Democracy and Health in India:

Is Health an Electoral Priority?

A Report

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INTRODUCTION

The importance of resilient health systems was sharply underlined in the past three years with the Covid-19 pandemic. What also became salient was the underperformance of India's health system. Not only was the system unable to respond effectively to the pandemic but the delivery of essential health services was also disrupted soon after the pandemic started.

India's under-investment in its health system has been long and persistent. The country has one of the lowest public expenditures on health (as a percentage of GDP) relative to most other countries; lower than many low-income countries. Public expenditure on health in India constitutes about 1% of its GDP per annum compared to 3% in China, 4% in Brazil, or 4.5% in South Africa[1]. Despite the Covid-19 pandemic, the 2022 budget failed to see any significant increase in allocations to health. Beyond low financial investment, issues of inequitable access, poor quality, and weak accountability plague the health sector in India. With an underperforming public health system forcing people to rely extensively on privately provided services[2], and high out-of-pocket expenditure, it is surprising that the demand for better healthcare has not emerged as an electoral priority. In the absence of visible demands from below, it remains an area that politicians find easy to de-prioritise.

In a context where an estimated 55 million Indians live in poverty directly as a result of catastrophic out-of-pocket health expenditure (Selvaraj et al, 2018), this report seeks to begin a conversation about how Indian citizens view health; what they view as the role of the government in delivering healthcare; and whether electoral democracy serves to hold state and national governments to account for the performance of the health system.

The report presents the findings of a survey conducted by Lokniti-Centre for the Study of Developing Societies (CSDS) in collaboration with King's India Institute, Royal Holloway (University of London) and the Centre for Social and Economic Progress (CSEP)[3]. The survey, undertaken across five Indian states, sought to understand citizens' perceptions of health as an electoral issue, their experience of the healthcare system and the role that health plays in their voting decisions. This survey represents the first-ever systematic interrogation of the electoral perceptions around health in India.

The findings presented here suggest that the perception that health is simply absent as an electoral issue for Indian citizens is incorrect. While health remains a lower priority for voters than an issue such as employment, the survey findings suggest that there is latent public demand for greater government prioritization of healthcare.The majority of voters say that the provision of health facilities affects their voting choice to some extent and that it is the government's responsibility to provide healthcare services. There is some evidence to suggest that people who think health services have improved are more likely to vote for the party in power than those who do not see any improvement. Yet the survey also reveals a good degree of confusion about which level of government is responsible for running hospitals and different health schemes. This is not surprising in a policy area in which both central and state governments are involved, but it does raise questions about the political incentives for increasing investment in health and the extent to which there is a strong accountability mechanism functioning via the ballot box.

It is hoped that these survey results will help shift the framing of health in political discourse from an intractable problem to avoid one in which tangible reforms and enhanced performance become more central to the agenda of political parties.

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1 https://data.worldbank.org/indicator/SH.XPD.GHED.GD.ZS?locations=CN-IN-BR

2 Approximately 70% of inpatient care and 80% of ambulatory services are provided by the private sector (Niti Aayog 2019)

3 The survey received funding from British Academy small grant SRG21\211431

METHODOLOGY

The survey was conducted in five Indian states - Bihar, Gujarat, Rajasthan, Tamil Nadu, and Uttar Pradesh. These states were selected because they represent a range of overall health outcomes, public/private healthcare mix, and are governed by different political parties. In each state, three districts were selected for sampling based on their performance on various health indicators. Six intermediate process indicators drawn from the National Family Health Survey (NFHS) round 5 were combined to measure performance, rather than using outcomes indicators: 1. Percentage who had four or more ANC (antenatal care) visits; 2. Percentage with an ANC visit in the first trimester of pregnancy; 3. Percentage whose last live birth was protected against neonatal tetanus; 4. Percentage who took iron folic acid (IFA) for at least 100 days; 5. Percentage who took IFA for at least 180 days; & 6. Immunization. All scores were summed and arranged in descending order for each state. The district on the top was high on performance (HPD) and the last on the list was low performing district (LPD) and the district close to the average was a moderately performing district (MPD). This method was used for selecting three districts – low, moderate and high performing - across five states.

From each district four locations - 2 villages, 1 town, and 1 district headquarters - were selected. From each location, the enumerators were instructed to interview 25 respondents randomly. In total, 100 interviews were conducted per district which accounted for 300 interviews from each state. A random sampling method was used for selecting the household and quota sampling was used for selecting the respondent. For mapping out the profile of respondents, we provided a sheet with a pre-assigned quota of age and gender.

