

After the Collapse of Women's Shelters in Afghanistan: A Call to Global Policymakers, Afghan Women's Rights NGOs, UN Agencies and Aid Actors

Author: Mitra Tanomand

The Crisis and Call to Action

The collapse of women's shelters in Afghanistan is not just a logistical breakdown; it is a structural and ethical failure with life-threatening consequences. Rebuilding protection systems for women and girls must begin now, discreetly, locally, and based on survivor agency and frontline trust. The 2021 shutdown of Women's Protection Centres (WPCs), alongside the withdrawal of NGOs and donors, created a devastating gap in the protection infrastructure, erasing vital pathways to safety, justice, and recovery for Afghanistan's most vulnerable women and girls. This humanitarian collapse demands urgent action from donors, humanitarian actors, and Afghan civil society: fund discreet, community-based safe houses; support women-led frontline organisations; and restore survivor-centred protection systems that are locally informed and accountable.

About the RWI Afghanistan Programme



The Collapse of Protection Infrastructure

Since the Taliban's 2021 takeover, Afghanistan's GBV support system has collapsed. WPCs, funded by donors like the Colombo Plan, the U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL), and UN Women, were the only state-backed mechanisms offering safe accommodation, legal aid, psychosocial support, and vocational services. Their closure left thousands of women and girls without protection from domestic violence, forced marriage, and honor-based abuse.

With the support from:



MINISTRY OF FOREIGN AFFAIRS
OF DENMARK



Norwegian Ministry
of Foreign Affairs

Purpose and Audience

Based on original research (Tanomand, 2024), this brief informs policymakers, donors, UN agencies, the European Union, and Afghan civil society engaged in human rights, humanitarian protection, and women’s rights. It provides actionable measures to safeguard GBV survivors and support frontline GBV practitioners and defenders under Taliban constraints.

- “When I heard the shelters were closing, it was like the ground beneath me gave way.” **Survivor testimonies**

- “We were promised safety in Kabul, but after a few weeks, they told us to go wherever we could. We cried, begged, but no one listened.” **Survivor testimonies**

- “There is no formal relocation plan, just verbal instructions via phone... management ignored us, and they did not take any responsibility.” **A former shelter staff member**

- “Instead of focusing on the safety of the clients, the donors and implementing partners considered their own risks... they left the survivors with their children and the frontline staff alone.” **NGO’s staff member**


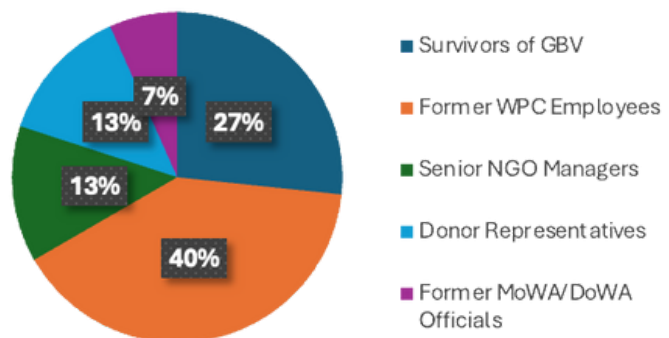


Illustration by Sofia Bartolini

About the Research

This policy brief draws on qualitative research conducted by Tanomand (2024), based on 30 interviews with survivors, WPC staff, NGO representatives, and experts, revealing a chaotic shutdown, with survivors handed to untrained relatives, local elders, or Taliban members. The study explored the immediate and long-term effects of WPC closures, reintegration challenges, and accountability failures that left survivors at risk. Participants shared firsthand accounts of how the shutdowns unfolded and their impact on safety, justice, and well-being. The findings inform survivor-led, locally grounded solutions to rebuild protection systems in restrictive and crisis-affected settings.

30 Participants Semi-Structured Interviews



Human Impact: Survivor Testimonies and Frontline

Trauma

The WPC closures erased sanctuaries where survivors felt heard and empowered. Survivors faced re-traumatisation, coerced marriages, disappearances, and suicides after being returned to abusive environments without consent or follow-up. The reintegration process failed, worsened by community stigma and state neglect. Former WPC staff report long-term psychological impacts, including guilt and grief, with no duty-of-care protocols. The collapse of national institutions like the Justice System, the Ministry of Women's Affairs (shut down in 2021), and the Afghanistan Independent Human Rights Commission (dissolved in 2022) left no formal oversight for women's rights. An accountability vacuum emerged as donors and NGOs withdrew, abandoning legal documents and allowing the Taliban to repurpose shelters into tools of fear. Former shelter workers bear lasting emotional scars, highlighting the need for ethical transitions and duty-of-care protocols. Informal support from former staff shows resilience and trust, warranting recognition in future frameworks. This reflects a gendered ethical failure, as Tronto's (1993) ethics of care emphasises attentiveness, responsibility, and solidarity.

