MERCY CORPS

CRISIS ANALYSIS
AFGHANISTAN

Crisis Compounded

Afghanistan's Returnees Face an Escalating Water Emergency

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Contents

Executive Summary

Since January 2025, more than 2.6 million Afghans – most forcibly deported from Iran and Pakistan – have been pushed back into a country already reeling from drought, economic hardship, a constrained political landscape, and declining humanitarian support. The sheer speed and scale of these returns have placed extraordinary strain on fragile border provinces such as Herat and Kandahar, where access to safe and affordable water is already a critical humanitarian concern. With projections indicating that a total of nearly 6 million Afghans will have returned from Iran and Pakistan by the end of 2025, the situation is only set to get worse. One community member in Herat painted a grim picture: "Even though water sources are near, the quality is very poor. We feel helpless because the water problem affects everything: health, hygiene, and children's growth." Indeed, the findings of this report confirm these issues on a large scale.

Drawing on a field survey of 292 returnee households in Herat and Kandahar, alongside secondary research, this report finds that water access for both returnees and host communities is deteriorating at an alarming pace. It builds on an earlier Mercy Corps report examining Kabul's water crisis, where projections show the capital could run out of water by 2030, and warns that in high-return areas, the situation might deteriorate even faster, due to over extraction of groundwater, poor policy and planning, and a lack of coherent international humanitarian support. Over 75% of surveyed households reported that accessing clean water is "difficult" or "very difficult," and more than 70% said the situation had worsened significantly in the past six months due to the influx of returnees. The health implications are already stark: 45% of households reported recurring illnesses linked to poor water quality, including widespread diarrheal disease and kidney problems closely associated with high salinity. Women, children, and the elderly are disproportionately affected, particularly in communities where sanitation – including critical practices like hand washing – is curtailed to save scarce water, thus increasing risk of disease.

The crisis is compounded by inequity in access and cost. In Kandahar, where families depend on trucked or bottled water, 60% of households reported crippling financial burdens from purchasing water – compared to just 10% in Herat, where a limited municipal water supply system provides some relief. Rural communities rely heavily on borewells, which are declining due to over-extraction and drought, while urban households face escalating costs and heightened conflict over shared sources. Notably, very few households were aware of any humanitarian or government water programming in their areas, underscoring a dangerous gap between needs and available support.

The findings are clear: forced returns from Iran and Pakistan will deepen Afghanistan's water emergency, drive new health and economic shocks, and heighten the risk of social tension

and conflict. Only urgent, coordinated, and adequately resourced interventions at both the household and community levels will prevent catastrophic water shortages even before 2030. This report recommends immediate investment in practical household-level solutions (such as filtration units, water storage, and targeted cash assistance), alongside broader system-level measures to stabilize water access in high-return areas.

Water access cannot be treated as a secondary or peripheral issue in humanitarian response. It is a foundational determinant of health, livelihoods, and stability and must be central to any strategy aimed at protecting Afghanistan's most vulnerable communities. Unless donors and policymakers act now, Afghanistan's water crisis will spiral into an irreversible emergency – fueling further cycles of displacement, disease, economic collapse, and conflict.