Figure I: Sample distribution at different stages

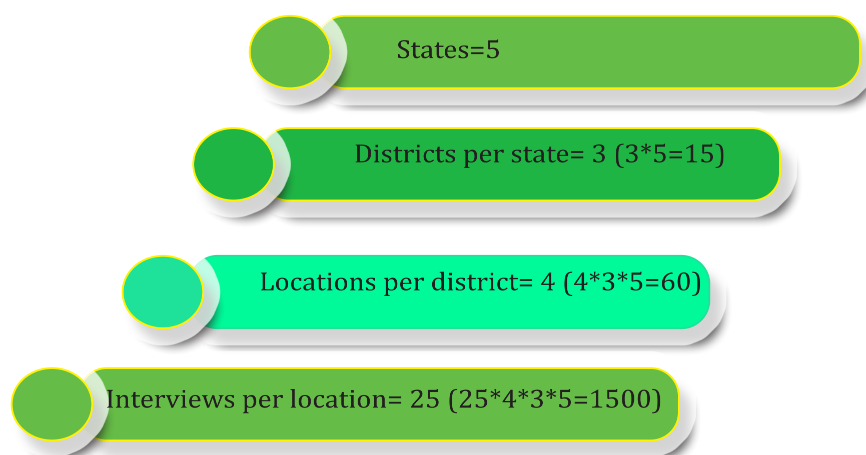
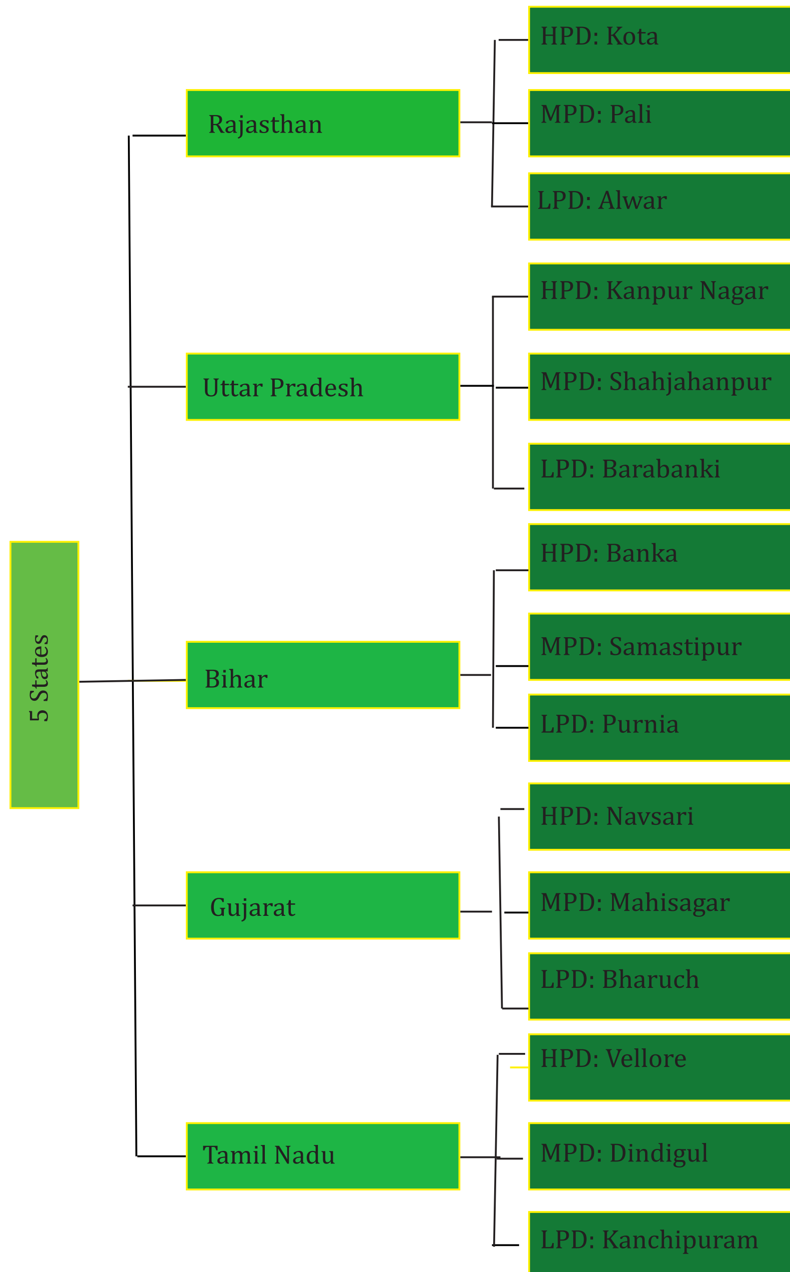


Table I: Fieldwork dates & achieved sample:

Sr.No	States	Dates	Achieved Sample
1	Bihar	25th March - 31st March 2022	303
2	Gujarat	25th March - 3rd April 2022	312
3	Rajasthan	27th March - 31st March 2022	303
4	Tamil Nadu	25th March - 5th April 2022	297
5	Uttar Pradesh	24th March - 1st April 2022	307

