The Architecture of Invisibility:

Why Care Work belongs to The Sector

Amanda Azzali

There is a girl I think about often. She is not one girl - she is dozens I met across West Africa over almost two decades of field work there and in other regions - but in my memory she has become one composite figure, because her story repeats with such consistency that it has stopped feeling like a series of individual cases and started feeling like a system.

I offer her not as a case study but as a pattern - a composite drawn from twenty years of field work that I am still trying to name correctly. She is twelve, maybe thirteen. She has stopped going to school. If you ask why, the answer depends entirely on who you ask. The education officer will tell you she dropped out - a statistic in a declining enrolment chart. The child protection officer, if her case ever reaches one, may know she was sent to a relative's household to help with domestic work - a "family arrangement," rarely flagged as risk. If she ends up on the street, an anti-trafficking specialist will open a file. If she marries at fifteen, a child marriage programme will count her. If she crosses a border looking for work, a migration officer will record her movement.

Four sectors. Four files. Four sets of indicators. Nobody connects them, because nobody owns the thread that runs underneath all of them: the unpaid and unrecognized care and domestic work she was pulled out of school to perform.

This is not a story about one girl falling through the cracks. It is a story about how the entire architecture of development and humanitarian programming is built and funded in a way that makes her invisible by default.

The systemic misread

We have spent decades treating care work - the cooking, cleaning, fetching water, minding children, tending the sick and elderly. as a private, individual, household-level matter. Something cultural. Something for gender specialists to address through targeted programming, sensitively and separately from everyone else's work.

Sectoral verticals exist for good reasons. They create accountability, build technical depth, attract dedicated funding, and generate measurable outcomes within their own domain. The failure is not that they exist. It is that they have no mechanism for seeing what sits underneath all of them simultaneously. That framing is a structural failure, not a neutral description of reality. Care work is not a niche concern sitting alongside education, health, migration, and

protection. It is the substrate underneath all of them - the labour that makes every other sector's outcomes possible, and the labour that, when it goes unrecognized, undermines those same outcomes from below.

The economist Nancy Folbre named part of this clearly: care work is structurally invisible to market economies and actively penalized - economically and socially - whenever someone specializes in providing it. Capitalism depends on largely non-market institutions, principally the family, to reproduce and sustain the workforce, while offloading the cost of that reproduction almost entirely onto the people, overwhelmingly women and girls, who perform it. [1]

What I want to add to that argument, from the field rather than from theory, is this: the development and humanitarian sector have built itself in a way that reproduces the same invisibility, sector by sector. We have organized our entire institutional architecture into thematic verticals - education, health, migration, livelihoods - each with its own indicators, its own funding streams, its own coordination meetings. That architecture is very good at counting what happens within a sector. It is structurally incapable of seeing what happens underneath all of them simultaneously. Everyone is downstream of care. Very few own it.

What the numbers confirm

The data, when you look for it, confirms what field practitioners have been watching for years.

Sub-Saharan Africa is the only region in the world where the number of children and youth out of school is still growing. Since 2009, that population has increased by 20 million, reaching 98 million in 2021. The crisis is concentrated precisely where care responsibilities intensify: not at primary level, where enrolment continues to slowly improve, but among adolescents, where out-of-school rates have stagnated since 2010 - and where, uniquely among major world regions, girls are pushed out of school at a higher rate than boys. [2]

The region is, by every available measure, moving backward while the rest of the world moves forward - and within that regression, gender norms are doing additional, compounding damage.

The Africa Care Economy Index, developed by Dr. Salimah Valiani for FEMNET in partnership with UNDP, gives us the institutional half of this picture. Across ten metrics measuring state recognition and support for care - childcare, elder care, disability care, healthcare, paid leave, domestic worker protection - not a single African country reaches a passing score. The highest performer, Burkina Faso, scores 7.25 out of 30. Most countries score under 5. This is not a gap in a handful of countries. It is a continental policy vacuum, measured and documented, sitting beneath a region where, by separate estimate, 70 percent of all care is still provided unpaid, within the family, overwhelmingly by women and girls. [3]

These two data sets were not designed to speak to each other. They come from different institutions, different methodologies, different years. But read together, they describe the same girl I keep meeting in West Africa: a worsening education crisis, sitting directly on top of an almost total absence of state investment in the care infrastructure that would free her time to attend school in the first place.

What field practice already knows

Programmes that are community-owned, durable, and genuinely transformative are disproportionately the ones that built care-awareness into their design — named or not. This is one of the clearest markers of programme quality available to us, hiding in plain sight inside our own evaluations.

The people closest to the work already understand this. They just rarely have the institutional space to act on what they know, or the language to name it as anything other than a local adaptation.

In Senegal's fishing communities, where male outmigration has long left women managing fish processing, market trading, household income, and the full weight of childcare and elder care simultaneously, the most effective livelihoods and literacy programmes I worked on were not the ones with the most sophisticated curricula. They were the ones that scheduled meetings and training sessions around care work — early morning, before the day's domestic labour began, or late afternoon, after it — rather than expecting women to rearrange their lives around a programme calendar built somewhere else.

In other contexts, programmes offering literacy classes to young domestic workers - overwhelmingly girls, often unpaid, often invisible to any formal system - found that evening sessions, timed around their employers' households, were the only format that worked at all.

Neither of these adaptations required a theory of the care economy. They required practitioners paying attention to what was actually happening in front of them, and having enough flexibility in their programme design to respond to it. What I have observed, over twenty years, is a consistent pattern: programmes that are community-owned, durable, and genuinely transformative are disproportionately the ones that built this kind of care-awareness into their design - named or not. Programmes that didn't tended to deliver outputs and move on, leaving little behind.

