

**GOVERNMENT OF INDIA
MINISTRY OF HOUSING AND URBAN AFFAIRS
RAJYA SABHA
UNSTARRED QUESTION NO. 1644
ANSWERED ON 03/08/2026**

URBAN DRINKING WATER DEMAND–SUPPLY GAP AND WATER QUALITY

1644. SMT. JEBI MATHER HISHAM:

Will the Minister of *Housing and Urban Affairs* be pleased to state:

- (a) whether Government has ascertained the State-wise and city-wise gap between potable drinking water demand and actual supply, particularly in water-stressed cities, if so, the details thereof;
- (b) details of deaths, diseases and other health problems caused by contaminated drinking water during the last five years, city-wise ;
- (c) budget allocation and funds released to the States and UTs during the last five years for drinking water quality monitoring and contamination-related interventions, year-wise; and
- (d) whether Government has evaluated the reasons for the persistence of the urban drinking water demand-supply gap, if so, the corrective steps taken?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HOUSING AND URBAN AFFAIRS
(SHRI TOKHAN SAHU)**

(a): Water is a State subject and the aspects related to drinking water demand and supply at the city level falls under the purview of the State Governments/ Urban Local Bodies. Government of India supplements the efforts of the States through schematic interventions/ advisories. It provides financial and technical support to the States through various Mission/ Schemes such as Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and AMRUT 2.0 for water supply in the urban areas.

Under AMRUT 2.0, cities have prepared City Water Balance Plans (CWBP), which included as-is assessment of water supply systems which helped cities/ ULBs to identify gaps. City Water Balance Plan helped cities to identify scope for projects focusing on the objectives of Mission. Based on the projects identified in City Water Balance Plans, City Water Action Plan (CWAP) were devised. These CWAPs were aggregated in the form of State Water Action Plans (SWAP). The State High Powered Steering Committee (SHPS) headed by the Chief Secretary of the State, considered and recommended/ approved the SWAPs under AMRUT 2.0. On recommendations of SHPS, the SWAPs have been approved by the Apex Committee at the Central level under AMRUT 2.0.

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(b): Ministry of Housing and Urban Affairs does not maintain the data regarding death, diseases and other health problems caused by contaminated drinking water in cities/ towns. However, the State Government of Gujarat, Madhya Pradesh and Andhra Pradesh had informed occurrence of drinking water contamination reported from Gandhinagar Municipal Corporation, Vadodara Municipal Corporation and Balanisore Municipality in Gujarat, Indore Municipal Corporation in Madhya Pradesh and Srikiakulam Municipal Corporation in Andhra Pradesh.

As informed by the State of Madhya Pradesh on 06.03.2026, incidents of vomiting and diarrhoea were reported in the end of 2025 in the Bhagirathpura area which falls under Ward No. 11 of Indore Municipal area. The State Government had informed that 459 persons were hospitalized. Instances of death were also reported.

The State Government of Andhra Pradesh had informed on 06.03.2026 that in the beginning of 2026, gastroenteritis/ diarrhea cases were reported in certain localities (sporadically) of Srikakulam Municipal Corporation. 224 persons were hospitalized due to diarrhea/gastroenteritis symptoms and instances of deaths were also reported.

As informed by State of Gujarat on 03.03.2026, in Gandhinagar Municipal Corporation, a localized typhoid outbreak was detected affecting 258 persons who were hospitalized. In Balasinor Municipality, 506 persons were hospitalized since October 2025 due to leakage in ageing drinking water pipelines and drainage line network. In Vadodara Municipal Corporation 436 persons were hospitalized due to water contamination from the year 2025. No instance of death was reported.

(c): Drinking water contamination in urban areas is a multi-factor issue and is generally attributable to distribution system vulnerabilities and interface issues with sewerage and sanitation infrastructure. Drinking water supplied in urban areas is required to conform to BIS IS 10500 standards; however, deterioration in quality may occur due to infrastructure-related, operational, environmental and maintenance factors across transmission, storage and distribution systems. The key reasons for contamination in drinking water supply includes leakages, pipe bursts and defective joints, cross-connections with Sewerage and Drainage Systems, ageing infrastructure and corrosion, intermittent water supply and negative pressure, stagnation and prolonged retention of water, poor maintenance of storage and associated infrastructure, inadequate sewerage and septage management, etc.

To ensure safe drinking water supply to the urban households, AMRUT/AMRUT 2.0 supports, rehabilitation and upgradation of water supply network and creation/augmentation of Water Treatment Plants (WTPs) plants. Further, under AMRUT Mitra initiative under AMRUT 2.0 women Self Help Groups (SHG) are involved in various water sectoral projects including water quality testing. Funds under AMRUT/ AMRUT 2.0 are released to the States/ UTs and not sector-wise or project-wise. States/UTs further disburse the funds to the ULBs/ Implementing agencies as per progress of the projects. Total central funds released under AMRUT/ AMRUT 2.0 during the last five years, year-wise, are as under:

Financial Year	2021-22	2022-23	2023-24	2024-25	2025-26
Funds released (₹ in crore)	7287.56	6499.84	5565.98	5646.07	7789.52

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(d): Rapid urbanisation and ageing water supply infrastructure are some of the reasons for the drinking water demand-supply gap in the urban areas. Water being a State subject, States/ UTs assess and plan for the water supply projects as per their local requirements and needs. Under AMRUT/ AMRUT 2.0, States/ UTs take up projects for water source improvement and augmentation in the city, Fresh Water treatment, Water distribution system in uncovered areas, augmentation of existing water distribution system, Sustainability of quality and quantity of water supply, etc. Further, water body rejuvenation is one of the main components of AMRUT 2.0 to augment water sources in the urban areas. Under AMRUT/ AMRUT 2.0, the States/ UTs are empowered to select, appraise, prioritise and implement the projects.

Under AMRUT, 1,411 water supply projects worth ₹43,372 crore have been taken up by the States/ Union Territories, which includes development of 6,140 Million Litre Per Day (MLD) water treatment capacity and laying of 73,520 km water pipeline network. Under AMRUT 2.0, States/ UTs have taken up 3,572 water supply projects worth ₹1,18,968.38 crore (including O&M cost), which includes augmentation of 11,769 MLD of water treatment capacity and 1.61 lakh km water network (new/rehabilitation). Under AMRUT/ AMRUT 2.0 and in convergence with the States, 270 lakh water connections have been provided/ rehabilitated, 5611 MLD of water treatment capacity developed and 1.12 lakh km of water pipeline laid till 09.07.2026. For augmentation of water supply, 1,437 MLD of used water reuse capacity has been created under AMRUT and 1,900 MLD additional capacity has been approved under AMRUT 2.0.

Under AMRUT/ AMRUT 2.0, States/ UTs have taken up 2,960 water body rejuvenation projects worth ₹6,074.63 crore.

For reduction of transmission losses and non-revenue water, AMRUT 2.0 promotes adoption of smart elements like smart metering, Supervisory Control and Data Acquisition (SCADA)-based monitoring, sensors etc. Further, Mission advocates to adopt District Metered Area (DMA) approach in creation of projects where ever feasible. For addressing non-revenue water issues, States are encouraged to implement at least one Drink from Tap (DfT) project in a DMA or ward within each AMRUT city. 407 projects with 1,285 DMAs benefitting 20.40 lakh Households have been approved under AMRUT 2.0 and 1,473 water supply projects under AMRUT 2.0 has provision for SCADA system.
