

Role of Public Distribution System in Ensuring Food Security During Covid-19 Pandemic

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Abstract-

In India, the Public Distribution System plays a very significant role in improving food security for the people. This study tries to understand the role of the Public Distribution System in ensuring food security during the Covid-19 pandemic. There was a discussion about the impact of the Covid-19 on the Public Distribution System (PDS). Fair Price Shops distributed and ensured food grain to people was discussed. What measures were adopted to contain Covid-19 spread and what type of basic facilities were available at Fair Price Shops are additionally examined in this study. This research aims to understand the role of the public distribution system to provide food to ration card holders. It also aims to understand the challenges of Fair Price Shops during the COVID-19 pandemic. The paper also highlights what steps governments initiated during COVID-19 to ensure food security and contain Corona virus spread. Food grains were provided to ration card holders during the Covid-19 pandemic through the public distribution system and Fair Price Shops. In this paper, ration card holders' problems are explained. Qualitative, quantitative, observational, and exploratory methods were used in this study. The research is based on primary and secondary data. The telephonic interview method was used in this research

article for data collection from fair price shop dealers. The study area is Risia block of Bahraich district of Uttar Pradesh. The government of Uttar Pradesh, Government of India implemented food programs through the public distribution system during the covid-19 pandemic.

Key Words - Covid-19, Fair Price Shops, Lockdown, Pandemic, Ration Card

Introduction-

Corona virus disease 2019 (Covid-19) and SARS-Cov-2 are two novel Corona virus diseases that are spreading rapidly (World Health Organization, 2020). States/countries will now have to prove their ability to deal with Covid-19's far-reaching effects on food security. To effectively curb its effects, India imposed a temporary lockdown. Although there is no evidence that this virus spreads through food, it originated in Wuhan's world-famous Huanan seafood market. Four months later, on March 11, 2020, the WHO declared Corona-19 a pandemic after it spread through several countries. In the aftermath of COVID-19, quarantine, social distancing, and lockout have become buzz phrases. In this context, a lockdown refers to the government's restrictions on people and commodities to stop COVID-19's spread. Over 1.3 billion people were temporarily confined to their homes on March 24, 2020, in an attempt to minimize COVID-19 effects. In the current situation, COVID-19 threatens food security by disrupting supply chains. It is also having indirect effects due to the lockdown, such as decreased household income, limited physical access to food etc. The ongoing Covid-19 pandemic impacts all four dimensions of food security established by the UN: availability, accessibility, usage, and stability (Vibhas Sukhwani et al. 2020).

The first case of corona virus was detected in India on January 30, 2020; by February 3, the number of cases had increased to three. Twenty-two new cases were found on March 4th, 14 of which came from a group of Italian tourists. In March, India also registered its first coronavirus-related death. Various steps have been taken globally to contain the community spread of the Coronavirus; these include isolation, encouraging social distancing, quarantine, testing, tracing contacts of positive cases and sealing of borders, often times hand sanitization and use of masks are also highly endorsed (Arunachalam, M.A. & Aarti Halwai, 2020).

These situations and lockdowns created food insecurity among Indians. Now the major challenge for governments is to provide food to villagers and city residents. The National Food Security Act (2013) and the public distribution system play a significant role in ensuring food security for the people. Fair-

price shops play a crucial role in providing food to people. Giving food to people during this pandemic is a big challenge for governments.

As per the definition established by the World Food Summit 1996, “ Food security exists when all people at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.”

Literature Review

Pathak, P. et al. (2020) observed Covid-19 effects on PDS. It is further explained in the article about the Government's steps to contain COVID-19. Tamil Nadu, Gujarat, and Uttar Pradesh's governments have all taken numerous measures to help the population feed themselves. The Pradhan Mantri Grib Kalyan Ann Yojana provides 5 kg extra grain, one kg salt, and one kg pulse to ration card holders during the pandemic. The authors stated that the Covid-19 pandemic has suspended the biometric verification procedure for food grains delivery. As a result, PDS leaks will increase. The Bihar government has ordered the closure of more than 50 PDS outlets to stop food grains from being diverted to the open market. This is during the present lockdown to contain Covid-19. The authors of this review study provide several recommendations, including the expansion of PDS and the creation of community kitchens.

