and chapter outlines. The second chapter includes the study's literature, theoretical review, and analytical framework.

The third chapter covers methodology and ethical considerations. The fourth chapter emphasizes data analysis and discussion by integrating it with the existing literature and theories. The last chapter includes a conclusion and recommendation about the issue under study.

Chapter Two

2. Literature Review

This chapter includes a review of related literature, which focuses on incarcerated women. It reviews literature pertinent to the study as presented by various researchers, scholars, analysts, and authors. It incorporates the definition of basic concepts, historical antecedents, services delivered to incarcerated women, and theoretical and analytical analysis. Moreover, this chapter employs the researcher to examine and point out some basic literature related to the findings and discussions.

2.1. The Prison System in the World Context

A prison is also known as “a correctional facility, jail, penitentiary, detention center, or remand center” (Pollock, 2005, cited in Gobena, 2018, p. 16). The word prison is defined as “a penitentiary establishment, building, or set of buildings in which people who are believed to have done wrong to society, gone against the laws of the land, or are suspected of having committed offences are kept under custody against their will” (Atabong, 2007, p. 46).

The term prisoner means:

“a person whose conduct has contravened the provision of a penal code, without discrimination as to social category or sex. An inmate is a person kept or incarcerated for a crime committed, who is awaiting trial or who has been on probation in a court of law and found guilty and sentenced to either a particular period or for life (Sykes, 1982, cited in Tesgaye, 2021, p. 7).”

According to the National Center for Human Rights of Jordan (2014, p. 1), the definition of prisons was changed from “punishment institutions designed to fulfil the community’s revenge on the offender to institutions designed to reform, rehabilitate and reintegrate prisoners into the community.” This transformation would effectively free the world from crime.

According to Snider (2008), cited in Tesgaye (2021, p. 8), feminist criminology described incarcerated women as “the woman in trouble and the disadvantaged but not the punishable offender”. Therefore, incarcerated women need care, and they seek affirmative treatment while they are detainees.

The UNHR (2016) report shows that the number of women committing a crime increases from time to time. The reason behind this is “poverty, substance abuse, gender-based violence and discrimination are identified by several researchers as factors for the increasing number of women offenders”. Most importantly, many of the studies revealed that, the crime typologies,

previous histories, as well as gender-specific demands of differences in women's and men's criminalities (Chesney-Lind and Pasko, 2012). Moreover, the types of women's crimes incorporate “harmed and harming women, street women, drug-addicted women, battered women, and other women who commit economic crimes, including fraud, theft and embezzlement, as a result of economic motivations” (Agomoh, 2015; UNODC, 2014; Meti, 2016 cited in Alemineh et al., 2022, p.2).

Concomitantly, the leading causes of the exposure of women to criminal activities are domestic violence, drug abuse, and economic hardship (UN Special and Rapporteur on Violence against Women, 2013; Barzano, 2013, cited in Ackermann, 2015). Feminist criminologists elaborate on incarcerated women as follows:

“Before the 1970s, women were invisible as subjects of criminological knowledge, and so was the fact of their invisibility. This is because of the biological and physiological inferior position. Hence, feminist criminologists enable women to be voiced in theory and practical arenas (Naffine, 1996; Martel, 2004; Lombroso and Ferrero, 1895; Davis, 1937; Pollak, 1961 cited in Fili 2013, pp., 2-3).”

Worldwide, 10.99 million people are detained (Fair and Walmsley, n.d.). Additionally, 740,000 women are incarcerated, and the highest number of women inmates are found in the USA, China, and Brazil (Fair and Walmsley, 2022, p. 2).

This figure reminds us of the need to engage different service providers in addressing all-inclusive facilities. Moreover, there should be policy implications on the need assessment of incarcerated women through basic standards like services delivered before should be adjusted due to the increase in the number of incarcerated women. Additionally, as in many kinds of literature, incarcerated women are sensitive and need special emphasis.

2.2. Prison Centers in the African Context

There is literature that presents the condition of imprisoned women in African countries. According to many pieces of research which are described by (Van den Bergh et al. 2011; WHO, 2009; Dolan et al., 2016; Van Hout and Mhlanga-Gunda, 2018, 2019a, 2019b cited in Gadama et al., 2020, pp.303-304), in sub-Saharan countries, incarcerated women are a minority group, which has passed many challenges, like the facilities belonging to the dominant number of incarcerated men. Hence, the health services, sexual needs and reproductive desires of women are also abandoned.

The imprisoned women of Africa have faced many challenges, like gender discrimination, poverty, lack of resources, and access to healthcare. Mothers in prison face problems in caring for their children due to limited facilities and resources, and they need special health needs, including reproductive health concerns that are often not adequately addressed (Ackermann, 2015).

Concurrently, to declare, evaluate, and process the all-inclusive services of incarcerated women in Africa in general and in the study area in particular, of the national and international rules the UN mentioned about the rights of incarcerated women below:

“The sustainable development goals (SDG 3, 5, and 16), the Nelson Mandela Rules, the Bangkok Rules covering the UN Standard Minimum Rules for the Treatment of Prisoners (A/RES/70/175), and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (A/RES/65/229) address all neglected service delivery for incarcerated women in sub-Saharan countries like Ethiopia. (Gadama et al., 2020, p. 304)”

Therefore, all national and international laws describe the services of incarcerated women and children with incarcerated women, but on the ground it is far beyond.

2.3. Imprisoned Women in Ethiopia

The historical development of the prison center in Ethiopia is controversial, especially when and how it was started (EHRC, 2012). Nevertheless, Worku, Geberemariam and Belete (2014) searched for information about the detention and penalty of wrongdoers, which started in ‘Zemene Mesafint’ (the era of the princes). Moreover, Gulilat (2012), Tadesse (2011), and Worku et al. (2014) revealed that the detention practice in Ethiopia was started in the 17th century. The prison center is located in the mountain crags, which are known as ‘*Wihhin Amba*’.

According to Yilma (1986), Before the regime of Emperor Tewodros II came to power in Ethiopia, prisoners were detained in the Houses of the palaces and by local officials. Moreover, the incarcerated persons lived miserably, but today, there are some changes in social services. In the previous time, different scholars explored the fact that there are service deficiencies in prison centers in Ethiopia.

Concomitantly, there are controversies about when the formal prison system started in Ethiopia. Hence, one group of scholars explored Ethiopia's modern practice of incarceration and imprisonment, which increased with the subsequent construction of numerous prisons

during Haile Selassie's rule (1942–1974). French engineers built "*Kerchele/Alem bekan*," the first official prison in Addis Ababa (Worku et al., 2014).

Other sources (EHRC, 2012; Gulilat, 2012; Tadesse, 2011; Yeshibelay, 2014) link to the Italians' five-year occupation. Worku et al. (2014) asserted that the modern prison, with its distinct organization and structure, dates to the 1940s while acknowledging that the prison that had been established at the time had several issues with structure and administration. Therefore, according to Kabeta and Pretorius (2018), Gulilat (2012), EHRC (2012) and the aforementioned scholars, it was during Haile Selassie's time that the modern history of prisons began, and the rehabilitation of prisoners was primarily supported by biding constitutions in Ethiopia. For instance, prison education and the prison system in Ethiopia were established during the regime of Hile Silase (CILC, 2005; EHRC, 2012; Gulilat, 2012). As explored by Abraha (2010), cited in Kabeta (2017), during the 1980s and 1990s, no services were delivered to prisoners, such as education, entertainment, and the like. Therefore, the services like health, food, and clothing given to the prisoners in the previous time are insufficient.

Many Ethiopian legal accounts elaborate on the rights of imprisoned people. These laws are the 1931 constitution, proclamation no. 45/1945, the 1957 criminal code, the 1995 FDRE constitution, Federal Prison Commission Establishment Proclamation No. 365/2003, the revised Criminal Code 2004, and Treatment of Federal Prisoners Proclamation No. 138/2007 (Gulilat, 2012). Thus, all these laws have affirmed the guarantees for the social justice of incarcerated women and children with incarcerated women. However, as different authors disclosed, there are injustices in the social services of incarcerated women in Ethiopia.

Worku et al. (2014) stated that as of 1992, the FDRE transitional government re-assessed the rules and goals of the institution's prison center and changed its name to correctional institutions. Nevertheless, as of the aforementioned literature, the services are poor.

Hence, the FDRE constitution allows prisoners to be rehabilitated rather than punished (EHRC, 2012). This is a very surprising guarantee for the imprisoned population in Ethiopia. Thus, this rule was not seen on the ground in many prison centers.

The World Prison Brief (WPB, 2020) report depicts that in Ethiopia, the total number of women in prison has increased from 3.5% (2009/10) to 4.2% (2013/14). This indicates that it should fulfil the basic facilities since the number of women detainees is increasing from time to time. To fulfil the services of incarcerated women, there are challenges in service delivery, including institutional bureaucracy, a lack of skilled staff, negligible behaviours of some staff, insufficient resources, and a variety of backgrounds for incarcerated women (Brazzell et al., 2009; Munoz, 2009).