The question that would have changed every one of these programmes — asked at design stage rather than evaluation stage - is: does this programme design account for the care responsibilities of its intended beneficiaries? Not as a gender add-on. As a baseline assumption about how time, expectations and responsibilities actually works in the lives of women and girls. That question, asked consistently at the opening of every Terms of Reference and programme review, would surface care dynamics that currently go unnamed until the evaluation finds that women didn't participate, or the girls dropped out, or the community didn't sustain the intervention after the funding ended.

Whose responsibility is this, really

I am not offering a programme manual here. I am arguing for a prior shift - in how we frame the problem - without which any manual will miss the point. For as long as I have worked in this sector, the people most consistently making this argument have been gender specialists. They have been right, for decades, and they have largely been making this case to each other.

I do not want to write another piece insisting that everyone needs to "apply a gender lens." That argument has been made, well and often, and it has not been enough - not because it was wrong, but because it has remained contained within a single professional community that already agreed with it. It has not travelled into the rooms where education strategy gets written, where migration policy gets drafted, where child protection case management gets designed, where livelihoods programmes get budgeted.

Care work is too important, and too structurally central, to be left to gender specialists alone. The moment it becomes the analytical responsibility of every sector — the moment the WASH engineer, the education programmer, the child protection coordinator, and the livelihoods specialist all recognize that their own outcomes depend on care dynamics they have not been trained to see — is the moment this stops being a sectoral advocacy position and starts being a systems correction.

That is the shift this piece is really arguing for. Not more care programming, sitting in its own vertical alongside the others. Allies, inside every vertical, who understand that the girl who disappears from the education statistics, the child protection caseload, and the trafficking risk assessment simultaneously is not three separate failures. She is one failure, viewed through three sectoral windows that have never been opened onto the same room.

A thread for another day

There is a further dimension to this argument that deserves its own, more careful treatment: what happens to care work specifically in conflict, displacement, and humanitarian response. Capitalism does not pause for crisis. If anything, displacement intensifies market logic, monetizing survival itself, even as it collapses the very networks that once allowed care to be shared. Humanitarian aid steps into that gap only partially, addressing food insecurity, shelter, and health while leaving the structural care deficit underneath largely untouched. Community tensions, I would argue, are shaped by this dynamic more than we currently acknowledge. That is a fuller argument than I can make here, and one I plan to return to.

What we are still learning from those who came before

Gloria Mugasha, a Pan-African feminist writing for Akina Mama wa Afrika, has described collective care not as scarcity-driven necessity but as something closer to inheritance: the *ebigombe* savings collectives her mother's generation built, the home that stayed open to any tired traveler, the conviction that "we are each other's harvest." For African women navigating the intersections of patriarchy, racism, capitalism, and every other socially constructed structure of harm, she argues, reclaiming that collective practice of care is itself an act of radical existence. [4]

Mugasha is writing for African feminist activists and organizers — people already living inside those intersections. But the lesson her mother's generation knew is not theirs to keep. It is one the humanitarian and development sector urgently needs to learn too.

The good news is that you don't need to become a care economy expert. The expertise is probably already in your organization - sitting with your gender specialist, who has the analytical tools, the methodologies, and very likely a desk full of recommendations that never quite made it into the programme design. This is not about adding a new specialism to an already stretched team. It is about opening a door that has always been there. They don't need you to give them more work. They need you to give them allies.

The Sector urgently needs to prioritize collective care as a structural principle running through how we design, fund, and evaluate our work. Mugasha calls collective care an act of radical existence. For the women and girls our sector claims to serve, and too often fails to truly see, it is also the missing analytical key. Care is not a sectoral specialism. It is the foundation underneath every outcome we are trying to achieve. Until we build it into the architecture of our programming, and not just its language, we will keep solving symptoms while the cause goes unaddressed.

Notes

[1] Nancy Folbre, Who Cares? A Feminist Critique of the Care Economy (Rosa Luxemburg Stiftung, 2014). See also Folbre's The Invisible Heart: Economics and Family Values (New Press, 2001) for the foundational argument on care as economically undervalued.

[2] UNESCO Institute for Statistics and Global Education Monitoring Report, 'New estimation confirms out-of-school population is growing in sub-Saharan Africa,' Factsheet 62 / Policy Paper 48 (September 2022). Figures reflect 2021 data, the most recent available at continental scale.

[3] Salimah Valiani, The Africa Care Economy Index (FEMNET / UNDP, May 2022). The 70 percent figure on unpaid care provision within the family draws on Rogero-Garcia (2012) as cited in the same report. Data from 2022, the most recent comprehensive continental assessment available.

[4] Gloria Mugasha, 'Reclaiming and Reimagining the Politics of Collective Care as an Act of Radical Existence,' African Feminism (April 2022). Available at africanfeminism.com.

This piece was developed through an extended research and editorial process, including the use of AI tools for draft support. Many thanks to David Brickey Bloomer for the review.

Amanda Azzali holds a degree in International Relations and Diplomatic Sciences from the University of Trieste and an Advanced Specialization in International Cooperation. Over twenty years, she has dedicated her work to the protection of the most marginalized and vulnerable children across several crisis — Africa, the Middle East, Europe and globally. She would do it all over again.

www.intersectionsadvisory.org

Photo credit: Amanda Azzali, Uganda, 2008