Figure II: Sampled states and districts

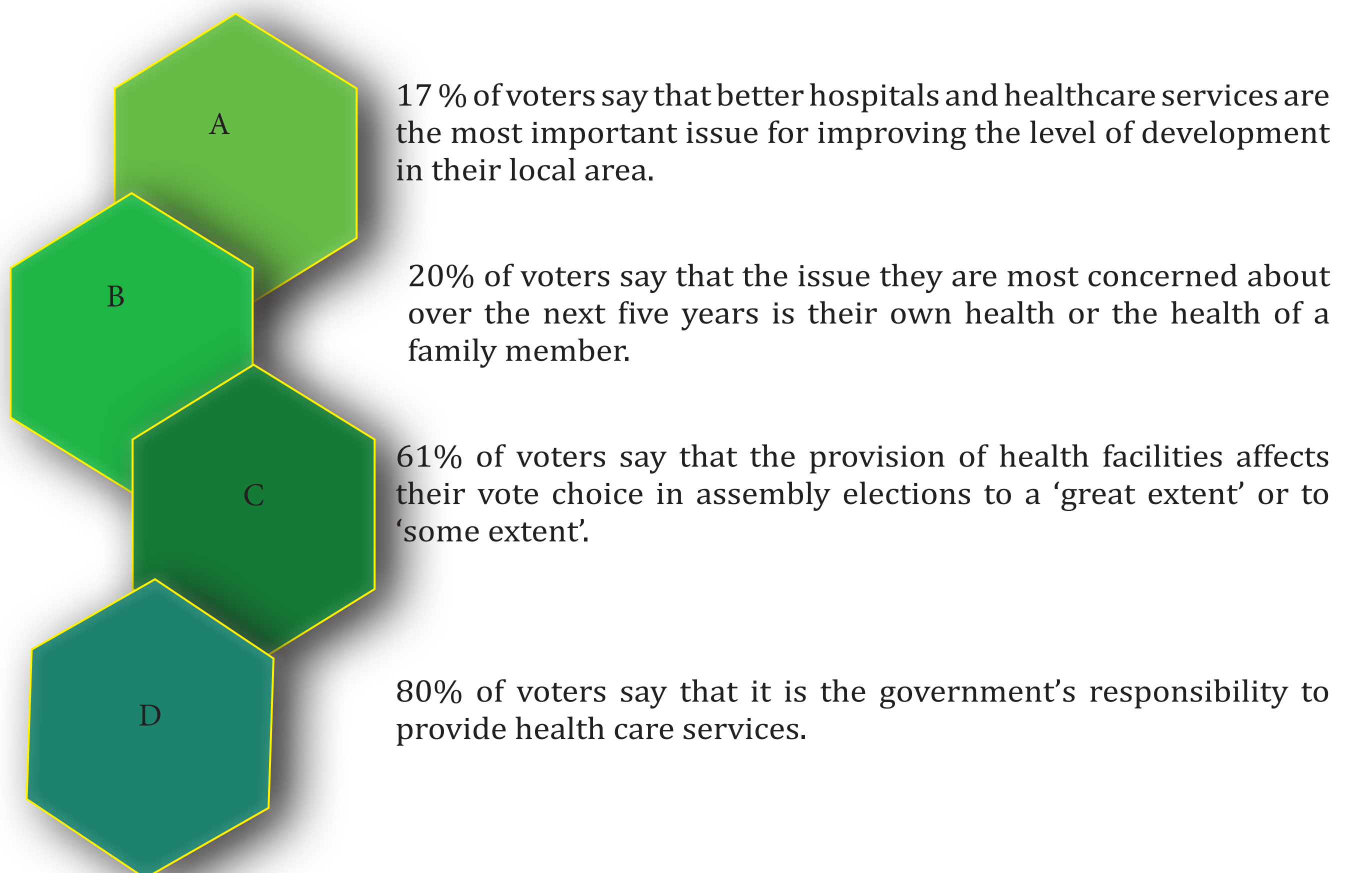


EXECUTIVE SUMMARY

How much do voters care about health?

Conventional wisdom suggests that health is not viewed as an important electoral issue by voters. When election surveys ask open-ended questions about the most important issues that inform people's voting choices, respondents typically highlight issues such as development, unemployment, and inflation with very few mentioning health as a priority. However, in this survey, we analyse what parameters constitute the notion of development for voters. The survey finds that health is viewed as one of the most important issues for improving the level of development – on par with education, and behind only employment generation. In other words, voters care about health more than expected. Moreover, voters overwhelmingly believe that it is the government's responsibility to provide healthcare facilities. On balance, voters prioritise improvements to government healthcare facilities rather than improved access to private facilities.

Key statistics:



17 % of voters say that better hospitals and healthcare services are the most important issue for improving the level of development in their local area.

20% of voters say that the issue they are most concerned about over the next five years is their own health or the health of a family member.

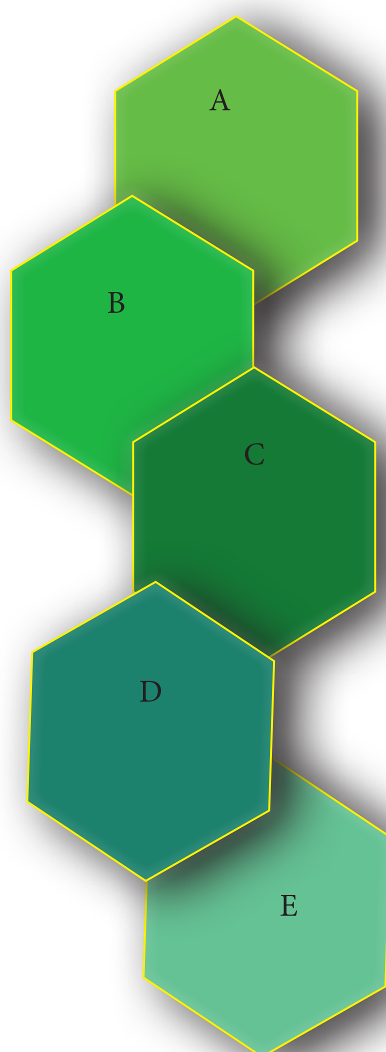
61% of voters say that the provision of health facilities affects their vote choice in assembly elections to a 'great extent' or to 'some extent'.

80% of voters say that it is the government's responsibility to provide health care services.

How satisfied are voters with the provision of health services?

People report being generally satisfied with the provision of health services (whether public or private) in their respective regions. This appears to be related to the quality of the service they have received, and perceptions of improvements that have taken place over the past five years or so (Covid-19 notwithstanding). Satisfaction is highest in states where perceptions of improvement have been greatest (Gujarat and Rajasthan). Though not everyone is equally satisfied. Those in poor health or in more vulnerable sections of society tend to be less satisfied. And people in large urban areas tend to be less satisfied than those in rural areas. Furthermore, despite the high overall levels of reported satisfaction, a significant proportion of people still do not have confidence that hospitals or clinics will be open or that medicines will be available.

Key statistics:



Voters express high levels of satisfaction with the provision of health services: 37% are fully satisfied with the provision of health services, and 48% are fully satisfied with the treatment they received the last time they went to the hospital.

Satisfaction rates are also higher in rural areas than they are in big cities (41% vs 31%).

Not all people are equally satisfied: the more vulnerable members of society tend to be less satisfied than the more secure. Satisfaction rates are higher among people who are in very good health than among people who are in poor health (57% vs 24%) and among the rich than the poor (45% vs 32%).