2.4. Conceptual Framework: Feminist Criminology in the Context of Social Justice for Incarcerated Women

Even though the theoretical description of incarcerated women is vague, talking about incarcerated women without the support of theory may mislead any researchers, policymakers, and activists. Hence, using any specific theory is pivotal and will give some direction about incarcerated women (Erez & Laster, 1992).

Feminist theory has its historical roots in the global North, and its basic essence is mostly Western-oriented. However, in the present day, there are all-inclusive theories that emphasize women's problems in both the global north and the global south. Hence, feminist theory contextualizes the very domination of men, and all these thematic understandings are rooted in them (Donovan, 2000). As far as different scholars are concerned, there are five legal feminists: “Liberal legal feminism or equality feminism, Radical legal feminism, Cultural legal feminism or feminism of difference, Marxist legal feminism and Postmodern feminism” (Cain 1991, Hopkins and Koss 2005, 698 ff., Bodelón 2010, 184 cited in Lecumberri, 2022, p. 1763). All these theorists have distinct contributions to the legal framework for analyzing women before, during, and after detention.

The feminist theory has a pivotal role in putting a milestone of the issue under study. Hence, this theory inculcates the unique needs of incarcerated women. According to Smart (1989), cited in Hannh-Moffat and Shaw (2001, p. 12), feminist theory will inspect the overriding laws that rely on and are based on male desires. On the contrary, there are also some other feminists who didn't argue on that legal modification but rather focused on “the decentring of the law in favour of other more systemic changes”. Hannh-Moffat and Shaw (2001) identified that continuous engagement and professional interventions are very important to address and intervene in the difficult conditions of incarcerated women. Hence, these ideas are very important to come up with complicated and deep-rooted cultural, economic, and political factors for the social injustices of incarcerated women in the world in general and in the study in particular.

Around the 1960's feminist criminology officially emerged and embraced the issues of “victimization, crime typology, and gender” (Adler, 1975; Adler and Simon, 1979; Carlen and Worrall, 1987; Cowie, Cowie, and Slater, 1968; Klein, 1973; Konopka, 1966; Millman, 1975; Morris, 1987; Pollak, 1950; Smart, 1976). Cesare Lombroso was the first person to explore women's criminality in 1895. Even if Lombroso is not a feminist, he contributes a stepping stone to the characteristics of incarcerated women. Feminist criminologists have raised gender-

sensitive dimensions of understanding. Moreover, they contemplate that “the historical, social, emotional, and biological/physical needs of women are different from those of men, and therefore, women are unable to be effectively diagnosed, treated, and rehabilitated based on the male model of criminal justice” (Gundy & Baumann-Grau, 2013, pp. 3-6).

According to Hannh-Moffat and Shaw (2001, P. 15), feminist criminology theory emphasizes the following:

“In the beginning, the criminological critique was with the neglect of women as offenders, and later, the new theories and policies for women and children as victims. Until recently, much feminist research has focused on the treatment of female victims of sexual assault and domestic violence. Similarly, feminist advocacy has concentrated primarily on dispelling the myths and misconceptions surrounding violence against women and on improving women’s access to services and the response of the criminal justice system to victims.”

Feminist theory explored that women's relegation because of their sex and parochial system leads to crime. This subordination further comes up with the abuse and inequalities of incarcerated women (Akers, Sellers and Jennings, 2020). Concomitantly, Traditional criminologists explained the causes of women's criminality as being women and their weaknesses. Such stereotypes of women have changed, but not at all, and it has direct implications for access to resources and chances compared to men (Erez & Laster, 1992). Alongside, feminists greatly contribute to the investigation of the causes of injustices against incarcerated women because the causes are interlinked with gender inequalities (Iroegbulem, 2021).

Therefore, this study will explore incarcerated women's injustices by focusing on the main sources of this subordination. Feminists engage in the analysis of women's injustices by employing various structural restraints (Gelsthorpe 2002; Hirschmarm 1998).

Hence, feminist theorists focus on the service delivery of incarcerated women, and they are still re-assessing the laws and advancing the rules which strictly protect the rights of women in the prison center. Concomitantly, as to the different literature mentioned, this theory relies on the causes and adverse effects on the women in custody. Overall, this theory is very important in explaining and elaborating on the prison center service provision for women and the stakeholders involved. Additionally, It shows how to integrate internal and external efforts and ad-

dress the challenges of being safe and well-corrected incarcerated women. To sum up, the implications of feminist theories for this study include mentioning the main area of injustices, engaging in those problems with appropriate advocacy strategies, creating favourable conditions for other volunteers and governmental organizations, initiating gender-focused policies, and assuring justice for incarcerated women.

2.5. Analytical Framework of the Study

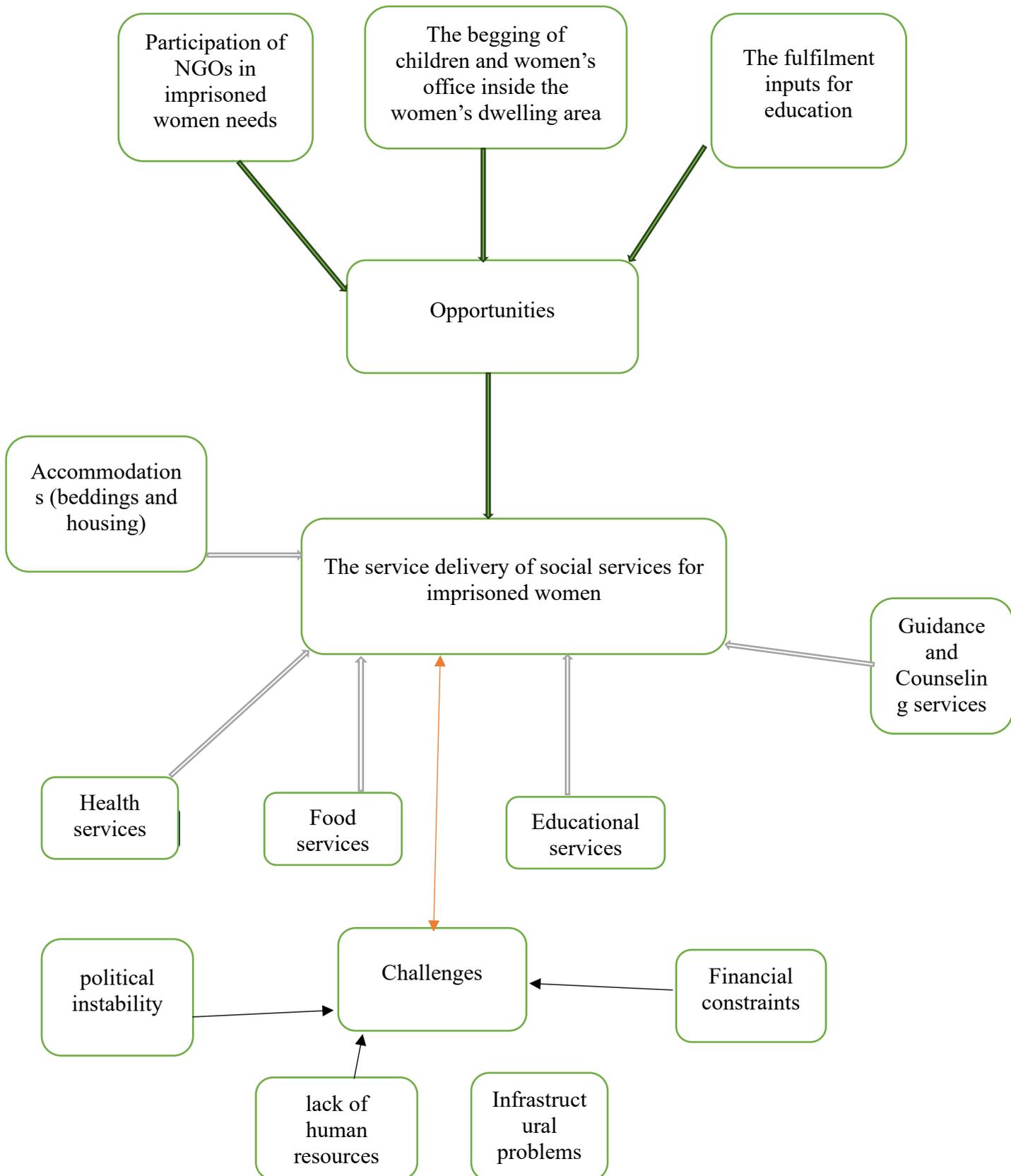


Figure 1: Analytical framework

Source: framed from different literature

This analytical framework elaborates on the service delivery to the imprisoned women and the challenges and opportunities. The services delivered to imprisoned women are health, education, guidance, and counselling. The national (FDRE constitution) and international laws (like the UN) illustrate and affirm the above-listed services for incarcerated women. Political instability, infrastructural drawbacks, financial problems, and a lack of human resources hamper the delivery of social services. Scholars such as Van den Bergh et al. 2011; WHO, 2009; Dolan et al., 2016; Van Hout and Mhlanga-Gunda, 2018, 2019a, 2019b cited in Gadama et al., 2020, pp.303-304 elaborated on the service delivery challenges of incarcerated women. The opportunities in the due process for the service delivery of incarcerated women are the concentration of NGOs to the imprisoned women, the presence of different inputs for educational services, and the opening of a women's and children's office inside the dwellings of incarcerated women. Hence, all these opportunities are used to facilitate and improve the facilities given to women.