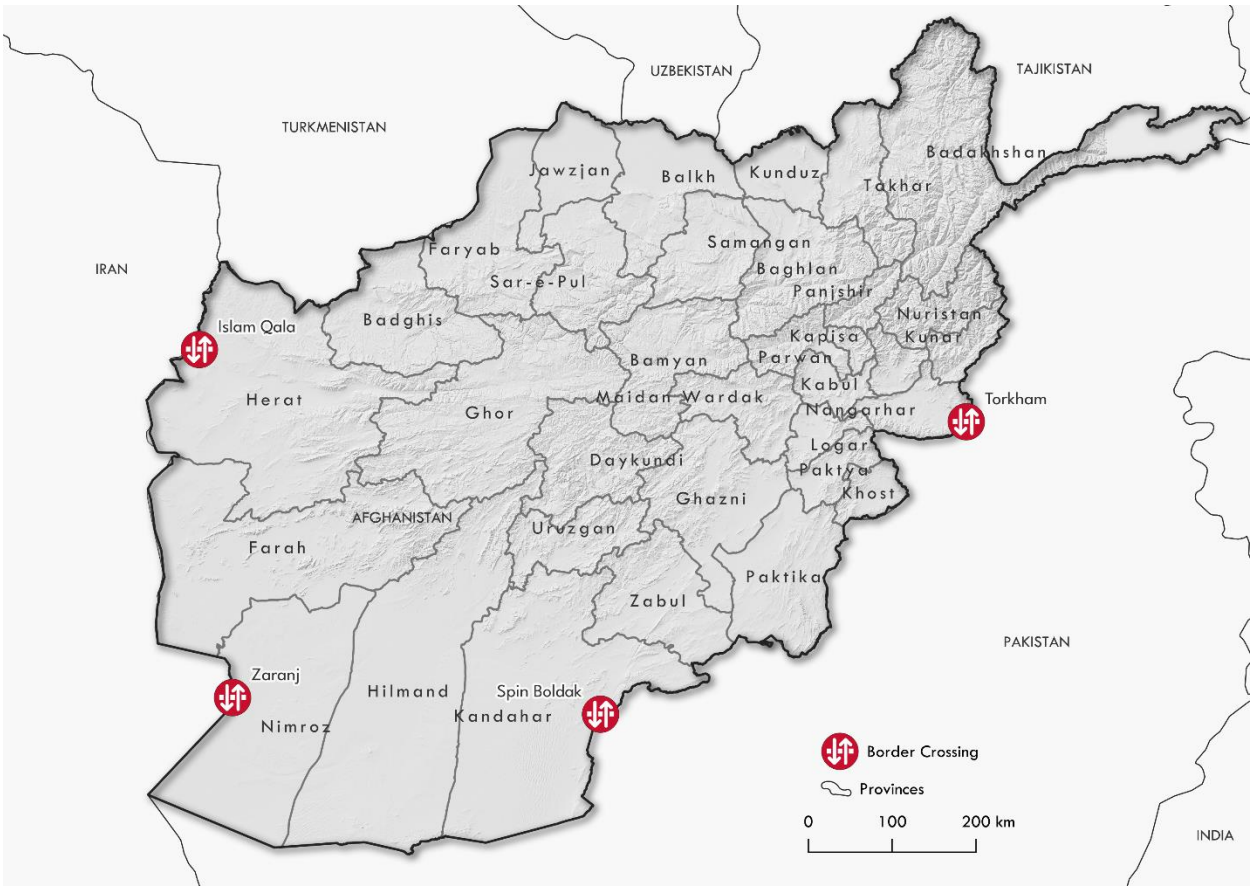
Methodology

This report is based on a mixed-methods approach, combining primary data gathered by Mercy Corps in two provinces with secondary data from humanitarian, media, and academic sources. The aim is to provide an overview of the interaction and intersection of two crises: Afghanistan's escalating water insecurity, and the unprecedented influx of returnees. While not exhaustive, the aim of this report is to provide a snapshot of the challenge to guide a more effective and comprehensive humanitarian response. To provide up-to-date primary data for this report, Mercy Corps conducted a field survey of 292 returnee households in communities in both Herat and Kandahar, two of the provinces most severely impacted by recent returns, in mid-September 2025.

Overview of Returnee Crisis

Afghanistan is in the throes of a migration crisis. More than 2.6 million Afghans returned from Iran and Pakistan since the beginning of 2025, due largely to punitive and uncompromising policies of mass deportation in both countries.

In the west of Afghanistan, more than 1.9 million Afghans returned from Iran between 1 January and 27 August 2025 – more than double the number that returned in the entirety of 2024. These returns were a continuation of a mass exodus that began in 2023, when the Iranian government enacted sweeping immigration reforms aimed at securing Iran's border with Afghanistan, and ejecting illegal immigrants. Iran's 12-day war with Israel in late June 2025 further fanned the flames of longstanding hostility and suspicion towards Afghans living in Iran, and offered the Iranian government a defenseless scapegoat towards which to direct public frustration. As a result, levels of discrimination and violence against Afghans within Iran reached new heights, and hundreds of thousands decided to flee back to Afghanistan.