Wasdani, K. P. & Ajnesh P. (2020) show in this article how tough life was in slum areas during COVID-19. Social distance is impossible among the urban poor, who live in the slums. It is described what types of problems slum residents faced during the lockdown. This research is based on observations made in a Bangalore slum. The findings revealed problems gathering food parcels for poverty-stricken people. According to a woman named Lakshi, delays in getting food packets through India's limited food welfare programmes occur even under the most ideal conditions. Food packets, as well as the human resources needed to supply them, were severely reduced in the current world pandemic. It has been noted that the food supply is insufficient. During the observation, one woman said, "I can be hungry, but how can I ask my children to be hungry?" During the COVID-19 era, Ritesh worried about his family; with no money coming in, he relied on the family's meagre savings to get by. “If the virus doesn't destroy us, starvation will,” Ritesh said. The guidelines cannot be followed in slum areas affected by Covid-19. Urmila,

who lives in a Mumbai slum, claims that none of the World Health Organization's containment measures against Covid-19 can be implemented. “Sometimes I have to miss bathing to conserve water for cooking and yet you expect us to wash our hands frequently?” she observes. Writers proposed that cash transfers may be a positive first step for the most socioeconomically poor people who are unable to work and have no other necessities of life. To contain Covid-19, knowledge should be delivered in local languages, according to the second recommendation. The third recommendation is that free hygiene care kits (including soaps, sanitisers, tissue papers, and masks) be made available to anyone who cannot normally afford them. The current Public Distribution System could also be used to distribute these kits.

Vaibhav Bhatnagar et al. (2020) conducted a descriptive study of Covid-19 in India. Age, gender, previous travel experiences, communication style, and current status were all considered. Age is not a major factor in a person's ability to be affected by this disease, confirming the authors of this research article. There is a strong link between the patient's gender (male or female) and the mode of transmission (imported from another country or locally transmitted). COVID-19 symptoms, according to the authors, are similar to those of other flu infections, including fever, sore throat, exhaustion, nasal congestion, headache, and diarrhoea. COVID-19 has caused major distress around the world, according to Usama Rehman et al. (2020). Aside from the obvious physical effects on infected people, it has devastated public mental well-being. To contain and curb the virus's spread, India, like other countries, introduced a nationwide lockdown. During the lockdown in India, the authors investigated psychological distress among residents. A total of 433 people were given a questionnaire asking about depression, anxiety, tension, and family wealth. The findings show that those without enough supplies to maintain the lockdown suffer the most. In addition, family wealth is connected to stress, anxiety, and depression. Students and healthcare workers, according to researchers, have increased levels of stress, distress, and depression than other jobs. The research study explores Indians' levels of fear, stress, and depression. According to the results, students and health workers need serious attention due to their higher psychological distress levels.

Digvijay S. Pawar et al. (2020) found that travellers avoided public transportation and preferred personal vehicle use. Travel patterns are studied in this paper. During the COVID-19 lockdown, commuters preferred personal vehicles to travel to avoid infections and maintain social distancing.

During the transition to the lockdown era in India, the authors wanted to know how the COVID-19 pandemic affected commuters' mode preferences and the relationship between their mode choice behaviour and socioeconomic and travel characteristics, as well as health-related safety perceptions. The following are the main findings of the study: During the transition to the lockdown era, 41.65% of people stopped travelling and 51.31 per cent continued to use the same mode of transportation as before. During the transition period, 5.3 per cent of residents switched from public to private transportation. Travel time was found to be the most significant factor that people consider when deciding on a work-related travel mode. A commuter's health-related safety perception did not affect modes of transportation.