What Failed: Gaps in Planning, Accountability, and Transition

Contingency planning was absent during the WPC shutdowns, undermining ethical transitions and leaving protection systems

vulnerable to collapse. This systemic failure highlights the need for robust preparedness to prevent future breakdowns under crisis conditions.

What Works: Informal Resilience and Frontline Solidarity

Despite the collapse, some former WPC staff maintain discreet contact with survivors, offering emotional support through informal networks. These efforts, though underfunded and unsustainable, demonstrate resilience and trust between survivors and frontline actors. Community-based initiatives, such as women-led groups providing literacy classes, show potential for localized solutions and should inform future protection frameworks.

What Must Be Done Now: Tiered Policy Recommendations

Short-Term Recommendations (Feasible Now, Discreet, Local, and Immediately Actionable)

These recommendations can be implemented discreetly through trusted local actors, with support from international donors, UN agencies, and diaspora networks experienced in navigating Taliban restrictions. The focus is on practical, low-profile interventions that prioritise safety and immediate impact.

What Must Be Done Now: Tiered Policy Recommendations

Short-Term Recommendations (Feasible Now, Discreet, Local, and Immediately Actionable)

These recommendations can be implemented discreetly through trusted local actors, with support from international donors, UN agencies, and diaspora networks experienced in navigating Taliban restrictions. The focus is on practical, low-profile interventions that prioritise safety and immediate impact.

To RWI, UN, and Donors: Support a Collaborative Research Initiative to Define Safe Operational Protocols for GBV Services.

- Previous research has highlighted the collapse of Afghanistan's protection system, but further evidence-based studies are urgently needed to explore how GBV services can function under current constraints. This research should identify viable service models, necessary safeguards, and ethical delivery methods under Taliban oversight.
- The initiative could involve civil society organizations and women-focused INGOs operating inside Afghanistan and in exile, Afghan GBV academics, feminist researchers, and international actors such as UN agencies and humanitarian organizations still active in Kabul. These stakeholders would collaborate through mapping and coordination to assess

- feasible services, shelter operations, and replicable models for women's protection to understand who does what and how.
- The EU and other international donors could fund this initiative, ensuring strategies are grounded in current realities and informed by lived and professional experience, including women who previously worked in rights-based or feminist organisations. Strict confidentiality, anonymity, and safety protocols must be maintained to protect participants.
- This research could also examine how remaining shelters survive, their operational strategies, and how discreet protection services could be scaled or adapted.

To the UN and the EU: Support Existing Women-Led Protection Centres in Kabul

- Discreetly expand existing women-led shelters in Kabul (e.g., renting safe space for a few survivors, safe circles) and support the establishment of additional protection spaces under international oversight.
- Enable Afghan NGOs, including former shelter staff, to form local women's groups that provide low-profile support such as literacy classes, counselling, and risk assessment, reconnecting survivors to informal networks.
- Provide modest funding, remote technical support from GBV specialists in exile, and create a dedicated international fund to safeguard Afghan civil society actors working under high-risk conditions.

To UN, MSF, UNFPA, WHO, ICRC, and Care International: Leverage Health-Related Outreach

- Vaccination drives, household surveys, and maternal health campaigns can be used to discreetly monitor women's wellbeing. Female medical workers, coordinated by these organisations, could confidentially include GBV screening and referrals during routine visits.
- This approach requires tacit local approval and careful coordination to avoid interference from Taliban authorities. Training for female health workers should emphasise discreet GBV identification and safe referral pathways.

To IPSO, Medica Afghanistan, UN Agencies, Donors, and Mental Health Partners: Develop a Secure Psychosocial Support Platform

- A secure online platform or hotline is urgently needed to provide psychosocial support to women in Afghanistan, as many GBV cases are already reaching Afghan psychologists in exile. A toll-free, four-digit hotline could be established by UN Women or international psychosocial organisations based in Germany, such as IPSO, which has experience in the Afghan context.
- IPSO could lead the development of a safe, encrypted mobile app to deliver remote mental health services. Former shelter staff and trusted local actors could be supported with internet and mobile access to connect women through safe circles. Awareness sessions in Dari and Pashto would guide women on safely using these tools.
- The initiative, coordinated with UN Women and underground women's rights

organisations, requires donor funding and robust technical support to ensure cultural sensitivity and strong security measures.

Middle-Term Recommendations (Conditionally Feasible, Requires Diplomatic Support or Regional Partnerships)

These recommendations depend on regional cooperation or discreet diplomatic negotiations to create culturally acceptable and politically feasible interventions.