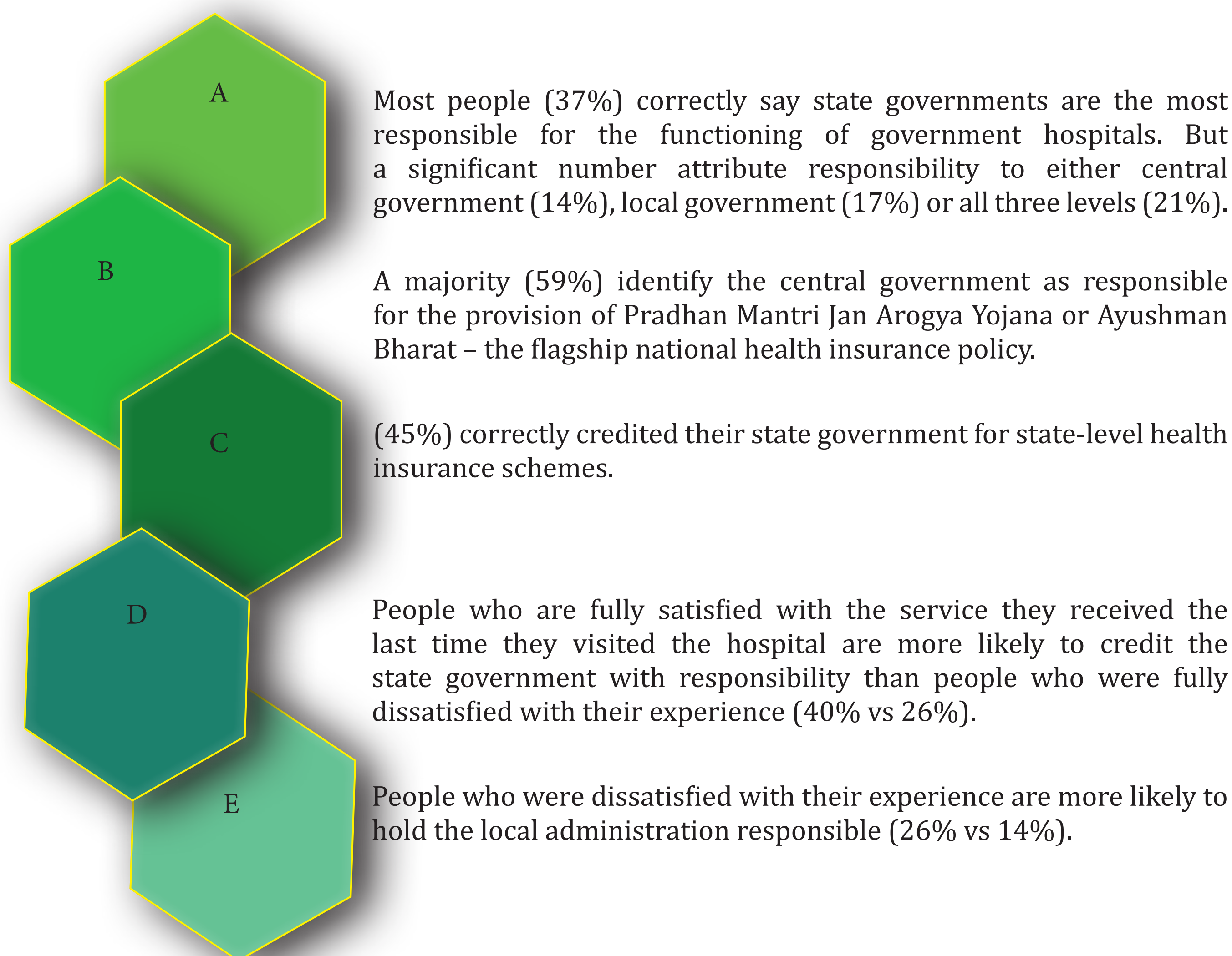
There is no significant difference in overall satisfaction with the healthcare system in India between people who last visited a government hospital and a private hospital (39% vs 39% fully satisfied).

Satisfaction reflects perceptions of existing good performance. People who said the provision of health care services had improved over the last 5 years are much more satisfied than people who said it had got worse (45% vs 25%). When people experienced short waiting times at hospitals they are much more satisfied than when they experienced long waiting times (63% vs 35%).

Who do voters credit (or blame) for the provision of health services?

When it comes to attributing responsibility for the condition of health facilities in India, respondents gave mixed responses. While most voters believe that government hospitals are primarily the responsibility of state governments, a substantial number say that they are the responsibility of either central or local government, or all three. This picture of unclear attribution could serve to incentivise inter-governmental collaboration in strengthening health services but it might also undermine mechanisms of electoral accountability. Moreover, voters who rate service delivery poorly attribute responsibility to the local administration for poor performance, even though this level of government is not formally responsible for health services, while voters who rate health service delivery more positively credit their respective state governments. This suggests that state governments are able to claim some credit for good performance but may be evading some punishment for bad performance.

Key statistics:



Most people (37%) correctly say state governments are the most responsible for the functioning of government hospitals. But a significant number attribute responsibility to either central government (14%), local government (17%) or all three levels (21%).

A majority (59%) identify the central government as responsible for the provision of Pradhan Mantri Jan Arogya Yojana or Ayushman Bharat – the flagship national health insurance policy.

(45%) correctly credited their state government for state-level health insurance schemes.

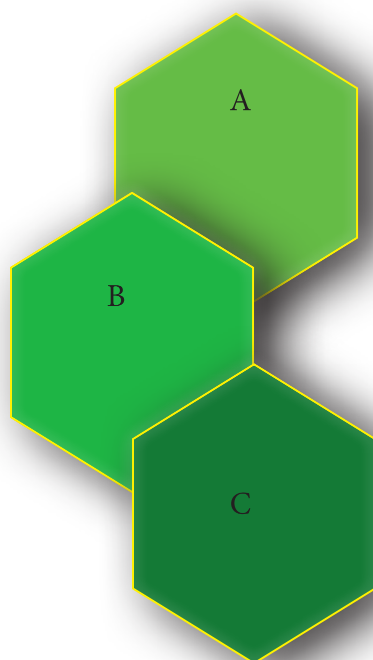
People who are fully satisfied with the service they received the last time they visited the hospital are more likely to credit the state government with responsibility than people who were fully dissatisfied with their experience (40% vs 26%).