Choudhary (2020) explained that as a result of the Covid-19 crisis and the resulting adverse occupational scenario, one of the most vulnerable, but underserved, occupational communities of internal migrant workers is vulnerable to psychological ill effects. An author brought up the issue of internal immigrants. During India's lockdown, nationwide abrupt travel bans, a lack of work that left jobs without the financial means to cover daily food costs, and quarantine rules all contributed to a high level of anxiety among internal migrant workers, causing socially irresponsible behaviour and panic attacks. The recent fleeing of stranded internal migrant workers to railway stations and bus stations in desperate attempts to return to their home states despite lockdown rules, according to the author, is an example of this. Infection, quarantine, stress, and failure to follow preventative measures are all possibilities. Anxiety is developing among these migrant workers, who are forced to walk thousands of kilometres without food or shelter to reach their final destination.

Md. Sabbir Ahmed & Fakir Md Yunus (2020) compared the spread of Covid-19 and hand washing practices in Bangladeshi households. The study was based on two publicly available national representative data sets (MICS 2019, and confirmed Covid-19 cases). The comparison revealed a steady increase in Covid-19 cases in areas where hand washing is not practised in the home. The northern portion of Bangladesh had the highest hand washing rate, without being less affected by Covid-19 cases. In their study, the authors discovered that central Bangladesh was the hardest hit by Covid-19 cases, with around 50% handwashing coverage. According to the report (Vibhas Sukhwani et al, 2020), India imposed a nationwide temporary lockdown in order to effectively control the effects of Covid-19, which resulted in panic buying and stockpiling events, as well as the spread of misinformation, resulting in a sense of food insecurity at the local level.

The authors focused on a specific case in Nagpur, Maharashtra, India's worst-affected state, where food supply chains between urban and rural areas were allegedly disrupted. Despite the fact that working-class people were confined to their homes, this study looked into their food security at home, as well as their "immediate concerns" and primary "information" sources. Government apps and websites are the most credible sources of information on food shortages.

Meghna Ann Arunachalam & Aarti Halwai (2020) examined the effect of the Indian government's social distancing policies on different groups of people, particularly the vulnerable. The authors gave an overview of these steps based on the WHO's guidelines for responding with ethical issues in infectious disease outbreaks. The authors suggest some steps that could have been taken before and after the lockdown was implemented to speed up its implementation.

Rehman,U. et al. (2020) explained that Covid-19 has greatly harmed people all across the world. It has gravely impacted public mental health in addition to the evident physical symptoms of illness. India implemented a statewide lockdown to halt and limit the virus's spread, similar to other countries. Investigating the psychological pain felt by Indian citizens during the lockdown is the purpose of the current study. A questionnaire that included questions regarding family wealth, stress, anxiety, and depression was given to the 400 participants. Family wealth was found to have a negative relationship with tension, worry, and melancholy. The results revealed that individuals without the means to withstand the lockout were the most affected. Researchers looked at a range of professions and found that students and healthcare workers.

Singh, B. et al. (2020) explored that India implemented a nationwide lockdown by the end of March 2020 to contain the COVID-19 pandemic. Due to the fact that many workers from various economic sectors moved back to their home regions, there was a sizable reverse migration as a result of this change. The majority of the agricultural labour force in Punjab and Haryana, two areas in northwest India known as the "breadbasket," is made up of migrants.

Objectives of the Research-

1. To analyse government facilities related to the Covid-19 pandemic containment in fair-price shops.

2. To know the challenges faced by Fair Price Shop Owners in ensuring food grain to ration card holders during the COVID-19 pandemic.
3. To know the difficulties faced by ration card holders in fair-price shops during the COVID-19 pandemic.

