

AFRICAN FEMINIST CARE ACADEMY

**A Pan-African Feminist Approach to the Social
Organisation of Care**

June 22-26, 2026

Introduction and Background

The African Feminist Care Academy arises from a persistent acknowledgement within African feminist movements that care is not a peripheral "social issue" but a fundamental political, economic, and social concern. Building on the pedagogical legacies of the African Feminist Macroeconomics Academy and the African Women's Leadership Institute (AWLI), the academy aims to build feminist political consciousness, develop macro-level analytical skills, and equip participants with tools and networks to challenge systemic barriers to care and social reproduction. The Feminist Care Academy seeks to inspire care economy advocates to challenge structural limitations around the care economy, drawing from research grounded in African feminist values, rights-based approaches, collective power, feminist organising, and transformational leadership. It further seeks to offer a rich learning experience that positions care as a deeply interconnected social, political, and economic issue.

From 22 to 26 June 2026, FEMNET, Akina Mama Wa Afrika, and UN Women hosted the inaugural Feminist Care Academy under the theme "A Pan-African Feminist Approach to the Social Organisation of Care". Held in Lusaka, Zambia, the academy was attended by over 21 representatives (20 female and 1 male) of feminist movements and WROs from Eastern (Kenya, Uganda, Tanzania and Rwanda) and Southern Africa (Zimbabwe, South Africa and Zambia).

Day 1: Introduction to Feminist Analysis and Feminist Macroeconomic Analysis

Session 1: Care Economy Concepts.

Session Facilitator: Jacinta Okwaro, UN Women, Kenya

On the first day of the academy, Jacinta introduced care economy concepts, establishing a framework for understanding care work as a skilled activity that is fundamental to human well-being and the planet's survival. The session presented the current care status quo as being maintained by harmful social norms that undervalued care as a "natural" role for women, leading to deep-seated intersectional inequalities, and its transformation anchored in recognising care as a shared social co-responsibility rather than a personal burden. While theoretical frameworks advocated moving care out of the "natural" private sphere of women, participants noted that governments were failing to deliver on international mandates and social services, leading to a breakdown in the social contract between citizens and governments.

In South Africa, for instance, weak enforcement of existing legal structures proved ineffective for protecting domestic workers. Zimbabwe, on the other hand, lacked formal legislative frameworks and relied entirely on cultural practices that were slowly eroded by an increasingly individualistic society. Ultimately, these institutional failures and social shifts risked further amplifying the care crisis, with increasingly individualistic societies taking precedence over the collective responsibility required to support caregivers.



Image description: Jacinta Okwaro facilitating a session

Session 2: Feminist Perspectives on Care

Session Facilitator: Âurea Mouzinho – Consultant

By calling ourselves feminists, we politicise the struggle for women's rights, we question the legitimacy of the structures that keep women subjugated, and we develop tools for transformatory analysis and action.

-Âurea Mouzinho

This session examined how the care economy framework helps quantify unpaid labour. Tools like time-use surveys used in Kenya and South Africa have been vital in quantifying care work and making it visible. However, participants debated whether framing care strictly as an economic issue risked overshadowing it as a fundamental justice issue. The discussion concluded that, since care is both an economic and a justice issue, its advocacy strategy depends on whether the goal is to highlight economic impact or social rights when engaging stakeholders.

The current social organisation of care was critiqued for its systemic inequalities such as gendered labour, vulnerable worker rights, and the naturalisation of care as women's work. To rebuild the social organisation of care, the facilitator introduced the 5Rs of care: **Recognise, Reward, Reduce, Redistribute, and Reclaim.**



Image description: Âurea Mouzinho facilitating a session

Feminist critiques of the 5Rs of care have argued that the element of redistribution in the 5Rs assumed a Western household and did not account for African households, which comprise extended families, in which care provision is redistributed between older and younger women. In the African context, Darkwah (2025) contended that care work was considered an extension of women's responsibilities rather than tasks that contributed to productive work and were worthy of remuneration. She argued that if the importance of paid and unpaid care work was recognised, the redistribution would automatically follow from the reward.

“Care is complex because it's not just a service; it is emotional connection, cultural practices, and an interaction of different actors.”
Âurea Mouzinho

In breakout group sessions, participants reflected on Darkwah's proposition regarding the role of African states in the provision of care and on their own ideas for building a more just social organisation of care, considering the roles of different actors in care networks. Discussions highlighted partial agreement with Darkwah's argument that if incentivised by remuneration, more people would be willing to participate in care work and called for state investment in care by building the capacity of caregivers and enforcing social protection laws to support care.