People who were dissatisfied with their experience are more likely to hold the local administration responsible (26% vs 14%).

Does healthcare impact voting decisions ?

While healthcare may not be the defining factor in determining people's voting choices, it does influence their decision at the state level. Voters reward the ruling party at the state level when they think services improve and punish them when they don't. That is, voters are more likely to support the ruling party when they perceive improvements in health care services than when they don't. Most voters hold the state government responsible for health services, and health-based performance voting is stronger in state level elections than it is in national elections. Similarly, within state elections, performance voting is stronger among citizens who directly hold the state government responsible. These findings indicate that there are incentives for state level governments to invest in health services as there may be an electoral payoff involved in strengthening health system performance.

Key statistics:



In Assembly elections, people who say government hospitals have improved are more likely to vote for the ruling party than people who say they have stayed the same or deteriorated (59% vs 45%).

This influence is more visible when lines of responsibility are clear. When people hold the state government responsible for the quality of hospitals, the incumbent party is rewarded for good performance and punished for bad performance (55% vs 39%).

But when people hold the central or local government responsible, the state government evades punishment and there is little difference in support between people who think hospitals have improved and people who think they have stayed the same or got worse (50% vs 47%).

1 HOW MUCH DO VOTERS CARE ABOUT HEALTH?

Despite improvements to many aspects of India's public healthcare system in recent years, public expenditure remains worryingly low. Yet it is not just in financial terms that India under-invests. It is often thought that India's voters and its leaders also politically deprioritise health. A key reason for this is that voters do not typically highlight healthcare as a factor that has any bearing on their voting decisions, and perhaps as a consequence of this politicians do not foreground health in their electoral campaigns or agendas while in office. For example, after the 2019 Lok Sabha elections, when asked 'what was the most important issue for you while voting in this election?', less than 1 percent of voters said health (Lokniti-CSDS 2019, Lokniti-CSDS 2014). By contrast, the most popular issues were inflation and development. Even after the Covid-19 pandemic, these figures have barely changed. In the nine state assembly elections that have taken place since the pandemic started, health was mentioned as the most important voting issue by less than 1 percent of voters, with development and inflation again being the most popular issues.

At first glance, these figures may give the impression that Indian voters do not care about health as a political issue. However, the survey findings indicate that such an impression of voter indifference is misguided. Voters do care about health. They are concerned about the provision of health services, and think that it is government's responsibility to deliver them.

Health and issue salience

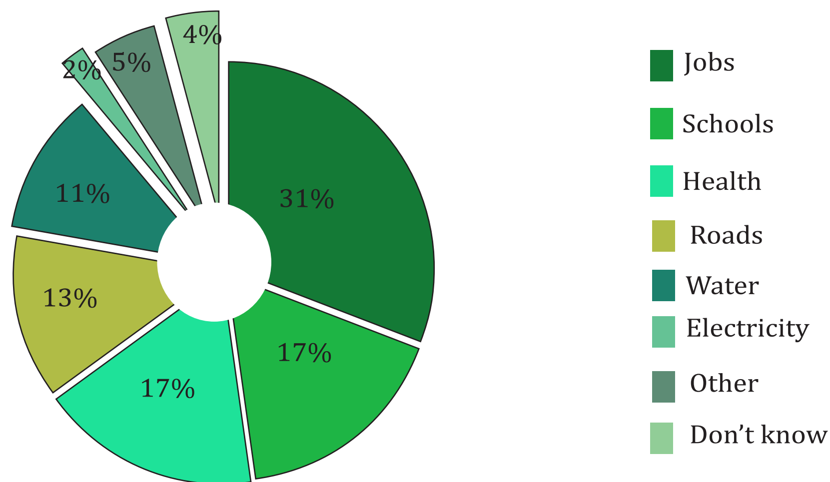
Although health might not be the first thing that voters think of when asked about the most important issue informing their vote decision, this does not mean that voters do not care about health at all, or that they do not think it is an important issue to address. Past research indicates that the issues that voters report as being most important at election times are often the issues that the media and politicians spend most time speaking about, particularly when questions are framed as open responses (see Dennison 2019 for a review). The low priority that voters apparently place on health during elections may then owe much to the lack of attention it receives in media coverage.

In order to get a better picture of how voters think about health, we approach the topic from a variety of perspectives. Given that so many voters mention 'development' as a key electoral issue, in our survey we asked what aspect of development they thought was most important to make improvements at the local level. The term 'development' has come to dominate political discourse, but what it means in practice covers a wide range of different issues, from improving job opportunities and the economy to improving the provision of different welfare services.

Figure 1.1 shows which issue people say is the most important for improving the level of development in their area. The provision of health services is ranked as the second most important issue – along with education. Among older people, health was ranked as the most important issue those over the age of 56 years were more likely to mention health as the most important issue than those under 25 years of age (26% vs 12%). Health is therefore an issue that many voters do care about.