To UN and the EU: Engage Regional Powers (Iran, China, Uzbekistan)

- UN agencies (e.g., UN Women, UNAMA) and EU diplomatic representatives should lead collaboration with regional missions from Turkey and Gulf states. Through formal diplomatic channels and working groups, they could co-develop GBV interventions framed within Islamic principles to ensure cultural acceptability and operational feasibility.
- Sustained engagement, regular dialogue, and coordination are essential to navigate political sensitivities and operational challenges effectively.

To Islamic Relief, Muslim Aid, Qatar Charity, and OIC Partners: Establish “Zakat Outreach Facilities” Based on Islamic Principles

- Establish “Zakat Outreach Facilities” to provide basic support services to women, based on Islamic charity principles like zakat and sadaqah. Managed by a trusted Islamic

humanitarian organisations, this model bridges local actors and donors. These organisations can engage with the Taliban, advocate for acceptance, and propose culturally appropriate alternatives where needed.

- A coordination group including UNAMA, UN Women, OIC countries, and neutral actors like the ICRC or ICVA should provide technical support and political backing. Strong vetting and oversight are vital to ensure independence and credibility, especially given Taliban-created parallel NGOs.

To RWI, EU, and UN Agencies: Create a Secure Digital Reporting and Documentation System

- A secure, user-friendly digital platform (e.g., womensafetyconnect.org) should be developed to document and report GBV cases outside Afghanistan. Led by a trusted actor like RWI, the platform would serve as a confidential database for organisations and a public reporting tool for survivors or field workers.
- Features should include neutral branding, Dari and Pashto consent forms, trauma-informed prompts, a quick-exit button, and encrypted offshore servers to prevent Taliban access. The platform should list trusted external support contacts (e.g., psychosocial providers, legal advisors) and clarify limited in-country services.
- Women's rights organisations should receive digital security training, and anonymous survivor feedback should be collected regularly. Funding from the UN, EU, or neutral donors is essential.

To Afghan NGOs and Donors: Maintain Active Contingency Plans

- Afghan NGOs should prepare exit strategies and shutdown protocols for emergencies, similar to the 2021 crisis.
- Well-coordinated safety measures must protect staff and survivors.
- Pre-authorized emergency relief funds should ensure rapid access to resources for transport, shelter, or psychosocial care during crises.

To UN Women, Donors, and the EU: Support Former WPC Staff as Human Rights Defenders

- Former WPC staff and frontline workers at risk should receive relocation support, legal protection, and trauma care through collaboration with international human rights organisations (e.g., Front-Line Defenders, ProtectDefenders.eu). UN Women and exile-based NGOs could coordinate these efforts.
- Exiled Afghan women, particularly those with grassroots and protection experience, should actively shape donor strategies and protection policies. Donors, UN Women, and global feminist networks (e.g., AWID) could create inclusive, expert-led advisory spaces prioritising real expertise over former political elites.

Long-Term Recommendations (Vital but Currently Challenging)

These goals require global advocacy, sustained donor commitment, or a future regime change to be fully implemented.

To the EU, UN, Donors, and Human Rights Actors: Launch Diplomatic Protection Initiatives

Initiatives

- Push for formal recognition of women's protection services as humanitarian priorities. NGOs working on women's and children's protection in Afghanistan must adopt transparent exit strategies with a strong duty of care to avoid past mistakes.

EU, UN, Donors, and Afghan Stakeholders

- Develop a national GBV prevention and response strategy, incorporating input from women's organisations, survivors, legal experts, and religious scholars, using culturally acceptable adaptations (e.g., renaming shelters as "family support centres") aligned with Islamic principles and international human rights standards. Train teachers, healthcare workers, and religious leaders to embed GBV awareness in schools, health services, and vocational programs.

EU, UN, and Neutral Actors (e.g., RWI)

- Establish a secure, independent GBV database to track trends and guide policy, ensuring accountability through encrypted offshore servers, regular survivor feedback, and transparent oversight.

EU, UN, Donors, and Future Donors Post-Regime Change

- Provide multi-year, flexible funding to women-led, community-driven protection initiatives, leveraging pooled funding mechanisms and research-informed, survivor-centred approaches from rural and sustainability and conflict-affected areas to ensure sustainability and avoid top-down interventions.

Conclusion

The WPC collapse was a humanitarian failure rooted in poor coordination, lack of contingency planning, and dependency on external actors who withdrew at the moment of greatest need. Survivors were left without shelter, legal recourse, or psychosocial care, facing re-traumatisation and loss. Yet, frontline resilience persists through informal networks. Rebuilding protection systems requires survivor agency, local knowledge, and ethical preparedness. By funding discreet safe houses, resourcing women-led organisations, and restoring accountable systems, stakeholders can address this gendered crisis and prevent further harm.