Research Methodology-

This study is based on qualitative, quantitative and exploratory methods were used in this research paper. The present article is based on observations made at fair-price shops during the Covid-19 pandemic in Risia block of Bahraich District of Uttar Pradesh. To explore the problems related to fair price shop owners. Telephonic interviews were arranged to know the problem of fair price shop dealers and ration card holders. In addition, interviews were used to know the precautions and measures taken to contain the COVID-19 pandemic spread. Researchers used primary as well as secondary data for this study. The telephonic interview method was used for data collection from fair price shop dealers

The Government took steps to contain the spread and ensure food for ration card holders at Fair Price Shops.

1. The government has taken many steps to contain Covid-19 spread and insured food grains for ration card holders.
2. Gram Panchayat officers were given duty at FPS for fair ration distribution.
3. Police constables performed their job very well at FPS to maintain social distancing and law and order to contain Covid-19 spread during the lockdown.
4. MGNREGS job card holders, Antyodaya ration card holders and labourers registered under the Labour Department of Uttar Pradesh were given ration free of cost at FPS.
5. Central Government of India provided ration under PMGKAY 5 kg rice per unit and 1 kg gram and one kg salt to per ration card free of cost.

6. It was strictly ordered that hand sanitization, social distancing and masks was compulsory for ration card holders.

7. Job card holders registered under MGNREGS who did not have ration cards, the Government provided them ration card immediately.

8. Migrant labourers who came from other areas of the country and did not have ration card the Government provided them ration cards in lockdown.

The purpose of this study is to learn about the challenges that Fair Price Shop Owners face in ensuring food grain to ration card holders during the Covid-19 pandemic.

1. E-POS machine was not working at the time and ration card holders waited for hours.

2. The internet connection was poor during the COVID-19 lockdown in rural areas therefore the E-POS machine was not working.

3. Every ration card holder put their fingers on the E-POS machine for biometric identification and many illiterate ration card holders used stamp pads instead of signatures on the distribution register. If one infected person used an E-POS machine and stamp pad, then the chances of getting Covid-19 infection were high.

4. Fair Price Shop owners said that government incentives did not apply to sanitisers, soaps and gloves.

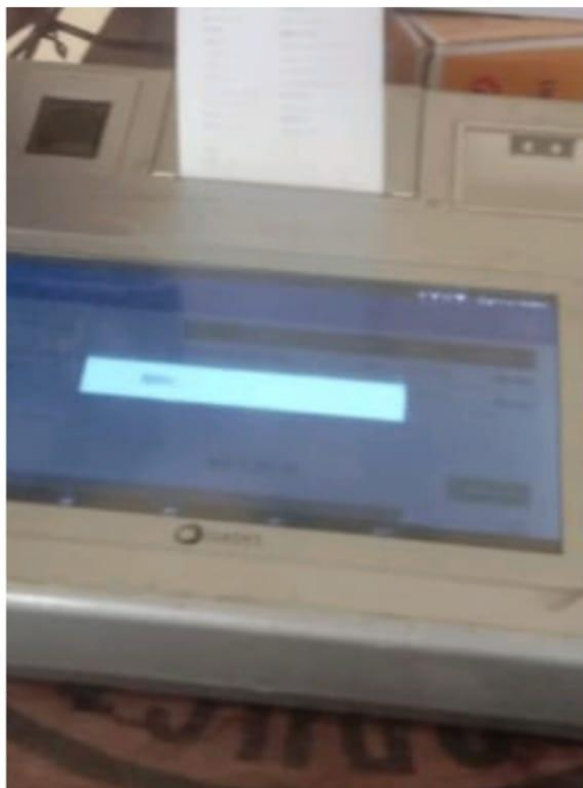
5. Some FPS dealers said they get unfair quantities in ration bags. Therefore they are having difficulties distributing 5 kg per unit for PHH (Primary Households) and 35 kg for AAY (Antyodaya Ann Yojana) ration card holders. Some ration bags have 46 kg, 47 kg, and 48 kg in them.

6. Ration Distribution Officers demanded FPS dealers to distribute 5 kg per unit and 35 kg to AAY ration card holders. But fair price shop dealers faced problems distributing rations.