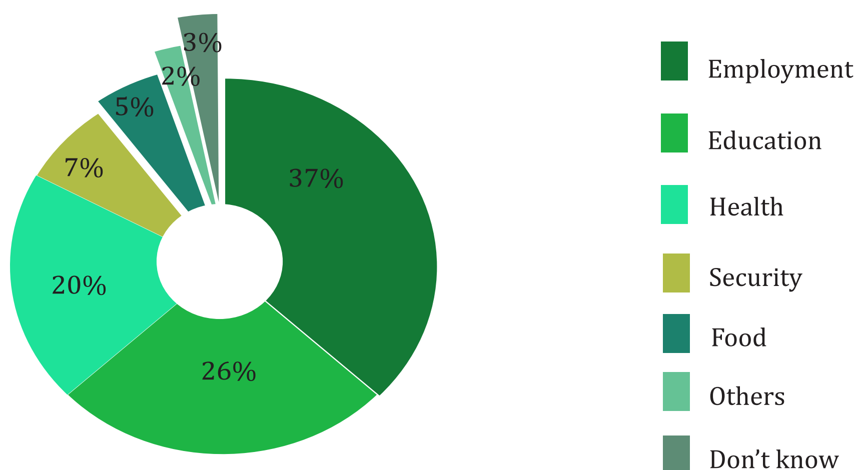
In our survey, we also asked respondents to think of the issues that will weigh on their minds over the next five years. Figure 1.2 shows that one in five people said the issue that they were most concerned about over the next five years was their own health or the health of a close family member. The biggest concern is employment, which was mentioned by 37% of respondents. But once again, education and health both emerge as issues of concern.

Figure1.1: Most important issues to develop local area



Question asked: Thinking about your local area, please tell me which of these is the most important for improving the level of development?

Figure1.2: Biggest concerns over the next five years

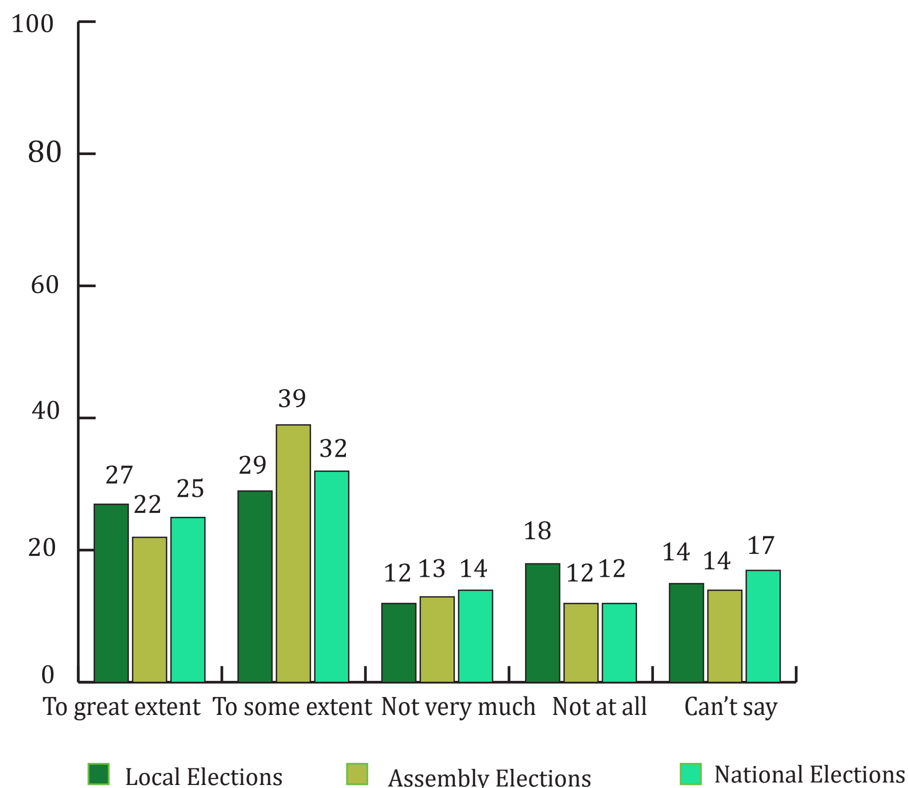


Question asked: Thinking about your own family/household, over the next 5 years, what is your biggest concern out of these five?

Older people were also much more likely to say that they were concerned about their health in the long term than younger people (29% vs 19%), whereas younger people were much more likely than older people to say that they were concerned about employment and job opportunities (46% vs 30%). Moreover, people who are concerned about their own health or the health of their family are more likely than people who are concerned about other issues to regard the provision of health services as the most important issue to develop their local community (27% vs 14%). These figures show that for a substantial part of the population, health is both a matter of personal concern and a policy priority and that the provision of health services is considered important for development.

We also asked respondents to describe the extent to which the provision of health services affects their voting choice in different types of election. As we have discussed previously, very few voters say that health is the 'most important' issue for them when voting, but this does not mean that it is not important at all. As Figure 1.3 shows, a plurality of voters say that health services affect their voting decisions 'to some extent' at all level of elections, and a majority say it affects their electoral choices 'to a great extent' or 'to some extent'. This is most evident with respect to assembly elections, where 39 percent said that health facilities affect their vote 'to some extent', and a further 22 percent said it affected their vote 'to a great extent'. Thus even if health is not necessarily the first issue that determines how people vote, it does form a significant part of their decision-making and is something that voters may pay attention to.

