GOVERNMENT OF INDIA

MINISTRY OF HOUSING AND URBAN AFFAIRS

LOK SABHA

UNSTARRED QUESTION NO. 3583

TO BE ANSWERED ON MARCH 24, 2022

FACILITIES IN SMART CITIES

NO. 3583.   SHRI MADDILA GURUMOORTHY:

Will the Minister of HOUSING AND URBAN AFFAIRS be pleased to state:

(a) whether smart cities exhibited better performance than the other cities in preventing spread of Corona virus and managing available facilities during the Covid- 19 pandemic lockdowns;

(b) if so, the statistical information of a comparative study on all cities with area, population, number of daily cases, modes of available transportation and daily footfall;

(c) whether the citizens living in smart cities are getting daily updates on availability of medical facilities with pre-booking emergency medical support facility (with medical reports) while recording highest number of cases and if so, the details thereof;

(d) whether depending on the war rooms and other initiatives there is any plan to establish cultivation clusters in smart cities as a food supply chain to completely cutoff connectivity as a part of preparedness for the future worst cases and if so, the details thereof; and

(e) the details of cities where it is being implemented and if not, the reasons therefor?

ANSWER

**THE MINISTER OF STATE IN THE
MINISTRY OF HOUSING AND URBAN AFFAIRS
(SHRI KAUSHAL KISHORE)**

(a) to (e): As soon as COVID-19 struck, Smart Cities undertook immediate measures to contain its damage and prepare better for their fight against the pandemic. Smart Cities responded to the crisis in an agile manner due to their early actions to leverage existing smart infrastructure like the Integrated Command and Control Centres (ICCCs). These ICCCs were converted into COVID-19 War Rooms and became the epicenter of coordinated actions amongst various stakeholders for dealing with the pandemic. These actions can be classified into four broad areas viz. Information, Communication, Management and Preparedness. Some key actions undertaken by Smart Cities are given in <u>Annexure-I</u>. As on date, out of 100 Smart Cities, Integrated Command & Control Centres (ICCCs) have been operationalized in 76 Smart Cities. All 100 Smart Cities deployed innovative solutions, both using digital technology or otherwise, to mitigate the negative effects of the pandemic. No comparative study has been carried out by Ministry of Housing & Urban Affairs (MoHUA) on the performance of Smart Cities vis-à-vis other cities in management of COVID-19 pandemic. However, extensive documentation of innovations in Smart Cities during COVID-19 times has been done by MoHUA. Details of steps taken by these Cities to manage the pandemic have been documented as "*The Smart Responses to COVID-19: A Documentation of Innovative Actions by India's Smart Cities during the Pandemic*" which is available on smartnet.niua.org. Apart from this, a document titled "*Technology and Data Governance in cities: Indian Smart Cities at the forefront of the fight against COVID-19*" comparing pandemic response in India's Smart Cities and other important cities of the world was published in partnership with the World Economic Forum.

Smart Cities implemented integrated solutions through their ICCCs for providing citizens access to emergency medical facilities. Monitoring of hospital beds especially oxygen, ventilator and ICU bed availability; continuous follow-up of reported, recovered, active cases was made possible through solutions deployed in these ICCCs. Cities like Puducherry, Rourkela, Chennai, Ahmedabad, Belgaum, Karimnagar and many other Smart cities created similar solutions. Centralized dashboards and ICT solutions to effectively trace, test, track and treat were deployed by many cities. Dedicated helplines for telemedicine, e-counseling, and other COVID-19 related complaints/concerns were set up in many Smart cities. Cities like Shimla, Tumakuru, Vellore, Amritsar, Dehradun and many other Smart cities created such helplines for their citizens.

Smart Cities deployed innovative solutions to ensure steady supply chain of food, vegetables and other essential services. Mobile services, integrated platforms etc. were accessible to citizens for home delivery of essential supplies, such as food, groceries, medicines, etc. from neighborhood stores. For example, Agra developed *Sarvam Setu* App, a one-stop interface to access nearest medical centres, and hyper local suppliers of essentials. Kalyan Dombivali and Kota developed mobile apps for providing doorstep delivery of medicines and other essentials. More than 30 other smart cities developed similar solutions to help citizens access essential commodities without hassle. During the lockdown, many cities successfully ensured access to shelter, essentials and free food via community kitchens etc. for the poor. In several cases, Smart Cities collaborated with Anganwadi workers, Self-Help Groups (SHGs), local community organizations to deliver food and shelter to the needy. For example, Surat's roti-canteens served thousands of rotis daily to the poor. Bhubaneswar distributed cooked meals/dry ration to migrant workers, daily wage labourers, destitute and the homeless. Cities such as Agartala, Agra, Ajmer and many others provided food and shelter. Several cities tied up with food delivery aggregators such as Zomato and Swiggy to ensure delivery of essential commodities at citizens' doorstep.

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Annexure-I in reply to Parts (a) to (e) of Lok Sabha Unstarred Question No. 3583 for answer on 24.03.2022 regarding `Facilities in Smart Cities asked by Shri Maddila Gurumoorthy, Hon'ble MP.

Key components of COVID-19 Response in Smart Cities bucketed into four broad areas

Information	Communication	Management	Preparedness
• CCTV Surveillance of Public Places and Lockdowns/ People's movement. • GIS Mapping of COVID Positive/ Suspect cases. • GPS Tracking of Healthcare operations/ambulances/ workers. • Real-time tracking of Disinfection Services. • Deployment of COVID-19 Mobile applications for early tracking, tracing, and treatment. • Convergence of data sources from various public and private domains to make better sense of spread of the crisis.	• Helpline Numbers of State and District Administration. • Seamless two-way communication between stakeholders. • Inter-departmental coordination through speedy exchange of credible data. • Leveraging of social media channels to communicate with citizens. • Deployment of Public Address Systems to communicate with masses. • 24X7 Availability of Medics at ICCC through shift system.	• Pandemic Monitoring Dashboard with Analytics. • Virtual Training to Doctors & Healthcare professionals. • Medical Services through Telemedicine. • Mobile Applications for essential supplies. • Collaborate with hospitals/ medical stores to provide doorstep services to citizens. • Use of drones to disinfect public spaces, especially those that are difficult to access. • Provision of food and shelter to the migrant labour, urban poor and destitute.	• Predictive Analytics for virus spread analysis/ containment. • Predictive forecasting for future need of equipments and logistics. • Continuous peer-to-peer learning through webinars/tech-clinics/ handholding sessions to disseminate best practices. • Allotment mechanism for hospital beds, especially oxygen and ICU beds • Deployment of ward-level war rooms for preparedness in dealing with emerging situations • Provision for adequate quarantine/ isolation centres.

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