Reading: **Economics has an African women problem**



Image description: Participants during breakout session

Day 2: Reframing Care: Understanding Care, Social Reproduction and Feminist Political Economy

Session 3: Social Reproduction

Session Facilitator: Âurea Mouzinho – Consultant

On the second day, AUREA's session explored the conceptual evolution of social reproduction, highlighting its role as a critique of capitalism through an African lens. Feminist literature established that while capitalism requires social relations and reproductive processes (such as birthing and raising children and maintaining the workforce) to reproduce itself, the system typically treats such essential activities as external or irrelevant to the formal economy. A central critique highlighted was capitalism's drive for unlimited accumulation, which eventually threatens the very reproductive capacities it needs, and can destabilize necessary processes such as health, education, and family maintenance that keep both workers and society functioning.

Reflecting on the nature of the state and its capacity to intervene in social reproduction processes and extractivism, participants noted that resource allocation to care often revealed political priorities rather than mere financial constraints, leading citizens to negotiate their demands for public services with the state. For example, in countries like Zambia, the state's decision to prioritise defence spending over social services, despite significant debt, signalled a lack of prioritisation for social reproduction of its citizens.

The discussion further addressed how extractive capitalism marginalises African communities, particularly within the just transition framework where external models were often imposed without community consultation. This positioning of African countries as a source of cheap raw materials was reinforced by colonial-era treaties and international fiscal agreements that restrict social spending in favour of debt obligations. Ultimately, these dynamics emphasised the necessity of understanding how global and national policies intersect with and impact the social reproduction of care.

Session 4: Feminist Critiques on Mainstream Economics

Session Facilitator: Aurea Mouzinho - Consultant

In this session, Aurea critiqued mainstream economics for its flawed assumption that individuals are entirely independent and self-interested, highlighting instead that human survival depends on care and social connection. Feminist scholars have argued that the narrow focus on market efficiency often masked how economic policies, such as budget cuts, unfairly shifted costs onto women through increased unpaid labour. By challenging the notion that inequality is merely a result of individual choice, this critique exposes systemic power imbalances rooted in gender and race and fundamentally advocates for social provisioning, a model that prioritises meeting basic human needs over focusing solely on market growth.

In breakout groups, participants discussed the importance of employing an African feminist political economy lens to understand how capitalism fundamentally relies on the exploitation of care work in the African context. In one group, participants discussed how the African political economy exposes how power structures, rather than personal choices, shape care. In another group, the importance of an African feminist political lens was regarded as necessary to explain gender inequalities, challenge patriarchal norms, and widen the advocacy scope by examining the role of other actors contributing to the care economy.

Situating care in the current macroeconomic system - Reading.



Image description: Precious Tricia Abwooli during a feedback session

Regarding financing for care, participants critiqued current care financing mechanisms, noting that regressive taxation mechanisms such as value-added tax (VAT) on basic goods disproportionately affect marginalised groups of people, including women and other informal workers, the majority of whom provide care. This contributes to the social security gap in which informal and care workers, despite making substantial economic contributions through indirect taxes on everyday goods and services, receive little in return in the form of social security protection or benefits. To address these challenges, the session highlighted several alternative models of financing care, with examples from Uganda, where organisations were unionising and organising domestic and informal care workers into associations to help them register for benefits, advocate for better wages, and gain legal protections; Kenya's SWIPSAL, a digital platform connecting informal workers to jobs; and Latin America's community-led care centres. Despite their shortcomings, these examples demonstrated that using existing policies and infrastructure to advance considerations of care could strengthen the advocacy case for more equitable care financing.



Image description: Academy participants during Session 4

Session 5: Policy Frameworks and Approaches to the Care Economy

Session Facilitator: Jacinta Okwaro, UN Women, Kenya

In this session, Jacinta reviewed policy frameworks and approaches to the care economy, outlining how transformative care systems could be by shifting the perception of care from an economic burden to a public good that requires strategic investment. This transformation, she proposed, was anchored on principles of human rights, state accountability, and universality, with five key intended policy outcomes: recognising the value of care through data collection; reducing the time poverty of unpaid care via infrastructure and technology; redistributing care responsibilities more equitably across society and genders; rewarding paid care workers with decent work and equal pay; and ensuring the representation of caregivers in decision-making. To sustain these efforts, the presentation advocated for resourcing through gender-responsive budgeting and the expansion of fiscal space, based on global examples from Latin America, Uruguay, Kenya, and South Africa, calling for intersectoral approaches that integrate care into national laws and economic strategies to ensure no one is left behind.