Afghanistan's four busiest border crossing points. As of September, Islam Qala alone saw more than 55% of all returns in 2025.
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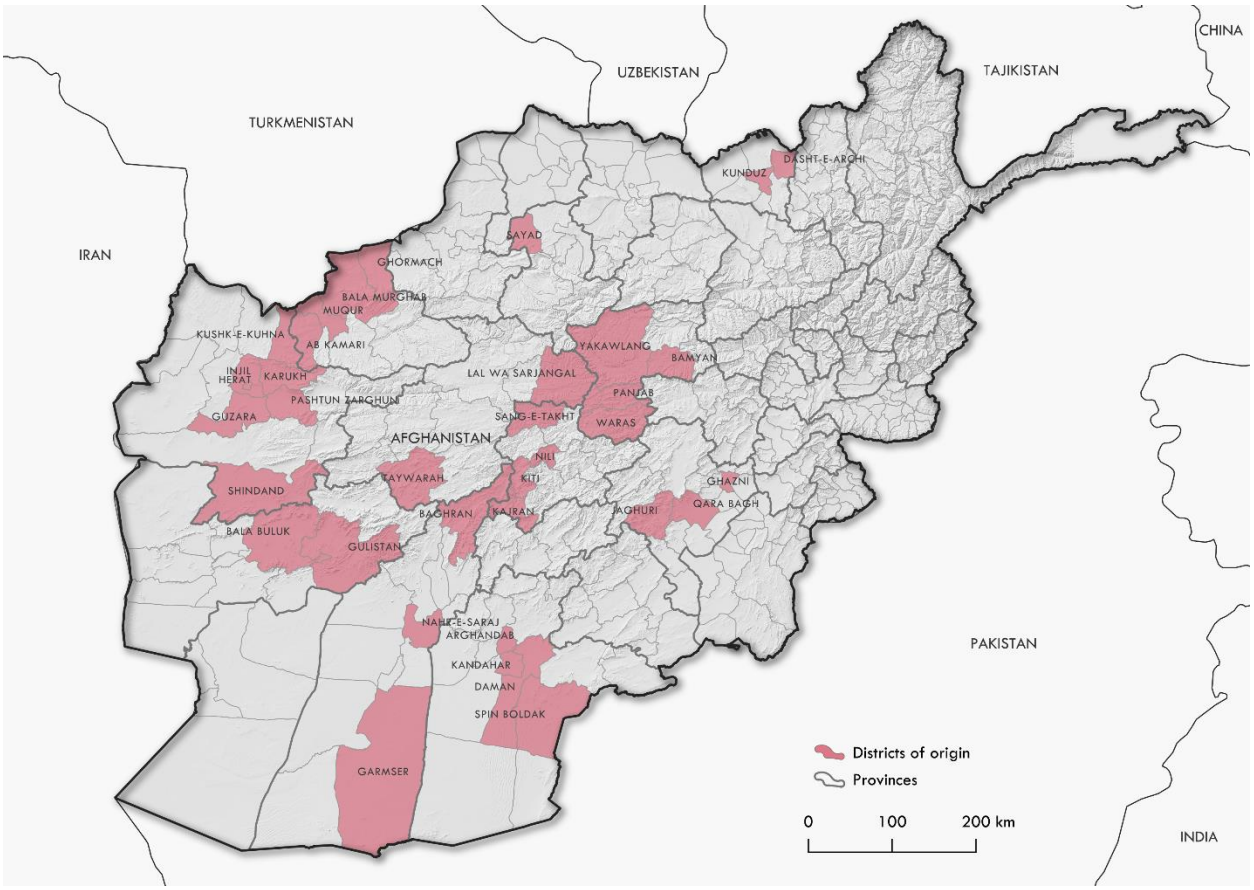
In the east, across the Durand Line, the picture is equally alarming. Similarly to Iran, the current spike in returns from Pakistan began in 2023, when the Pakistani government launched the Illegal Foreigners Repatriation Program (IFRP). On 7 March 2025, the government announced that large groups of Afghans, including those holding Proof of Registration (PoR) or Afghan Citizen Cards (ACC) would no longer be exempt from forcible deportation. The plan set a new deadline of 31 March, 2025 for voluntary deportation – those who remained after this date would face forcible deportation. This announcement impacted more than 1.4 million Afghans residing in Pakistan, and was decried by the UNHCR as a contravention of international humanitarian principles. By early September 2025, nearly 64,000 Afghans had been arrested or detained by Pakistani authorities, and more than 67,500 had been deported – with many experiencing poor treatment or harassment while attempting to cross back into Afghanistan. While the number of returns from Pakistan is not as large as from Iran during the same period, those crossing face many of the same lack of access to food, water, medical, and protection services, simply due to the volume of returnees.