Chapter Three

3. Methodology

This study focuses on exploring the social injustices that have happened to incarcerated women in the city of Gondar prison center. This part of the paper describes the study area, the research design, data sources, sampling techniques, data collection methods/ techniques, data analysis plans, and ethical considerations. Hence, this part of the paper illustrates the key ways where, how and when the data has been collected.

3.1. Study Site

The study is conducted in Ethiopia, Amhara National Regional State. The site is Gondar City prison center in the Central Gondar zone around the Angered River. The prison center has a maximum capacity of 2100 prisoners but now hosts more than 2,409 prisoners. Of these, 41 are women, 11 are children, and 2,357 are men. The Gondar prison center is delivering social services to incarcerated women and women with babies by collaborating with prison commission funds and NGOs. Hence, education, medication, housing, counselling and guidance, and entertainment services are the most common, which are provided to incarcerated women. Of these social services, the educational (formal and informal education), medication (primary health care), housing (in the two rooms of imprisoned women), and guidance and counselling (to deliver as part of education, which is vital in the prison center and after release from the prison) have been delivered (Central Gondar Prison Center Commission Annual Report, 2024).

3.2. Research Design

As far as the nature of the problem and philosophical assumptions guide me, I have applied the qualitative approach to uncover relevant data. According to Creswell (2003), qualitative methodology is informative because it creates an intimate interaction between participants and the researcher. Concomitantly, the qualitative method empowers us to discover the internal and external feelings on the thematic issue. Moreover, it is a flexible methodology that investigates the research questions in line with changing assessments of the work in the data collection processes. Due to these justifications, the researcher has employed a qualitative approach to collect relevant information on the social service provisions of incarcerated women in the Gondar City prison center.

Regarding time, the researcher employed a cross-sectional design in which the data was collected and analyzed at a single point in time. Hence, the data was collected from January 1/2024- to February 15/ 2024, in the first phase and from April 16/2024- to May 16/2024, in the second data collection phase. As far as the qualitative research strategies are concerned, the phenomenological design is applied. This qualitative strategy is essential to decipher the ways of life of the incarcerated women (the facilities experienced), which the researcher gathered from the participants in the study area. Phenomenology is employed to discover the participants' life experiences (incarcerated women) in the study area. (Creswell, 2009). Hence, the incarcerated women's background has been elaborated by employing this qualitative design. The service delivery system for incarcerated women in Gondar City is explained by narrating the individual experiences and the hindrance factors to performing these facilities.

3.3. Data Sources

3.3.1. Primary Data

The primary data sources for this study are the incarcerated women, human rights officers in the prison center and the region of Amhara, and key informants from the Gondar prison center. Administrative officers access and arrange the incarcerated women. Key informant interviews and focus group discussions (FGD) have been applied to generate primary data on the issue under study.

3.3.2. Secondary Data

Secondary data appropriate for this study is collected by reviewing documents from the Amhara National Regional State Prison Administrative Office, the Ethiopia Prison Administration, and the Human Rights Commission. Furthermore, pertinent published and unpublished reports, books, and journals that state the situation of incarcerated women have been reviewed to produce information about the issue under study. Gondar City prison center reports were also employed.

3.4. Sampling Techniques

Since this study employs qualitative methods, especially the purposive sampling technique, it has been applied to selected informants for FGDs and key informant interviews. The informants have been selected based on their knowledge, closeness, proximity to the issue under study, and the researcher's judgment and prior information to get the necessary data. The imprisoned women and men, the prison administrators, counselling officers, police officers,

and health and educational officers were the main participants in this study. A sample frame was available from the prison administrators to select the study participants.

3.5. Data Collection Methods

3.5.1. Key Informant Interview

Key informant interviews are conducted to understand the experience of service providers and administrators of prison centers. Prison administrators, Guidance and counselling officers, health professionals, police officers, and education professionals of Gondar City prison center were included. At least two personnel members were interviewed in each service-providing sector of the Gondar prison center, one from the regional/national department of prison center administrators and one from the Ethiopian Human Rights Commission. In total, nine key informants were interviewed using open-ended interview questions. The data from this method is helpful in triangulating the data from convicts as an alternative source.

3.5.2. Focus Group Discussion (FGD)

FGD is an essential technique for in-depth debates and discussions on the specific area of the issue. According to the methodological literature, discussants have varied internal feelings, thoughts, and comprehension about the problem under study (Seidman, 2006). In this study, one FGD consists of imprisoned women, and one FGD consists of a Gondar City prison center staff. All the FGD discussions have been held in the *Angereb* area (where the Gondar City Prison Center was founded). The researcher has conducted two sessions in the study area. Each group contains seven individuals, a total of fourteen informants who have participated in FGD. Hence, the focus group discussion session was arranged and conducted with the staff members and women prisoners of the prison center of Gondar City to discuss the issues of social service provision for imprisoned women and the challenges that hinder them from achieving these services. A trained moderator and the researcher conducted the discussion and collected the data by recording and taking notes. In this regard, the researcher has undertaken intensive notetaking and tape recording (with the consent of focus group participants). The tape recorder and batteries were tested before use. In performing these roles, the researcher/ the moderate will have attempted to share the idea of Ritchie et al. (2013) that it is used to moderate the discussion and manage every polarity and supremacy between the discussants. Because in FGDs, there was a problem of polarity between the discussants, the moderator managed such challenges in due course.

3.5.3. Observation

According to Ritchie et al. (2013), observation is an important data collection method for capturing and interpreting issues. This technique gathers the data as it has naturally happened. In this method, the researcher understands/ views all the events, actions, and experiences of the problem.

The researcher made a transact walk in the prison center of Gondar City to support the data gathered via FGDs and key informant interviews. The main observation area has been the social services found in the area, such as bedding, food, education, and training.

All in all, regarding the data collection methods, the following challenges have occurred: negligence of the participants, fear of sharing the actual data, and discussion polarity between the FGD discussants. All these problems have been addressed ethically. For those participants who are negligent and fear of sharing the actual data, the researcher stated the research objectives and relevance for them as applicable input. Moreover, to resolve the polarity between the discussants, the FGD moderator solved this problem, and the participants were separated by gender, profession, and age.

3.6. Data Analysis Methods

Since the research was focused entirely on qualitative methods, the data gathered via FGDs, observation, and key informant interviews have been analysed according to their thematic categories. The data was collected in Amharic and then transcribed and translated into English. Henceforth, the collected data, such as words and phrases, has been coded and recoded with appropriate qualitative research coding. Each interviewee had a code, pseudo names, date of interview, and place of interview, and started to thematize and categorize the phenomena. There were seven major themes: educational services, health services, counselling and correction services, housing and food services, other services (religious, income generating, child protection, communication, and recreational services), challenges, and opportunities. Under each major theme, there were also sub-themes and codes. Then, groups of related initial themes and sub-themes were clustered and analysed using thematic analysis. Related themes are elaborated and discussed under each category.

3.7. Ethical Considerations

According to Zina (2017), ethics is the morality of doing research and is acceptable in professions. The ethical issue presupposes some of the pivotal concepts applied throughout the research processes. The guidelines include informed consent, no harm, and ensuring the confidentiality and anonymity of the research participants. During the data collection, the purpose of the study was explained to the participants, and the required data was collected based on the informed consent of the study participants. All names have been kept confidential in the textual presentation of the data. Study participants were also informed early about the purpose and potential of the audio recorder. Finally, at the end of the fieldwork period, field exit has been based on retaining good relationships with people in the study area and study participants.

Regarding the data analysis and interpretation of the research, the researcher tried to be specific about the study participants' descriptions and representations. Whenever necessary, I explained any distinctions and divergences in points of view and interpretations between the study participants and our explanations. Finally, by following academic rules and regulations, the researcher of this proposed study has tried to maintain academic honesty and integrity. All these ethical issues were addressed during the research.

Chapter Four

4. Data Analysis and Discussion

This is the main chapter of the research paper that captures the main data and its analysis. The data is organized in text form, followed by describing and explaining the themes that emerged from the codes. Guided by the analytical framework, the chapter interrogates the data using the concepts and assertions of feminist criminology literature. As such, the outcomes of the primary sources (key informant interview, FGD, and observation), as substantiated by the secondary literature, are presented below. The chapter begins by discussing the characteristics of informants.