Participants' reflections in this session explored multifaceted approaches to policy frameworks for the care economy, emphasising that care should be treated as a public good requiring state accountability, legal protection, and strategic investment tailored to the African context. Specific recommendations were proposed:

- Policy frameworks should anchor national laws in international standards¹, such as protections for domestic workers and socio-economic rights (right to care and obligations of governments to provide for citizens) while adapting to the specific African context.
- Care must be integrated into broader thematic areas such as transport, climate, and urban planning to make care a relatable concept. For instance, Nairobi's laws and national strategies mainstream gender and gender and childcare regulations.
- Policies should support the use of technology and physical infrastructure to reduce the care responsibility. In Kenya, some counties were piloting integrated health models at level 4 hospitals where doctors could interface with patients at once without requiring multiple hospital visits and medicines could be sent to their local dispensaries. Such interventions lessened the financial burden for caregivers.
- Forming coalitions can support centralised knowledge and technical support. In Uganda, some organisations were forming care coalitions to centralise knowledge, influence, coordination, and technical support on care, despite the tendency of some organisations to prefer working in silos for more public recognition.
- Early and consistent engagement with stakeholders involved in caregiving is necessary to scale existing care interventions.
- While social security pensions and grants exist in some African countries, policy frameworks must address administrative hurdles that limit caregivers' access to such grants.

- Policies should move beyond discretionary accommodations of persons with disabilities and codify support for PWDs within institutional frameworks. Examples from the University of Dar es Salaam in Tanzania, which has personal assistants for PWDs, can be replicated in other spaces.
- Policies must include gender-transformative training for men to ensure they take an active caregiving role. In Rwanda, Men Engage have successfully used gender-transformative approaches in engaging men as carers. In some organisations in Kenya, human resource policies have been developed to mandate men applying for paternal leave to undergo training and report back their utilisation of the training after the leave. In South Africa, a landmark constitutional court ruling made leave gender-neutral, which later obligated the Department of Labour to operationalise a four-month, 10-day leave.
- Policy frameworks can learn from community-led resourcing for care models, such as savings groups in Uganda that save throughout the year and deposit resources at health centres, providing alternative healthcare financing.
- A key challenge identified was in demonstrating to governments that investment in caregiving worked, as governments often sought immediate economic returns, whereas the benefits of investment in care were not immediately evident. To influence policy, advocates must acknowledge that no model fully encapsulates care and use qualitative narratives to complement quantitative data and demonstrate how care investments improve community cohesion and well-being. Advocating for investment in care should prioritise public investment to ensure that it remains free and accessible.
- Centralising knowledge repositories on care was prioritised as key to informing policy work and coordinating efforts across different organisations. ActionAid proposed that all organisations present actively contribute to its existing repository.

Visit to a Care Centre

On the afternoon of the third day, participants were split into two groups and paid visits to two care centres. One group paid a visit to an orphanage and another to a centre for the blind. Details on what transpired are shared in the sections below.

Day 3: Feminist Alternatives: Reimagining Care Systems Through a Pan-African Feminist Lens

Session 6: Pan-African Feminist Approaches to Care

Session Facilitator: Rumbidzai Makoni, Action Aid - Zimbabwe

On Day 4, Rumbidzai's session on **Pan-African feminist Approaches to Care** presented the exploitation of women's labour as a deliberate political and colonial legacy rather than a cultural tradition. African feminists such as Tamale (2020) and Ossome (2021) have highlighted how colonial history reshaped family structures and bodies to impose a gendered burden of care and how the collapse of community support, land dispossession and state withdrawal forced women to serve as the ultimate safety net. The NAWI Collective further explains how global macroeconomic systems and GDP metrics systematically ignore and defund care infrastructure through debt and structural adjustment. Together, these critiques assert that local care challenges are the direct result of a century-long political arrangement designed for economic extraction, calling for a radical shift in economic analysis to recognise and value the essential contributions of African women.



Image description: From far right, Rumbidzai Makona facilitating a session

In preceding sessions, participants used the 5Rs framework and an African feminist lens to analyse the care situation at two care centres that had been visited the previous day.

The Context: Matthew 25 Ministries International is an orphanage based in Lusaka, housing over 20 children under Mama Inonge's care. The centre is supported by local volunteer caregivers responsible for domestic tasks in the management of the household but lacks skilled labour for children with disabilities. Although officially registered under the Ministry of Community Development and Social Services, the centre is not financially resourced by the government and relies on ad hoc support from donations. Children access free education up to the secondary level and are prioritized in receiving bursaries at the tertiary level.