Home districts where surveyed returnees originated from, before leaving Afghanistan and subsequently returning to either Herat or Kandahar. *©Mercy Corps*

The scope and scale of these combined returns is unprecedented, as are the resulting humanitarian impacts. On both borders, deportees reported family separation, loss of assets, limited access to due process, and abuse or mistreatment by authorities. The sudden influx of returnees – particularly into border areas of Herat, Kandahar, Jallalabad, and Nimroz – has placed acute strain on water, shelter, and livelihood systems already under pressure from drought and economic stagnation. Families have been uprooted and forced to return to cities and villages that are already struggling to maintain water and food security, access to jobs and education, and social cohesion.

Water Impacts

One of the most urgent challenges is ensuring access to clean and safe (potable) water for both returnees and host community residents. A previous Mercy Corps report outlined the acute water crisis in the national capital of Kabul, yet, in many parts of the country, the issue is even more pronounced. In Herat and Kandahar, which have both seen vast numbers of returnees arrive since the beginning of 2025, existing issues surrounding access to water are rapidly compounding as limited resources are stretched even thinner. As a direct result, these communities are experiencing myriad dire health, economic, and social challenges.

Overwhelmed Border Facilities

For many returnees, water access issues begin at the border. Many returnees arrive in vulnerable conditions, exhausted after long days of traveling in temperatures of 40 degrees centigrade or more with minimal food, water, and shelter. An assessment conducted at the Islam Qala border in Herat in July 2025 found that 88% of returnees lacked access to safe drinking water upon arrival – which often impacts women, children, and the elderly in disproportionate measure. Existing reception centers at border points are overcrowded and overwhelmed, and face critical gaps in sanitation and health services, including an acute shortage of clean water and essential medicines. While NGOs and UN agencies like IOM and UNICEF offer some services at these locations, their capacity is severely stretched. Existing health facilities fall far short of meeting the scale of the task – a WHO-operated clinic at the Islam Qala border crossing in Herat said it could serve about 200 patients per day – a drop in the ocean considering that returns from Iran at Islam Qala neared 40,000 per day in early June 2025. This gap in services and lack of basic supplies have served to exacerbate returnees' existing health and medical conditions, meaning they arrive in their host communities in a further deteriorated condition, and thus require more support and resources from that community. The immediate lack of safe water compounds the stress of arrival and increases subsequent dependence on humanitarian assistance, setting a precarious foundation for the returnees' new lives in Afghanistan.

On the positive side, the situation has also been a catalyst for profound community solidarity. Afghans in border areas have extended exceptional support toward returning refugees, reflecting a strong "welcome culture" despite widespread hardship. In Herat, local residents and charities mobilized at the Islam Qala border to assist tens of thousands of Afghans arriving from Iran, and volunteers set up free kitchens to provide hot meals and clean drinking water, distributing thousands of food packages and water bottles to exhausted returnees each day. Other Heratis pooled vehicles and fuel to transport returnee families for free from the border to Herat city.

Strains on Community-Level Water Sources in Herat and Kandahar

Despite community support for refugees, the key findings paint a grim picture of the returnee situation and reinforce the severity of water access issues in these communities. Almost all surveyed households – 94% – had at least one member that had returned from either Iran or Pakistan within the past six months (as of mid-September 2025). More than 75% of households said that access to water was either "difficult" or "very difficult", and more than 70% said that their water access issues had significantly worsened within the past six months as a direct result of increased returns from Iran and Pakistan. Nearly half – 45% – reported severe and recurring health problems related to either insufficient or poor-quality water. Distance from water sources was also a factor. As one respondent recounted, "We had no choice but to walk three kilometers to get water that wasn't even safe. One day, it caused poisoning among 50 school students, it was heartbreaking."