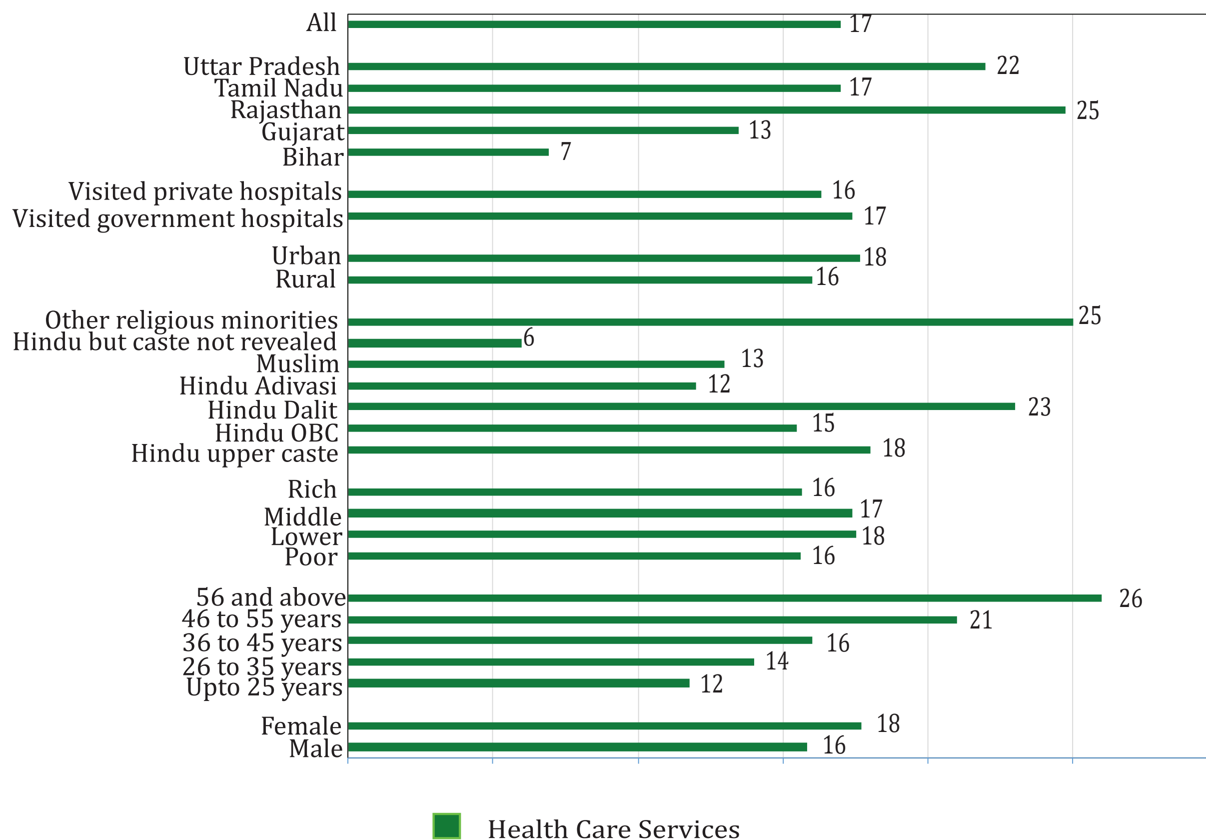
Figure 1.3: Health facilities affecting vote choice at different levels of elections



Note: All figures in percentage.
Question asked: To what extent does the 'health' facilities (doctors and hospitals) affect your vote choice in these election - to great extent, to some extent, not much or not at all?
a. Local elections
b. State assembly elections
c. National (Lok Sabha) elections

If we drill down further, we can see which groups of people are most likely to say that health is an important issue for development. Figure 1.4 shows how the salience of health varies by different demographic sub-groups. Overall, the salience of health varies most by age, as described above. There is not much variation by gender or income or rural-urban location. There is not much variation by caste either, although scheduled castes are somewhat more likely to say that health services are an important issue than other minorities. There are also some differences between states, and health is a more salient issue in Rajasthan than other states.

Figure 1.4: Salience of health by demographics

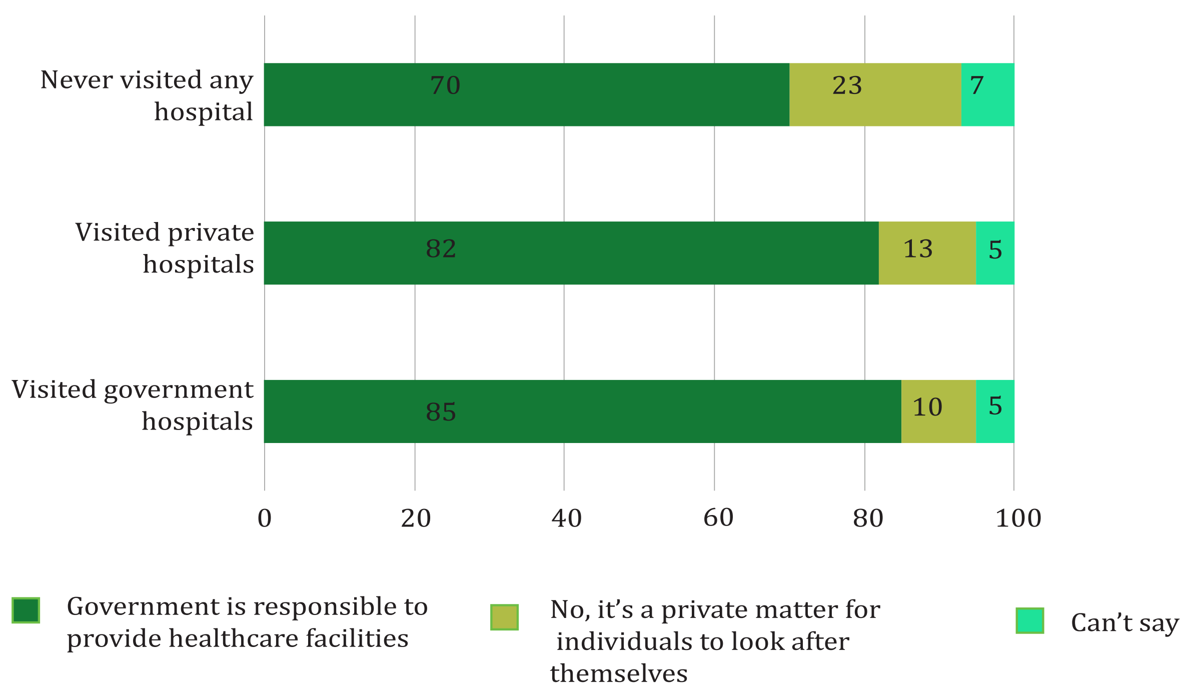


Note: All figures in percentage.
Question asked: Thinking about your local area, please tell me which of these is the most important for improving the level of development?