4.1. Socio-demographic Characteristics of the Informants

The study had contact with twenty-three participants to collect relevant data, which were selected via purposive sampling. Out of which two were the prison center's higher officials, two were prison center health officers, one was a prison educational officer, one was a prison guidance and guidance officer, one was a woman and child case officer, one was a human rights commission officer, one was regional police commission personnel, and one was Gondar prison center police officer. The remaining fourteen informants were FGD discussants: The first FGD consisted of incarcerated women committee members (two health committee members, one was an income-generating committee member, one was an educational committee member, two were from non-committee members of the incarcerated women, and one was head of these committee members). The non-committee members are selected purposively from 41 imprisoned women, who have a long stay in prison. The second FGD consisted of seven selected members of the prison administration staff. All the above informants were over 18 years old. Therefore, the researcher believed they could give necessary information concerning the social service delivery of incarcerated women and their babies in the study area.

4.2. The Educational Services of Imprisoned Women in Gondar Prison Center

As far as different literature is concerned, the literature endorses that educational services for incarcerated women are essential for having jobs, re-joining society, and adjusting their future life as per their desired goals (Boulianne and Meunier, 1986; Diseth et al., 2008; Biswalo, 2011; cited in Kabeta & Pretorius, 2018). Moreover, delivering educational services to incarcerated women contributes not only to the well-being of women but also to the community

(Kabeta and Pretorius, 2018). This literature is a clue to the overall significance of education. Hence, when educational service is delivered in prison centers, they experience the aforementioned advantages. This study shows that the situation in the prison is far from what the consensus in the literature is. During data collection, there were no educational services at all, and even before August 3, 2023 (when a conflict broke out among the prisoners due to a riot in the prison center), the services were not satisfactory for them.

According to data gathered from FGDs and key informants, the educational system in the Gondar prison center is addressed by the prison center itself and NGOs like ICRC. According to the human rights officer, access to education is the right of incarcerated women, and in the Gondar prison administration, there is formal education and vocational training. Thus, fulfilling access to education is the responsibility of the prison administration and different concerned organizations. But, on the ground, it is far beyond, and the incarcerated women are not satisfied with this.

Bazos and Hausman (2004) and UNESCO (1995) elaborated on the educational services as follows: the prison center's educational services encompass formal, vocational, and social learning. Therefore, in line with this literature, this study has a profound relationship with the aforementioned authors because these authors revealed that there should be all types of educational services for incarcerated women. So, as per the informants, the Gondar prison center has regular education and vocational training, which is discussed below.

4.2.1. Accesses to Formal Education

The FDRE Constitution, Article 21(1) elaborates on the education of prisoners as “all persons held in custody and imprisoned upon conviction and sentencing have the right to get treatments that respect their human dignity” (FDRE, 1995, p. 24). Therefore, both national and international laws mention and glorify the right to get an education for incarcerated women. Hence, different studies revealed that there is poor educational delivery for incarcerated women in Ethiopia. This study comes up with the contrary of this literature. The reports of the prison administration document and the informants assured that, for the time being, no educational services were delivered to the imprisoned women. This is because, on 3 August 2023, there was a riot inside the prison compound, which the prisoners manipulated, and this riot caused huge damage. According to one of the prison administrators elaborated on the educational stop-up due to conflict inside the prison center compound as follows:

“I am sorry about the huge amount of money damage; It was around 109 million ETB. The cause for the outbreak of the riot was the outbreak of the conflict between

Fano/ the Amhara patriots and the government armed forces. Thus, the prisoners have information on how to escape from the prison compound by burning their resources. The damaged resources were training providers of wood, metals, tailoring, kitchen rooms, classrooms, books (from grades 1-8), and special training center rooms. In due course, the team members were organised to calculate the damaged resources into ETB amounts. Finally, these team's reports explored the estimated amount of money. This ended up in the absence of education service for imprisoned women as of August 3, 2023 (KII, February 2/ 2024).”

Therefore, before August 3, 2023, the regular education delivered to incarcerated women in the Gondar prison center was from the 1st to 8th grades. On the other hand, there is a regular education (known as in Amharic *Meserete Timeret*) which is delivered from levels 1-3. Meanwhile, the regular education above grade 8 delivered to those incarcerated women was accessed/prioritized as per the stay of years they had been in prison. This means those incarcerated women who have a long detention year have a chance to get an education above 8th grade.

4.2.2. Accesses to Vocational Training

Anon (2013), cited in Kabeta & Pretorius (2018, p.120), showed that “Ethiopian correctional institutions' prisoners have the right to gain access to capacity-building services, counselling, skills training, business development services, and income-generating activities”. The data obtained from this study has, in some cases, not matched with this text. The key informant's data revealed that the vocational training center in the prison compound was equipped with the necessary types of equipment by NGOs like ICRC and Prison for All with government budgets. However, for the time being, vocational training is not delivered for women and all other inmates because classrooms, books, and training equipment were destroyed as of the August 3, 2023 riots.

The key informants also elaborated that the prison administration has various vocational training programs, such as metalwork, woodwork, construction work, agricultural work, and cloth tailoring work training. Hence, each vocational training has its own practice fields to be well equipped for the students. In due course, all these vocational training programs provide a means for many incarcerated women to be skilled in work inside and outside the prison.

4.3. The Health Services of Imprisoned Women in Gondar Prison Center

According to feminist criminologists, “imprisoned women are not treated, diagnosed, and rehabilitated because the criminal justice system is adjusted based on men's orientations” (Gundy & Baumann-Grau, 2013, p.6). In line with this theory, this study has similar findings in the services injustices in educational, health, counselling, and correction arenas. To mention one piece of evidence, the observational data shows that the clinic is found in the compound of men, and it is not accessible to go to the clinic without escorting. Based on the information gathered through focus group discussions and interviews, it is evident that the health status of women incarcerated in Gondar prison is concerning and requires improvement, with the involvement of both governmental and non-governmental organisations. According to insights shared by participants, the health-related issues can be categorised as access to primary health care, referral medication, pregnant women, and children who are living with incarcerated women, which is discussed as follows:

4.3.1. Imprisoned Women’s Access to Primary Care

Incarcerated women who are from third-world countries like Ethiopia and have an unprivileged background like gender were exposed to many complicated health problems and were reluctant to get health care needs. Therefore, because of these previous legacies of health, incarcerated women have a higher demand for medication than incarcerated men. Thus, the health conditions will worsen due to aggravating circumstances in the prison center, such as poor hygiene and sanitation (Moller et al., 2007). This is a very informative text that encourages everybody to ensure the justice of women in terms of health needs. However, the findings of this study show that there are poor healthcare conditions in the study area.

As the study participants elaborated, in the prison center, it is a right for every prisoner to get first-level medication in the prison compound. The Gondar prison administration has a clinic, which lacks the necessary insulation and infrastructure.

The FGD discussants illustrated that, the medical center was established with no equipped laboratory setup and without adequate professional medical doctors. In the prison center, many severe patients died due to a lack of proper treatment. The interviewed female inmates mentioned that by saying, “The doctors give us the same medicine for different illnesses, and they did not treat us as professionals. The common medicines given to us are paracetamol and amoxicillin, which are provided to all patients regardless of their diseases. These simple indications show how much the medical treatments in prison administration are neglected.

The primary medication system seems like it is for report purposes and did not address the imprisoned women's medication protocols. The prison medical referral system has been reported as corrupt because some patients get priority while others do not. Some inmates affirmed that there are abused prioritizations for referral medical. This bribery of police officers and health care officials is done by calling for those who have a close relationship and taking money from the incarcerated women and relatives.

4.3.2. Imprisoned Women's Access to Referral Medication

In Kenya, most detained women are mothers with one baby (Pierre, 2016). The same is true in Ethiopia (Belaynesh, Marloes, Jac Van der K, & Alice, 2017, cited in Gobena and Hean, 2019). The 2010 count of imprisoned women shows that of 2,474 women, about 546 were children with them (WPB, 2017). This figure shows that there are many children who are living with imprisoned mothers. So, the intervention of government, academicians and policymakers should be a mandatory task.

The informants (FGDs discussants and key informants) asserted that the NGO known as "ICRC" usually supports the medication system. This organisation contributes significantly and fills every gap as far as the medication of inmates is concerned. Hence, the prison center's referral medication system has a signed agreement with Gondar University Referral Hospital, and the patients receive referee services at this hospital. The referral system is performed after the clinic doctors approve the need for the referral medication. The referral system is challenged due to corruption, current instability in the city of Gondar, and financial constraints. For instance, if Gondar is not stable, even if there is a patient who needs urgent medication, he/she will not go due to the absence of a health professional and police officers for escorting. On the other hand, the finances and corruption in the referral prescription also hinder fulfilling the incarcerated women's health needs.