7. Ration card holders who were not enrolled in the job card list under MGNREGS and not registered with Labour Department. They were also not having an Antyodaya Ann Yojana ration card. They were

asked to give money for a ration of 2 rupees for wheat and 3 rupees for rice per kilogram. It was a very tough task to make them understand why they gave money for a ration.





Problems faced by ration card holders during the Covid-19 pandemic:

1. Ration card holders waited for hours at FPS due to poor internet connection.
2. The e-POS machine was not functioning well on some time.
3. Many ration card holders complained that they were not getting 5 kg per unit for PHH card holders and 35 kg per AAY ration card holders. There were some short comings in distribution of grains.
4. The Government provided a one-time extra ration to ration card holders and issued new ration cards for migrant labourers and MGNREGS job card holders who did not have ration cards during the pandemic. As a result of the Covid-19 pandemic, families without ration cards were given ration cards.
5. Ration card holders described standing in line for their rations in the sun for hours at a time.





Results and discussion-

Cardholders wore masks and maintained social distance during the covid-19 lockdown. For biometric identification, ration card holders should wash their hands and sanitize their hands before using the E-POS machine. Fair Price Shop dealers provide soap and sanitizer for hand sanitization. Some ration card holders wearing a Gamchcha (cotton towels) came to the Fair Price Shop. Most of the people were wearing masks. White powder and paint were used by the FPS dealer to maintain social distancing. FPS dealers were using gloves and sanitizing their hands frequently. Some ration card holders witnessed that they were not maintaining social distancing and not washing their hands on FPS. They said they washed their hands at home. Police officers were given duty at FPS to maintain law and order and to maintain social distance. Ration distribution officers were doing their duty to ensure ration distribution was done properly at FPS. Government provided ration free of cost during lockdown and also provided grams (Chana) to ration card holders. The government provided one kilogram of gram for every ration card holder. The government distributed rations twice in a month, once through NFSA including wheat and rice and once through PMGKAY (Pradhan Mantri Garib Kalyan Ann Yojana) only rice, salt and gram free of cost.

Conclusion-

Role of Public Distribution System is very critical in ensuring food security for the ration card holders in the Covid-19 pandemic. Under National Food security Act (2013) is provided 5kg per unit ration to Primary House Hold (PHH) and 35 kg ration to Antyoday Ann Yojana (AAY) ration card holders. Under Pradhanmantri Garib Kalyan Ann Yojana (PMGKAY) introduced in the Covid-19 pandemic which provides 5 kg extra rice per unit in the ration card and one kg salt, one kg gram, one liter, edible oil and sugar (occasionally) per AAY ration card holders and primary house hold ration cards per month to ration card holders. PDS ensures food security. Fair price shop dealers played a very crucial role in distributing NFSA and PMGKAY scheme rations to ration card holders. FPS dealers helped in containing the spread of the Covid -19 pandemic. FPS owners maintained social distance, frequent hand washing and sanitization and use of masks and gloves during ration distribution at FPS. Police constables maintained law and order and social distance during ration distribution. Gram Panchayat officer/distribution officer insured ration distribution during lockdown. During the Covid-19 pandemic, PDS and FPS played a crucial role in providing rations to ration card holders. The Government

addressed this pandemic very effectively and insured food to the ration card holders and migrant labourers free of cost. The government monitored PDS very well and insured food security for the ration card holders. Public distribution system helped ensure food for ration card holders. FPS owners contributed to securing food security for ration card holders and helped in containing the spread of the Covid -19 pandemic.

Suggestions-

1. Commission should be increased for FPS owners.
2. Proper training for digital types of equipment should be given to FPS dealers.
3. Salary should be given to FPS dealers for their work.
4. The government should have provided Personal Protection Equipment (PPE) kits, sanitiser, masks, soaps etc. to the FPS owners for containing COVID-19 Spread.

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