Analysing Care at Mathew 25 Ministries

At **Matthew 25 Children's Home**, while the government recognises the centre's care work, this acknowledgement is not reflected in national budgets, leaving the facility to rely on donations rather than formal financial resourcing. The care burden is only partially reduced by state-funded education, and caregiving is unrewarded and entirely volunteer-based. Currently, care responsibilities at the centre are redistributed among community volunteers and older children, while representation is hampered by the leadership's difficulty in securing government audiences to discuss government support for caregiving homes. A significant challenge at the centre is the lack of systems to manage leadership transitions, raising concerns about how to ensure continuity. Participants proposed the centre's strategy to focus on engaging Women's Rights Organisations (WROs) to effectively advocate for and communicate essential needs for the centre and its caregivers. In addition, participants proposed that the centre should be open to collaborate with partners outside of the home's specific religious scope to broaden support.

Analysing Care at the Zambia Library Cultural and Skills Centre for the Visually Impaired

The Context: The Zambia Library Cultural and Skills Centre for the Visually Impaired is an institution mandated to provide rehabilitation, education, skills development, and library services to persons with visual impairments in Zambia. Initially founded with support from the Finnish Federation of the Visually Impaired, the centre is a critical hub for empowering persons with visual impairments through access to information and modern technology.

The Zambia Library Cultural and Skills Center for the Visually Impaired is an institution mandated to provide rehabilitation, education, skills development, and library services to persons with visual impairments in Zambia. Initially founded with support from the Finnish Federation of the Visually Impaired, the centre is a critical hub for empowering persons with visual impairments through access to information and modern technology. Participants in this session proposed that the government should broaden its funding beyond a single facility and support redistribution strategies that ensure easier community integration once individuals at the centre leave.

Day 4: Feminist Advocacy and Strategies to Advance Pan-African Feminist Care Alternatives

Session 7: Advocacy for Pan-African Feminist Approaches to Care

Session Facilitators: Grace Namugambe, FEMNET, and Tricia Precious Abwooli, Akina Mama Wa Afrika

In the final session, Grace and Tricia facilitated a session on **Advocating for Pan-African Feminist Approaches to Care**, focused on transforming lived experiences and care evidence into political power to shift the narrative of care from a private "women's burden" to a recognised public good and human right. Strategic frameworks rooted in African feminist values like Ubuntu and solidarity were highlighted, emphasising that caregivers should be treated as expert protagonists whose personal testimonies, when paired with data like time-use surveys, created compelling narratives for policy change.



Image description: Participants presenting advocacy campaigns during feedback session

Participants practised using an advocacy toolkit to design policy engagements and public campaigns, mapping out decision-makers in ministries, timing advocacy to align with national budget cycles, and providing practical examples to showcase successful campaigns. This exercise demonstrated that organised feminist pressure can effectively influence national laws and funding.

Day 5: Closing and Award of Certificates

The Academy came to an end on June 26, with participants sharing the usefulness of the sessions for further advocacy in their respective work. Representatives from FEMNET, UN Women, and Akina Mama Wa Afrika led a certificate award ceremony to conclude the Academy.

Photo Gallery



Closing Reflections

These sessions have shown me the huge gap that we have as women-led organisations. There have been conversations about unpaid care work in our spaces, but we have barely scratched the surface looking at what we've learnt here. We need to embed these care principles in our work as feminist organisations. - Tendai, Sistah Sistah Foundation

There are few organisations working on unpaid care work, and we have not been approaching it from the macroeconomic level, and using the gender lens only gets us so far. To move the needle, we need to use the feminist lens. We need to be able to demonstrate to leaders and policymakers how important these topics are and make the conversations commonplace. We can only do this by becoming articulate in the things we've learned and integrating them into our work. - Susan, UWONET

Organizations represented

- Action Aid | Zimbabwe
- African Research Universities Alliance (ARUA) Centre of Excellence for Non-Communicable Diseases | Kenya
- Akina Mama Wa Africa
- Association of African Women for Research and Development (AAWORD) | Tanzania
- Centre for Rights Education and Awareness (CREAW) | Kenya
- Consortium for Women's Empowerment | Kenya
- Families Are Nations | Zambia
- FEMNET | Kenya
- Flourish | South Africa
- Rwanda Men's Resource Center | Rwanda
- Sistah Sistah Foundation | Zambia
- The Association for the Elderly (TAFTA) | South Africa
- Ubuntu Rural Women and Youth Movement | South Africa
- Zimbabwe Young Feminist Movement | Zimbabwe
- Women's Academy For Leadership and Political Excellence (WALPE) | Zimbabwe
- Women and Law in Southern Africa | Zimbabwe
- Women and Social Protection | Tanzania
- Wow Mom | Kenya
- Uganda Women's Network (UWONET) | Uganda
- UN Women | Kenya