The FGD discussants data shows that one of the inmates was seriously ill with TB (tuberculosis), and the clinic failed to treat him well. Lately, the patient has been referred to the University of Gondar specialized hospital. Finally, due to the late coming of this inmate, the patient has died.

One of the key informants, "A", elaborated on the referral health services of imprisoned women as follows:

"It is a right for them to get referral medication. Hence, women in this prison center have asked me or other policemen to be treated for their diseases. But, to buy more

expensive tablets, they should be covered at their own expense. To do so, I called their family or searched other NGOs. One of the examples of how this prison center delivered higher medication is that, before one year, one prisoner who was diagnosed with cancer was followed and attended at Gondar University Specialized Hospital. Hence, there is a contract with this Hospital to be treated very well. Even if she has died, the prison center and the University of Gondar Hospital helped well (KII, February 2/ 2024).”

Therefore, referral services of medication given to incarcerated women and children who are living with incarcerated women are given in some rare cases. Hence, due to a shortage of cars, guards, police officers and budget, only serious diseases have a referral case.

4.3.3. The Health Service of Pregnant Imprisoned Women and Women Who Have a Child

4.3.3.1. The Health Services of Pregnant Women

Starting from the 1980s, the specific demands of incarcerated women were shifted to the academic arena, and it is not sure whether the prison centers' service delivery is suitable or not. In the world, most imprisoned women have a child whose age is less than 18. on the other hand, less than 10% of fathers in the prison center have a child whose age is under 18 (Malambo, 2016). Therefore, this shows that there is a need to give a special emphasis on incarcerated women due to the aforementioned burdens. Hence, this study enclosed some findings of women's health services as follows:

The data obtained from the FGD's discussants and key informant interviews shows that the health services for pregnant women in the prison center were appreciable. To achieve this service, the government budget, NGOs like ICRC, and volunteer individuals were involved. For instance, one of the volunteers living in the city of Gondar covers the expenses of the new maternity women in the prison center. ICRC also contributes sanitary materials to the newborn children and mothers.

As far as the researcher's observation is concerned, the new mother with her infant is living with other imprisoned women, and it was so challenging to care for the child as well as the woman. The rooms are narrow, and the window, roof, toilet, and shower rooms are also dirty. All these scenarios are discouraging and unsafe for the newborn, and it is against national and international laws.

One of the interviewees, “B”, elaborated on the health conditions of pregnant imprisoned women like this:

“I have worked in the Gondar prison center for the last four years. The health conditions of pregnant imprisoned women are not as satisfactory. In the prison center clinic, there are no checkup machines for pregnancy. Hence, the pregnant women did not perform regular checkups per month or week due to a lack of manpower, finance, and transportation. The pregnant woman in this prison center will go to check up when she feels sick. Meanwhile, at the time of birth, it is mandatory to adjust transport and police officers to go to the hospital. One specific example happened this year, i.e. one of the imprisoned women gave birth to a child at the University of Gondar hospital. Hence, when she told us about the symptoms of the birth of her child, we were ready and went to the hospital as soon as possible. Therefore, despite the country's current situation and other conflict dynamics in the region of Amhara, we are striving to serve them (KII, January 28/2024).”

The UN (2008) elaborated that prison centers are not intended for women having a baby, and they should save the women outside the prison center by considering the type and risk of offences to the population. Regardless of this, the Ethiopian prison system on the ground, like the Gondar prison center, is not in line with this rule, and women and children with imprisoned women are in custody. Hence, there are adverse consequences for women and babies who are in prison.

All in all, the life of a pregnant woman in the study area is miserable and unhealthy for the woman and the born child. Therefore, the government and other concerned bodies, such as NGOs, volunteer organizations, and individuals, have a low level of engagement.

4.3.3.2. The Health Services of Children Who Have an Imprisoned Mother

The Bangkok Rules (UN, 2015) (Rules 49 & 53) (1) state that children in prison should live according to their interests. Moreover, children are not seen as inmates. Another study, which was uncovered by Tylor (2004), elaborated that children who are living with incarcerated women have a decrement in locomotors and cognitive results afterwards of four months. On the contrary, when they get out of the prison center, these difficulties are changed. According to this study, these rules are not applied in the study area, and even the basic needs are not fulfilled.

The informants' data shows that children's health services are not given special treatment in the prison center. Hence, there is no package other than diagnosing in the clinics within the prison center's compound; if it needs to be referred, it will go to Gondar University Hospital. Moreover, children didn't get necessary sanitary equipment, food, and playing grounds. All these shortages of services expose the children to become stressed and unhealthy. One of the key informants, "D", described the health situations of children within the prison center like this:

"I am a health professional who has worked in the prison center for a long time. Children's health services need careful treatment; medication prescriptions require experience and attention. This is because children don't tell the symptoms and are sensitive to false prescriptions of medication. Hence, healthcare delivered to pregnant and imprisoned women with children is similar to other prisoners. If one of the children needs referral medication, we have to send it to a referral hospital. Furthermore, the health system of babies includes sanitation in dwellings, entertainment, food, and overall child protection follow-ups. Hence, to do so, there is a need to call the governmental and non-governmental organizations to plant suitable and healthy environment for the children in the prison (KII, January 22/2024)."

The FDRE Proclamation no. 138/2007 illustrates that pregnant and imprisoned women with children, throughout their residence in the prison center, should need nutritious food, special medication, and affirmative food as per the prescription of the health officer. This proclamation is only in theory, and in the study area, it is not applied. As far as all the data gathered conveyed from the informants was concerned, the children in the prison center were invoked for further follow-up and care since they were newborns. Hence, there is a need for the engagement of policymakers, academicians, and national and international concerned bodies to fulfil the health needs of imprisoned women and children with imprisoned women.

All in all, in this study, the health conditions of imprisoned women and children who are living with imprisoned women are similar to the following study and clearly elaborated below. Thus, the health services of incarcerated women in sub-Saharan countries are poor and below the standard. Hence, this poor functioning of health delivery is manifested in:

"Essential medicine stockouts, lack of trained health personnel (or limited to restricted opening hours for women), lack of routine medical check-ups for women, limited availability of equipment or lack of basic investigation equipment (for

example functioning sphygmomanometers, thermometers, poor coverage of gynaecological care (cervical smears, breast examinations), absent or gender insensitive prison health care policies and standard operating procedures (SOPS) for women (Van Hout and Mhlanga-Gunda, 2018, pp. 7-8)."

4.4. The Counselling and Guidance Services of Imprisoned Women

The informant's data revealed that the counselling and correction services delivered in the prison center were performed by the collaboration of the government, volunteer individuals, and NGOs. Hence, this service delivery has a pivotal role for imprisoned women within and outside of prison life in all aspects, such as health care, income generation, escaping from depression, and life skill training. More specifically, the counselling and guidance services encompass the definitions of prison, prisoners, crime, and adverse effects of crime to the perpetrators and the victims. Moreover, this service simplifies their lives by focusing on income generation, life skills training and life after imprisonment. All these services of counselling and correction are interlinked with each other and with other grand services like health, education and housing facilities.

There are NGOs like ICRC, AHRRA, and Prison for All, a Local and governmental organisation, working in different aspects of guidance and counselling in the prison center. Thus, they are engaged in health care services, counselling and guidance, and fulfilling the infrastructure of the prison center. For instance, the AHRRA installed a children's playing ground to support the children of women prisoners. It also provides training for police officers and prisoners on human rights, custody rights, how prisoners can get free legal services, etc. AHRRA also supported the correction center by providing different equipment for prisoners' communal services, such as sanitary materials for the children and women, toilets and the compound, food for children, and capacity-building training. Though the government is duty-bound to provide legal services for prisoners who have no the capacity to hire private attorneys, AHRRA is working to fill this gap by giving free legal services for prisoners in need. All these services are provided for all incarcerated members of the community, but women and children with imprisoned women have a pivotal role in their future lives. All the above-mentioned services are part of delivering counselling and guidance.

The FGD discussant elaborated on the counselling and guidance mechanisms for women, as they need systematic adjustments and motivation. Most of the time, women seek special

attention and professional help. Of the key informant interviewee, “Z”, describes the counselling and guidance deliveries as follows:

“I have worked more than 10 years in the prison sector. In the Gondar prison center, there are professional civil and police officers. However, we still need more professional guidance and counselling officers in the Gondar prison center. There are two types of counselling services in the prison center, namely, individual and group. Individual counselling service relates to the relationship between one professional and one service taker. It is very important to deal with an individual with personal stresses like long-time detention, loss of close relatives, and tensions related to vocational or formal education. The second one is group counselling, which is held between a counselling professional and more than two inmates. Group counselling is very important to handle problems who have in a similar category like age, gender, length of detention, and type of detention. I saw many challenges to cope with their problems, especially for women and their children in prison. Hence, firm guidance and counselling mechanisms are needed for women to tackle and cope with their problems (KII, February 2/2024).”