Borewells and hand pumps are by far the most common methods of water extraction across the country. As in Kabul, groundwater levels in both Herat and Kandahar have declined over recent years due to a combination of over-extraction (from growing populations and agricultural/industrial needs) and slower recharge (due to drought and other climate factors). Different water sources present different challenges, and this can be clearly seen in the data. Among those surveyed, the most common sources of water in returnee communities differed significantly between Herat and Kandahar. For communities in or near Herat city, which has one of Afghanistan's only functional piped water systems, nearly 60% of respondents received their household water from piped municipal supplies, while the remaining 40% almost all received their water from small borewells within their community. While piped supplies are at least minimally treated and present a lower risk of contamination, both sources draw from borewells, and thus from Herat's rapidly depleting groundwater sources. In Kandahar, water sources were much more varied and included bottled water and water purchased from private tankers. This reflects not only the lack of a functioning municipal system, but also Kandahar's lower precipitation and declining groundwater recharge rates from the Dahla Dam and Arghandab canals, due to drought and siltation.

Water Quality Concerns, Sanitation Challenges and Emerging Health Risks

In addition to water scarcity, water quality is also a key issue reflected in the results of the survey. Indicators of high groundwater salinity – a major issue across the country – was present in both locations, with 76% of respondents in Kandahar and 50% in Herat reporting brackish, and/or salty household water. Extended consumption of brackish groundwater has been shown to lead to hypertension and kidney issues, including Chronic Kidney Disease (CKD). Indeed, roughly 15% of all households surveyed said that at least one member of the household experienced significant, long-term kidney issues, and this strongly correlated to those households that also reported brackish water.

In the overcrowded and underserviced confines of many returnee communities, which often lack even rudimentary sewerage systems, contamination of groundwater through waterborne pathogens and industrial pollution is also a significant issue. As with salinity-linked health issues, 15% of surveyed households reported serious and ongoing cases of diarrhea – another condition directly linked to poor water quality and lack of access to proper sanitation. This correlation was reinforced by the fact that households with a piped water supply reported significantly fewer health issues overall than households that received their water from private or community borewells. Furthermore, limited access to water compounds existing sanitation issues, with 70% of households surveyed reporting that they had curtailed household sanitation practices (e.g. washing hands) to save water in the home.

Only 5% of households said they treated their water at the household level, most through chlorine tablets or boiling. Notably, households that treated their water did not report lower instances of health issues. This is likely due to several potential factors. Firstly, studies have shown that individuals often recontaminate their water during or after treatment, during storage, or by not allowing enough time for chemical treatment to take effect before drinking. The risk of recontamination is especially high in cramped and unsanitary conditions where water containers are often shared. Secondly, one of the most reported health issues – kidney problems – is often caused by high salinity, which is not addressed through chemical treatment, boiling or even many filtration methods. While low-cost desalination solutions are being developed, they have not yet been tested or deployed at a large scale in a humanitarian context, while conventional Reverse Osmosis (RO) systems, on the other hand, are typically costly, demand skilled operators, and entail high operation and maintenance expenses.

Financial, Social and Protection Costs of the Water Crisis

Access to water is also a significant financial burden for many returnee households, compounded by high unemployment and low incomes. Indeed, 90% of surveyed households reported having no employed family members. The high proportion of female headed households (40%) reflects a common reality among recently returned households: working-

age male men remain abroad to continue undocumented work or travel to other parts of Afghanistan, where smaller returnee populations reduce competition in already fragile job markets. Notably, the percentage of households that reported a serious financial burden from purchasing water was much higher in Kandahar (60%) than it was in Herat (only 10%). This could be attributed to Herat's more developed and centralized municipal water system, while drought and salinity are even more pronounced in the south than in the west, leading to higher demand and, consequently, increased prices.