Different kinds of literature have explained counselling and guidance services in prisons. Thus, one piece of literature supported by ILO and published by Anon (2013), cited in Kabeta & Pretorius (2018, p.120), showed that “the Ethiopian prisoners have the right to gain access to capacity-building services, counselling, skills training, business development services, and income-generating activities.”

Moreover, FDRE Proclamation no.138/2007 argued that professional counselling services should be offered to prisoners in prison centers during their stay to bring about behavioural change so that they can become free of any crime after their release. Therefore, there is a need to re-assess and apply professional counselling and rehabilitation services in the prison centers, as per the Negarret Gazeta. Hence, The international and national literature revealed all-inclusive aspects of service delivery for imprisoned men and women. This study explored the contrary of this literature. Hence, counselling, guidance, and capacity building are poorly delivered, i.e. most of the discussants concluded that there is no fertile guidance and counselling service provider in the prison center.

Therefore, the prison sector has a massive gap between service demand and service supply. To overcome the complicated causes of any problem, it needs professional manpower, a budget, and a suitable environment.

4.5. The Food and Housing Services of Imprisoned Women

The FGD discussants, key informant interviewee, and observational data revealed that women prisoners have their separate compound, which has two rooms. Between these rooms, there is a shower and toilet room. The rooms are dirty and have overlapped metal beds with old and damaged-out mattresses. The data gathered from one of the key informants revealed that “the mattresses are now torn out and dirty due to the carelessness of the prisoners and even the absence of irresponsible health committee members to follow up and take actions on such careless prisoners”.

In the prison center, some of the imprisoned women are very young, and others are mothers living with their children. Women prisoners have the right to take care of their young children in prison, but there is not enough space for entertainment. The correction center provides some services for the children of women prisoners, like kids’ playing grounds and kindergarten educational services. But, in the prison center, there is one playground for children, and there are no kindergarten educational services. Moreover, for children above seven, one of the NGOs, AHRRE, in collaboration with private schools, provides free elementary school education, but it has stopped.

In rich countries, the nutrition issue for prisoners is addressed very well, per international law. On the contrary, in third-world countries like Ethiopia, specifically, the issues of nutrition are under question, and due to undernutrition, many prisoners are exposed to complicated health problems. For instance, in Mbanza Ngungu Prison of Madagascar, one of the studies revealed that more than fifty per cent of prisoners were starved and undernourished. In a survey conducted between 2008 and 2009 regarding malnutrition, imprisoned women constituted 26.7% of the total population (Ravaoarisoa et al., 2019). Thus, this study shows that imprisoned women are exposed mostly to starvation, and this leads to unhealthiness. According to this literature, the Gondar prison center has a similar deficiency in malnutrition in women and children.

The researcher's observation revealed that all types of food services were cooked within the compound of the imprisoned women after the August 3, 2023 riot, which resulted in damage to the main kitchen area. The FGD discussants confirmed that imprisoned women provide food

three times daily for prisoners. Throughout the year, bread with tea is provided to them as breakfast, and for their lunch and dinner, *Injera* with *Shero Wot* is served without any varieties. Some discussants said that the food quality was too poor to swallow. Due to the aforementioned poor food quality in the prison center, some imprisoned women cook their food at their own cost and from their families.

However, the researchers' observation proved that prisoners desperately attempt to prepare their own food with materials around in the prison compound. Those who are interested in preparing food can bring their cooking materials and food supplies, but the process is tedious and corrupted. Besides, small private cafeterias inside the imprisoned women's compound provide food to the prisoners.

One of the key informants, "W", elaborates on the food services of incarcerated women in the Gondar prison center as follows:

"The food facilities for incarcerated women in Gondar Prison Center are not good. Even though women prisoners have the right to get food from the prison center, the quality and quantity are unsatisfactory. Each prisoner has 55 ETB per day, but this amount is adjusted after July 7, 2023; before this year, it had 35 ETB. If the imprisoned women are not satisfied with the prison center's food, they are allowed to fulfil their food needs from either their nearby families or their own income-generating foods, which are cooked in the women prisoners' compound. Henceforth, imprisoned women provide all possible opportunities for women prisoners to cook different types of food for prisoners in need at an affordable price. Women prisoners can organize themselves in groups and get kitchen equipment and necessary inputs to make food from the town's market. Hence, the start-up budget has been endorsed for each group member, and they have started with each prospective shift (KII, April 21/ 2024)."

One of the studies explored by AHRE (2018) found that social services like food and housing are poor in most prison centers in the country. Hence, the foods delivered to the prisoners are fixed and well-known, i.e., *Shero Wot* and *Injera* for lunch time and dinner time and tea and bread for morning. In some cases, like holidays and other Ethiopian prison centers, there are variations in food and housing services.

This study has findings similar to those of the AHRE. Thus, the housing services in the Gondar prison center are poor, and the food is similar all day, especially after August's riot. Therefore,

since food and housing are essential services for incarcerated women, they should be fulfilled as much as possible.

4.6. Other Services Delivered to the Imprisoned Women

As the information obtained from the informants, observation and document analysis, the other services delivered to incarcerated women in the prison center were:

4.6.1. Income Generating

According to the informants and the observation, imprisoned women prepare different types of food at affordable prices based on the demands of their customers in their compound. The prison center administration has a fund for start-up businesses for women, and the start-up budget is 35,000 ETB. Thus, they tried to provide food and hot drinks like tea and coffee to the police officers, prisoners, and other support staff members. Since the food service delivered to the prisoners is not satisfactory, the income-generating cafeteria is demandable in a great manner. Hence, the income is good irrespective of the current conflict and access to redemption. One affirmative action applied to incarcerated women is that they are free to pay taxes to the government. This opportunity is a unique treatment which is given only to incarcerated women. Finally, they will have enough money to start their own businesses in the prison center, and they will even have enough capital when they are released from detention.

4.6.2. Religious Services

Religious services are mostly available to men in Ethiopian prison centers because they are built in men's compounds. However, women are permitted to go to pray by the escort of the prison police officer (Retta et al., 2007). The findings of this research are also similar to those of the literature.

The researcher's observation revealed that there is one Orthodox Christian Church in the prison compound and one praying area inside the imprisoned women's compound. The church is found in the male compound, and incarcerated women and children with women prisoners are not access as they want. Even if the presence of the church is good news, the imprisoned women go to the church once a year on easter due to the shortage of police officers for escort.

Moreover, there is an office for women and children inside the women's compound, which engages in the overall needs of incarcerated women.

The FDRE proclamation no. 138/2007 article 26/1-3 on the prisoners elaborated on the right of prisoners to exercise and believe their religion: “Every prisoner intends to exercise his religious freedom during his stay in prison and the right to access and read spiritual books, magazines and articles as well as to observe religious holidays.”

This is a very fertile ground to exercise the religious services of imprisoned women in Ethiopia. But, practically, it is impossible to exercise their religion in this study due to the small number of police officers for escort and the current internal instability of the prison center.

4.6.3. Communication Services

The communication services incorporate accessing their relatives on the telephone, face-to-face visiting and meeting their sexual partners. Even if there was a telephone communication before a year, the service provided is inconsistent and is continuously interrupted. After a while, telephone services were banned because the imprisoned women were insulting the judges and prosecutors by using the phone. The prohibition of sexual intercourse was also released with women who have a formal husband and stopped again due to the demonstration of unsafe sex, which exposes the pregnancy of the women. After August 3, 2023, visiting with relatives was on and off due to the conflicts happening in the city of Gondar. When there is conflict in and around Gondar city, the relatives are afraid of visiting them because the prison center is far from the city, and the way to go is insecure.

4.6.4. Child Protection Services

The researcher's observation revealed that, in the prison center, there is one playground swing for children who have an imprisoned mother, which was built by AHRRE, but this is the only entertainment material for children who have imprisoned women. This playground is used to hold around four children and rotates. One of the key informants, whose name is “B”, explained about the child in the prison center as follows:

“ I have worked in the prison center for the last seven years. The children in this prison center are facing many problems. These problems include the absence of recreation areas, guidance and counselling, child foods, the narrowness of the compound, loss of basic socializing stages of development, and inaccessibility of education and health care services. All these challenges come with many problems for the children, such as being uneducated, unhealthy, and psychologically not self-confident. All the aforementioned behaviours are revealed in the children who are living with their imprisoned women in the prison center. There is an office inside the

women's compound, which is known as the 'women and child office', but due to the lack of budget, unavailability of skilled manpower, current riots in and out of the prison center, and the unforeseen consequences of the situation, the office is not well functioned. This office has only one police officer, which makes it difficult to address the problems of both women and children who are living with imprisoned women. One of the deviational actions which are performed by the children who are living with the incarcerated women is urination of male child like as a female child (KII, January 28/2024)."

Children who are living with imprisoned women are unforeseen. Hence, these unforeseen services incorporate basic necessities, i.e. food, education, health, and counselling (Malambo, 2016). Moreover, The UN (2008) elaborated that prison centers do not exist for children with women and incarcerated women. All these texts elaborate on the basic necessities to be accessed by a child who has an imprisoned woman. Therefore, the findings of this study are far from those of this literature. Hence, children's services are poor in education, health, counselling and guidance, and recreational services. But, all these services are far far beyond the prescriptions of the international and national laws.

4.6.5. Recreational services

The researcher's observation, as well as the informant's data, confirmed that there are almost no recreational activities for incarcerated women. Starting from the compound's narrowness, no recreational materials like TV, football, or volleyball playing areas exist. One volunteer ex-prisoner individual gave one TV on the right side of the women's room. Other than the presence of a pool, carambola, church, and other recreational areas on the men's side of the compound, there are no entertainment areas. Regarding children who are living with imprisoned women, there is only one old playing ground.

4.7. The Challenges to Hinder the Service Delivery of Imprisoned Women

As far as the informant's data is concerned, many challenges hinder the delivery of incarcerated women in the Gondar prison center. All the situations of incarcerated women who have a child or do not have a child are in a miserable situation. Meanwhile, the country has political instability, directly or indirectly hindering service delivery. The challenges for most services are interlinked, and the influence of one service hinders the delivery of other services. For instance, Brazzell et al. (2009) and Munoz (2009) state that the challenges for educational service delivery are having a variety of backgrounds of imprisoned women, institutional

bureaucracy, insufficient resources, and a lack of skilled staff. All these challenges touch all the other services like health, food, recreation, guidance and counselling.

Moreover, Samrawit (2015), cited in Kumer and H/Meskel (2020), explored the challenges prisoners face, which are inhuman and cruel in Ethiopian prison centers. Another scholar showed that the service delivery of women was insufficient and discussed as follows:

“The Commentaries of UN Standard Minimum Rules for the Treatment of Prisoners illustrates that, among many challenges, the critical areas of concern that women prisoners face is, firstly, lack of proper accommodation and healthcare, family contact, education, and work programs. Secondly, a history of mental, physical or sexual abuse and finally, adverse impacts that extend onto their children” (Townhead, 2008, cited in Gobena, 2018, pp. 20-21).”

The aforementioned literature focuses on political instability, lack of resources, and background-related constraints that hamper the fulfilment of the facilities of imprisoned women. Hence, the researcher merged these challenges into four broad categories: financial constraints, lack of human resources, culturally related constraints, and security problems.

4.7.1. Financial Constraints

The informant's data revealed that the deficiencies of the financial budget in the prison center resulted in a lack of professional manpower, cars, and poor infrastructure. The key informant, “X”, said that “due to financial constraints, the prison center had not fulfilled the facilities for the prisoners. For instance, we have one bus; if this bus is stopped, most services will be stopped”. The data obtained from observation shows that one of the financial problems is the infrastructure, such as the road, electricity, water, and access to sanitary materials. Thus, it is evident that all the aforementioned services must be fulfilled once in this unstable time. The prison center is located far from the city of Gondar, and the roads are not asphalt. This, in turn, creates further complications for the transport problem for the prisoners' court appointments, for visitors, and for buying and transporting any service-related materials. All in all, financial constraints are the key issue to ensuring the social justice of incarcerating women.

4.7.2. Lack of Human Resources

As far as the deficiencies of human resources are concerned, the data obtained from one of the key informants, “X” explained as,

“I am working as one of the officers in the prison center. Human resources are the motor for performing all-inclusive services to imprisoned women. Hence, human resources have gaps in areas such as police officers, guidance and counselling providers, health professionals, lawyers, and women and child officers. Hence, there are insufficient trained guidance providers and counsellors, health care providers, accountants, and police officers. All these challenges are traced back to the financial problems (KII, February 8/2024).”

The FGD discussants also elaborated that service sectors like counselling and guidance, health care, education, and women's and children's offices exist. However, all these offices don't have enough professional officers to achieve the goal of the prison center. Moreover, most officers who are working now are police officers who don't have a profession in that specific sector, like counselling and correction, health care, or child care. Additionally, the imprisoned women needed to go to church, which is found outside of the women's compound, but due to the shortage of police officers, they didn't go as they wanted.

Therefore, the prison center needs skilled, semi-skilled, and unskilled human resources to accomplish the goals of prison administration.

4.7.3. Cultural-related Challenges

Feminist theory elaborates on women's subordination because of the patriarchal system, which leads to crime. This subordination further comes up with the abuse and inequalities of incarcerated women (Akers, Sellers and Jennings, 2020). This theory clearly shows that there is a culture of subordination of women in society in every sector, and this culture comes up and ends with women's service disparities in the prison center.

In line with this feminist idea, this study comes up with similar findings. The cultural challenges are also one of the hindrance factors for services of incarcerated women. Hence, cultural and historical backgrounds still impede the services. Additionally, the small number of incarcerated women is also one of the ways that the low emphasis of incarcerated women.

The key informant, “C”, elaborated on the cultural challenges of imprisoned women as follows:

“I was so happy to get a chance to talk about the service delivery obstacles of women in the prison center. Hence, I have witnessed that there are cultural, deep-rooted challenges for women and men, and inequality, and this is also observed in this prison

center. Women need very attentive service delivery, but this is not performed as per the rules of national and international laws. This challenge also comes with financial, security, and human resources deficiencies. Moreover, the number of incarcerated women is small, and the prison administration does not focus on the services. This is a tradition in this prison center (KII, May 3/2024).”

Therefore, the cultural practices and historical legacies like patriarchy and the presence of small numbers of incarcerated women in the prison center are the challenges that hinder service delivery. So, there should be a special project to overcome the cultural hindrances to the fulfilment of services to incarcerated women.

4.7.4. Security Problems

As the data revealed from the informants, on August 3 2023, the riot broke out inside the Gondar prison center, and around 109 million ETB were damaged. In due course, the kitchen, vocational training rooms, some parts of income-generating areas, schools, tailor training machines, books, and recreational centers will be included. Furthermore, when the conflict broke out in and around the city of Gondar, the service provider officers did not come, and inputs for food and medication were obstructed to transport. The FGD discussants uncovered that, at this time, there was no food because the kitchen was damaged. The next day, the University of Gondar donated *Injera* with *Wot* for them, and the prison administration adjusted the continuous food access inside the compound.

Some days after August 2023, prisoners did not get enough health care services. Due to the destruction of schools, books, and training materials, vocational training and formal education were banned and have not started yet. Counting the prisoners has also been impossible for the last few months. After a while, the counting of prisoners has been started.

All in all, the security problems of the country, especially in the region of Amhara, which happened in August 2023, and the 2018 conflict between the Ethiopian government and the Tigran People Liberation Front war, highly affected the imprisoned women who get the basic service deliveries. At this moment, visiting the prisoners was impossible due to the fear of instability in and around Gondar City. In these war times, access to food, medication, counselling and correction services was distorted.

4.8. The Opportunities for the Service Delivery of Imprisoned Women

The informants explored the opportunities to engage in and improve the service delivery of imprisoned women in the prison center. Even though there are many challenges in the prison center, there are also opportunities there. These opportunities included the construction of water towers by the ICRC, increasing payments to the training providers, and the involvement of many NGOs, which is better than before. The water tower's construction was an important input in addressing the health, educational, food, and housing facilities. Concomitantly, the emphasis of NGOs on health service delivery greatly motivates the prison administration to be engaged and fulfil other services.

The data on the FGDs shows numerous challenges, and only the mentioned opportunities exist. Even if the challenges outweigh the opportunities, prison center officers and prisoners create opportunistic grounds such as the availability of income generation, the continuous engagement of imprisoned women committee members, and the calling of NGOs by different media.

Chapter Five

5. Conclusion and Recommendation

5.1. Conclusion

This research explored the service delivery to incarcerated women: the case of the Gondar prison center. Thus, the quality and accessibility of education, food, health, housing, entertainment, counselling, guidance services, service delivery challenges, and opportunities are explored through observation, key informant interviews, and FGDs. Regardless of the fear of interview and discussion of the participants and transportation insecurities due to current political instabilities in the study area, all the required data is gathered and interpreted. The study found that such services are available (except educational services due to the destruction of facilities) in the prison centers but in deteriorated and poor conditions. Specifically, the health, guidance and counselling services of the inmates are in poor condition, with inadequate housing, deteriorating hygiene and inaccessible health facilities. The educational services delivered before August 3, 2023, were formal education from grades 1- 8 and vocational education, which incorporates metalwork, woodwork, construction work, agricultural work, and cloth tailoring work training. However, for the time being, educational services have been stopped due to the damage to all resources caused by the August 3, 2023, riot inside the prison center. In due course, there is a need to urgently engage to plant again the educational service facilities in the prison center.