The data also reflects a clear divide between rural and urban households. Those living in more densely populated urban areas face higher financial burdens, more reliance on boreholes and expensive water sources, and more stress overall. As a result, reported instances of community tensions surrounding water access were roughly three times more common in urban communities. The issues spurring these localized conflicts ranged from instances of cutting in line at community pumps or wells, to the rising cost of purchasing trucked water and shortages at local water sources. In about 80% of cases, respondents said that such tensions were ongoing and had not been resolved by community mediation.

Underpinning these issues is the fact that a large proportion of returnees are from vulnerable demographic groups. Women, who make up 54% of those surveyed, already face a raft of government-imposed restrictions on movement, healthcare and education. They are also at greater risk of illness due to caregiving responsibilities, and face harassment when forced to travel long distances from the home for water. As one female respondent in Kandahar told Mercy Corps: "The responsibility of fetching water often falls on women and children in our households. The shortage adds to our stress, especially when we cannot maintain hygiene for our families."

Limited access to clean water not only increases this burden but also has serious health implications, particularly for women. Poor hygiene can lead to infections, and for pregnant or breastfeeding women – who are especially vulnerable to dehydration – exposure to contaminated water can transmit diseases like hepatitis E, which can be fatal in late pregnancy. These risks and pressures exacerbate existing mental health issues and negative coping strategies disproportionally experienced by returnee women. Young children and infants also make up a significant portion of returnees – 15% individuals living in surveyed households were children under the age of five – an age group particularly vulnerable to dehydration and waterborne disease.

Recommendations

A range of interventions could significantly alleviate water scarcity and associated issues within returnee communities.

Considering limited available aid funding for Afghanistan, the first step should be to prioritize and re-focus the existing humanitarian response. Specifically, the humanitarian community should ensure that providing access to safe drinking water in rapidly growing returnee and host communities is a key priority in the overarching Humanitarian Response Plan. In the immediate phase, temporary water supply measures – such as water trucking, household-level treatment, and improved household storage – can be implemented in line with the Afghanistan Ministry of Rural Rehabilitation and Development (MRRD), Sphere, and WASH Cluster standards.

On the sanitation side, particular attention should be given to the safe disposal of human waste to prevent disease outbreaks. Rapid installation of emergency latrines can help close critical gaps, with careful consideration for gender-sensitive and disability-inclusive design. Throughout, close coordination with both local government and community leaders is essential to ensure that any programming or assistance is viable in the medium term, and scalable even as returnee numbers continue to grow.

As conditions stabilize, support should progressively shift from emergency-focused interventions at border points, toward more sustainable service delivery – specifically focused on returnees' areas of origin (hosting communities). Although such infrastructure, facilities and services are more complex and costly to implement, they offer the only viable path to lasting impact. These efforts should prioritize climate-resilient water solutions by strengthening community water management and implementing interventions such as rehabilitating damaged water and sewerage systems, developing piped water networks, and introducing rainwater harvesting schemes.

While the drilling of new and deeper boreholes is a potential short-term fix, this would also accelerate groundwater depletion and damage aquifers, making it neither scalable nor sustainable in the long term. Likewise, sanitation facilities should transition from temporary setups to semi-permanent or permanent solutions that ensure long-term safety, accessibility, and public health protection. By integrating capacity building and linking emergency interventions with longer-term development, programs support a smoother transition from crisis response to sustainable service delivery.

Practical, household-level solutions to address water quality and storage

To address water quality issues caused by physical and microbial contamination, affordable household-level solutions – such as bio-sand or clay pot filters, or water purification tablets – can be introduced. When coupled with proper training on use and maintenance, these methods have demonstrated effectiveness in many comparable contexts.

As highlighted earlier, high water salinity remains one of the most pressing challenges for many communities in Afghanistan, and it cannot be resolved through standard filtration methods. Desalination technologies are expensive, technically complex, and require intensive maintenance, making them unsustainable for humanitarian settings and rural communities over the long term. For example, a recent review of a Mercy Corps water program in Iraq, which deployed small-scale reverse osmosis systems in 32 communities, found that many units fell into disrepair and disuse after external support ended, due to limited community capacity for upkeep. In the absence of scalable and direct solutions, alternative measures – such as expanding household water storage or providing cash assistance for trucked or bottled water – are among the few viable options.