The health services found in the study area include access to primary health care, referral medication, the health conditions of pregnant women and incarcerated women with babies. All these health services are against what different theories and laws abide for the health services of incarcerated women. Hence, primary health care is not beyond delivering Amokasine and Paracetamol. In regard to referral medication, incarcerated women and babies are not accessed due to corruption and current political instabilities.

The study also explored that counselling and guidance services are not provided according to national and international law. Hence, this service is delivered via police officers and psychologists. However, there are obstacles to the enrichment of the guidance and counselling services, such as a small number of professional officers, the carelessness of the prisoners, and instabilities in the prison center.

This study comes up with the opportunities to create and pave the way for the fulfilment of facilities for incarcerated women. The opportunities are the building of water pumps and the increase of training payments, which are used to facilitate and open good ways for the services

of incarcerated women and children who are living with children. In most cases, the opportunities are covered and not well employed by the concerned bodies of the prison center due to the uncontrollable conditions of challenges. The study also revealed that financial, human resource-related, cultural-related, and security-related challenges hinder the full-fledged delivery of services. For instance, the security-related challenge highly blocks all the other services, such as food services and education during wartime in and around Gondar.

Most of the findings have shown unexpected conditions of the imprisoned women, such as the ban on educational services, religious rights, health conditions of pregnant women and their children, the ban of telephone communication services, and the miserable impacts of security issues. All these services are contrary to the feminist criminologist's standpoint for assuring the rights of incarcerated women. Moreover, international as well as national laws are not applied in most of the service delivery of the women in the Gondar prison center.

All in all, there are social injustices to the incarcerated women in the Gondar prison center because, let alone the other thing, basic needs are not fulfilled, and some of these are insufficient. Thus, based on these data, the result of the study was interpreted qualitatively, and finally, a conclusion was drawn based on the data.

5.2. Recommendation

The recommendations are designed to address the existing social services of imprisoned women and the challenges and opportunities in the prison center. Therefore, based on the findings, the following recommendations are forwarded:

- ❖ Education for incarcerated women dramatically contributes to enhancing change in their behaviour. Thus, the government and prison administration must focus on starting the educational service, increasing education levels, diversifying skill training, and creating diverse job opportunities in and out of the prison center.
- ❖ According to different national and international laws and feminists stand point, incarcerated women have the right to live in a healthy environment. However, this study comprehends that health services, such as access to food, housing, health services, toilets, recreational centers, and prison compounds and cells, are suffocated, dirty and crowded, which may endanger the health and well-being of incarcerated women. Hence, it is advisable to improve the accessibility and quality of such services as per the standards put in decrees and other legal apparatuses.

- ❖ Since the prison center is far from Gondar city, the government and concerned organisations should address the infrastructural problems, such as the road, electricity, and water, to achieve the prison center's mission and goals.
- ❖ The study revealed that there is no special treatment for the health of pregnant and children who are living with incarcerated women. Hence, the government, as well as the concerned NGOs, should work collaboratively to start the checkup of pregnant women inside the prison center.
- ❖ Many hindrance factors hinder the service delivery of imprisoned women in the prison center. Therefore, the focus should be on the main and all-inclusive ways to address these challenges. For instance, this prison administration should be engaged in addressing the educational and health service delivery of the women and children who are living with imprisoned women.
- ❖ The study's and feminist criminologists' findings show that culturally related hindrance factors affect the service delivery of incarcerated women. Hence, a special task force should be established to overcome all the hindrances and factors, incorporating each prison center service sector, academicians, policymakers, and politicians.

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Appendices

Appendix1: Checklist for Observation of Gondar prison center

The researcher will observe the following things by focusing on the prisoned women's compound:

- The overall compound of the prison center
- The overall compound of the imprisoned women
- The health care clinic of the prisoned women
- The entertainment areas of the prisoned women
- The rooms and sanitation of prisoned women
- The income-generating areas of the prisoned women
- The religious places which are found in the prison center
- The housing conditions of pregnant women and children in the prisoned women's compound

Appendix 2: Key informant interview guiding questions for educational officers

1. Can you tell me your positions and roles in this prison center?
2. How do you explain the educational systems of Ethiopia and Amhara National Regional State prison institutions?
3. What is the general educational delivery of the inmates in the prison center? Briefly explain?
4. What educational and vocational programs are available to imprisoned women?
5. How are these educational programs structured and delivered to imprisoned women?
6. Are there any vocational training opportunities for incarcerated women?
7. Are there any specific accommodation arrangements for women with special needs or circumstances?
8. How could you settle the educational accesses for pregnant women with children?
9. What challenges have you experienced in delivering education for imprisoned women?
10. How can you address these problems? briefly explain?
11. How do you explain the engagement of the governmental and non-governmental organizations to handle the challenge?
12. What opportunities have you experienced while delivering education?

Appendix 3: Key informant interview guiding questions for healthcare officers

1. How do you explain the conditions of the health system of prisoned institutions in the region and this prison center?
2. How is the healthcare system organized within the prison for imprisoned women? Briefly elaborate?
3. Are there regular medical check-ups and access to medical professionals?
4. What medical services are provided for pregnant and children of imprisoned women?
5. How is the mental health of imprisoned women treated?
6. How do you describe the quality and variety of food provided to female prisoners?
7. Are there any initiatives to promote healthy living and nutrition among female prisoners?
8. Which governmental and non-governmental organizations are engaged in the delivery of healthcare system-imprisoned women in this prison center?
9. What are the challenges and opportunities in due course of health care services of incarcerated women?

Appendix 4: Key informant interview guiding questions for counselling and guidance officers

1. Can you tell me your positions and roles in this prison center?
2. How do you explain the general overview of counselling and guidance in prison centers of Ethiopia and the Amhara region?
3. What counselling services are available for women in the prison center?
4. Are there specialized counselling programs for addressing trauma or abuse experienced by female inmates?
5. What support systems are in place to help women deal with addiction or substance abuse issues?
6. How are family and community reintegration factors considered during the counselling and rehabilitation?
7. What are the counselling services delivered for pregnant, those who have experienced acute disease and those who have a child of the incarcerated woman?
8. Could you mention the main challenges and opportunities in delivering of the guidance and counselling of imprisoned women?

Appendix 5: Key informant interview guiding questions for higher officials of the Gondar prison administration

1. Could you describe your position on the service delivery for incarcerated women?
2. What are the obstacles to providing educational services to incarcerated women?
3. Are barriers limiting female inmates' access to healthcare and food facilities?
4. How do limited resources impact the quality and availability of counselling and rehabilitative services?
5. What challenges are faced in addressing the diverse needs and backgrounds of female prisoners?
6. Are there any external factors, such as legal or policy constraints, which hinder the performance of these services?
7. How does the prison administration collaborate with external organizations to overcome challenges and improve services for incarcerated women?
8. Are there any governmental or non-governmental programs that have successfully supported/ing the social service needs of incarcerated women?

Appendix 6: Key informant interview guiding questions for Women and child officers and human right commission officer

1. Could you describe your position and tasks related to the service delivery for incarcerated women?
2. How do you express the general services given to incarcerated women in this prison center?
3. What are the obstacles to providing educational services to incarcerated women?
4. Are barriers limiting female inmates' access to healthcare, housing and food facilities?
5. How do limited resources impact the quality and availability of counselling and rehabilitative services?
6. What challenges are faced in addressing the diverse needs and backgrounds of female prisoners, pregnant women and children with incarcerated women?
7. How does the prison administration collaborate with external organizations to overcome challenges and improve services for incarcerated women?
8. Are there any governmental or non-governmental programs that have successfully supported/ing the social service needs of incarcerated women?

Appendix 7: FGD Guiding Questions for officers of educational, health, counselling & guidance and higher officials

1. How do you explain the current educational opportunities to imprisoned women in this prison center?
2. How would you rate the quality of healthcare services available to women in prison?
3. What do the sanitation and housing conditions look like for incarcerated women?
4. Are there any specific healthcare, education, and housing needs you think are not adequately addressed by incarcerated women?
5. What unique treatments are given to pregnant women with a child?
6. What are the challenges in due course of fulfilling the social services of incarcerated women?

Appendix 8: FGD Guiding Questions for prisoned Women Selected Committee Members

1. How do you explain the general social services of the prison center?
2. What counselling and guidance services are accessible? Have you participated in any of these services?
3. What is your expression on this prison center's food and health delivery? Is it nutritious and sufficient?
4. How do you explain the educational services of this prison center?
5. What challenges do you face in getting educational, health, counselling, and rehabilitative services?
6. Are there any external factors or systemic issues hindering the successful implementation of these services?
7. How can these challenges be addressed to improve the delivery of services?
8. Are there any opportunities that facilitate and enhance the service delivery of the imprisoned women?