To strengthen the impact of water and sanitation interventions, a practical humanitarian response strategy should also incorporate hygiene promotion campaigns centered on educating households and communities. This should involve highlighting essential practices, including handwashing, safe water collection and storage, safe disposal of human waste, food hygiene, and menstrual hygiene management.

At all stages, programming and facilities should be designed with safety and inclusivity in mind, aiming to reduce the risk of gender-based violence – particularly for women and girls accessing water points or sanitation services. Programs should also prioritize accessibility for people with disabilities and the elderly, while actively engaging communities in decision-making, operation, and monitoring to foster a sense of ownership and accountability. Protection issues must be a top priority in any interim humanitarian response.

Centering solutions around the home, where possible, can help reduce protection risks associated with long-distance water collection trips. For example, installing larger storage tanks and household filtration systems would allow women and children to remain in a safe environment, and spend less time on potentially dangerous journeys to distant water sources.

Cash distributions as an interim solution

Multi-purpose cash distributions have often proven to be effective in comparative humanitarian contexts – families know what they need and simply giving them cash is often

the most efficient way to ensure these needs are met. However, in the context of water access in returnee communities, while cash helps to alleviate the financial burden of purchasing clean water, it does nothing to address the underlying water scarcity itself, or the issues of water quality, and therefore does not offer a long-term solution.

Address systemic barriers

In urban areas, the benefits of access to centralized water infrastructure are clearly demonstrated in the data gathered for this report – both in terms of reduced financial burdens on households and improved health outcomes. Meanwhile, the influx of returnees – often into informal settlements – risks a proliferation of unregulated wells, further undermining the effective monitoring and management of water usage, and exacerbating existing water quality issues. While the construction and expansion of permanent municipal filtration and piping systems is a complex and expensive proposition, it is also the only solution that can offer sustained, long-term improvements to the largest number of people.

Despite over $4 billion in development funding between 2002 and 2021, Afghanistan's water infrastructure remains woefully inadequate, failing to meet the population's immediate needs or to support broader development efforts. While humanitarian responses addressing emergency WASH needs are urgently required, these measures will not address systemic infrastructure issues. Engagement with – and support to – Afghanistan's private sector is critical if lasting improvements are to be made to Afghanistan's water infrastructure at a meaningful scale.

As outlined in a previous report, effective regulation, support for public-private partnerships and a multi-sectoral approach linking water, food and energy security are vital, though currently elusive. Humanitarian and development actors can bolster these efforts by supporting community-level water governance and regulatory frameworks, for example, standardized public-private partnership agreements. Given the perceived risk profile for large-scale infrastructure projects in Afghanistan, investment could be facilitated through pre-feasibility studies, technical capacity building for Afghan private water providers, and other risk-sharing mechanisms.

Ultimately, these efforts are necessary not only to meet the growing water needs of returnees in the near-term, but to lay the foundations of more resilient, sustainable and locally owned water supply systems that will ultimately reduce dependency on humanitarian aid across multiple sectors.

Conclusion

As thousands of returnees continue to pour into Afghanistan each day, they are returning to communities where water is already in critically short supply – and with no sustainable solutions in sight. Moreover, these crises are unfolding amid a broader lack of effective programming or scalable humanitarian interventions, leaving affected populations without meaningful avenues of support at a time when needs are rapidly escalating. If unaddressed, these pressures threaten to drive further displacement, deepen inequities, and heighten the risk of conflict over already-scarce resources.

Ultimately, this report underscores the necessity of treating water access as a core element of any humanitarian response to this ongoing crisis. Only through coordinated, appropriately funded and context-sensitive interventions can the dual challenges posed by mass migration and water scarcity be mitigated, and the resilience of Afghanistan's most vulnerable communities strengthened.

This document is intended for humanitarian purposes only. Mercy Corps Crisis Analysis provides impartial analysis that does not necessarily reflect the opinion of Mercy Corps as an organisation.

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