Government responsible for the health sector

Although India has a large private healthcare sector, the vast majority of people (80%) say that it is the government's responsibility to provide healthcare facilities. By contrast, just over one in ten people say that health is a private subject; and that people themselves should be responsible for their own healthcare. This does not vary much by demographic characteristics, although there are some pronounced differences between states. People in Uttar Pradesh (96%) and Rajasthan (93%) are more likely to say that the government should provide healthcare facilities than people in Tamil Nadu (64%). There is not much difference in opinion between people who use government and private hospitals (85% vs 82%).

Figure 1.5: Government responsibility for healthcare facilities



Note: All figures in percentage.
Question asked: In your view, is it the responsibility of the government to provide health care facilities (such as medicine and hospitals) or it's a private matter for Individuals should look after themselves?

What kind of service do people expect from the government and what are their policy priorities? To gauge people's opinions on this, respondents were given different policy statements to choose between. The first statement was that the government should improve dispensaries and government hospitals and the second statement was related to providing health insurance through which people can get treatment at private hospitals too. Overall people were more in favour of improving government hospitals than they were for providing access to private ones (37% vs 23%), though nearly a third of people thought the government should do both.

Table 1.1 shows these policy preferences for different sub-groups. People in urban areas are more likely to say that the government should improve public hospitals (43% vs 32%). In rural localities, a larger proportion (38%) said they want both facilities – improved public healthcare as well as health insurance. Opinion was similar across people from various economic classes.

Individual experience in accessing public healthcare services is associated with what kind of service people expect from the government. For instance, those who have visited government hospitals were more likely to say that the government should improve dispensaries and government hospitals than people who visit private hospitals (44% vs 32%). On the other hand, those who visited private hospitals were more likely to say that the government should help ensure access to private facilities by providing health insurance (28% vs 18%). Lastly, there were also some quite big differences across states. At 64 percent, people in Rajasthan were most likely to say that the government should improve government hospitals. And at 39 percent, people in Gujarat were most likely to say that the government should improve access to private hospitals.

Table 1.1: Role of government in providing health services by demographics

	Improve government dispensaries and government hospitals	Help people get access to treatment at private hospitals by giving them health insurance	Agree with both
Overall	**37**	**23**	**33**
Rural	32	23	38
Urban	43	23	28
Poor	35	22	35
Lower	37	22	34
Middle	38	22	33
Rich	39	27	31
Visited government hospitals	44	18	31
Visited private hospitals	32	28	35
Never visited any hospital	28	28	33
Bihar	38	28	22
Gujarat	32	39	25
Rajasthan	64	11	22
Tamil Nadu	22	23	47
Uttar Pradesh	32	16	50

Note: All figures in percentage. The rest of the respondents did not give any response.
Question asked: Many people argue that the Indian government should do more to improve health care. In your view should they:
a. Improve government dispensaries and government hospitals
or
b. Help people get access to treatment at private hospitals by giving them health insurance?

Conclusion

Voters expect the government to take responsibility for healthcare in India, but this is not necessarily something that they prioritise in elections, where other issues such as employment and inflation tend to be the most dominant. When we consider voters' considerations across various state assembly elections, even after the height of the Covid-19 pandemic, very few people mentioned health as the most important issue. The development narrative popularised by the BJP government since its rise to power in 2014 dominates the agenda.

However, when we dig beneath the surface and ask voters to consider what factors define development in their area, we find that health is viewed as one of the most important issues for improving the level of development – on par with education, and behind only employment. In other words, voters care about health more than may first appear. Furthermore, when asked, a majority say that the provision of health services affects their voting behaviour to some extent, particularly in state elections.

These findings show that voters do care about health as a policy issue, perhaps more than politicians and political parties realize. For some groups in particular, such as the elderly and those of poor health, the provision of health services is considered to be a very important issue to address. Moreover, voters overwhelmingly believe that it is the government's responsibility to provide healthcare facilities. And even though India has a large and growing private health care system, voters prioritise improvements to government healthcare facilities rather than improved access to private facilities.

2

HOW SATISFIED ARE VOTERS WITH THE PROVISION OF HEALTH SERVICES?

Satisfaction with the provision of public services often feeds into debates about public sector reform initiatives (see Van de Walle 2018 for a review). Citizen dissatisfaction with a public service can act as a catalyst for change with those dissatisfied exercising their political voice. This could be either by asking politicians to intervene to help facilitate service delivery or by voting for political leaders who promise to make these services better. Citizen dissatisfaction with a public service can also lead to an exit with those dissatisfied with a public service seeking private alternatives.

However, subjective assessments, such as satisfaction, of a public service do not necessarily reflect objective features or performance of that service alone (Van Ryzin, 2008). High levels of satisfaction can simply be a product of low expectations, while in turn, low levels of satisfaction can be a consequence of high expectations (James, 2007). Thus satisfaction with a service is not a consequence of its quality alone, but how well its quality compares with users' prior expectations. In India, given the low level of public investment in government health services, citizens may have low expectations about what government services can offer. Research in other low and middle-income countries finds levels of satisfaction with public services are relatively high, even if the quality of those services is questionable (Ratigan 2022). This is also the case in India (see Devadasan et al 2011, Persai et al 2022).

Many countries regularly keep track of how satisfied citizens are with the provision of different services. Past research thus tends to focus on changes over time in satisfaction levels or differences in satisfaction levels between groups. In this chapter, we focus on the latter and provide a benchmark for the former. This chapter examines how citizens feel about health services in the country – and in particular how satisfied or dissatisfied they are with them. In doing so we answer two inter-related questions. First, how satisfied are people with the provision of health services in India – and which groups of people are most and least satisfied? Second, how is satisfaction related to different aspects of and types of health provision?

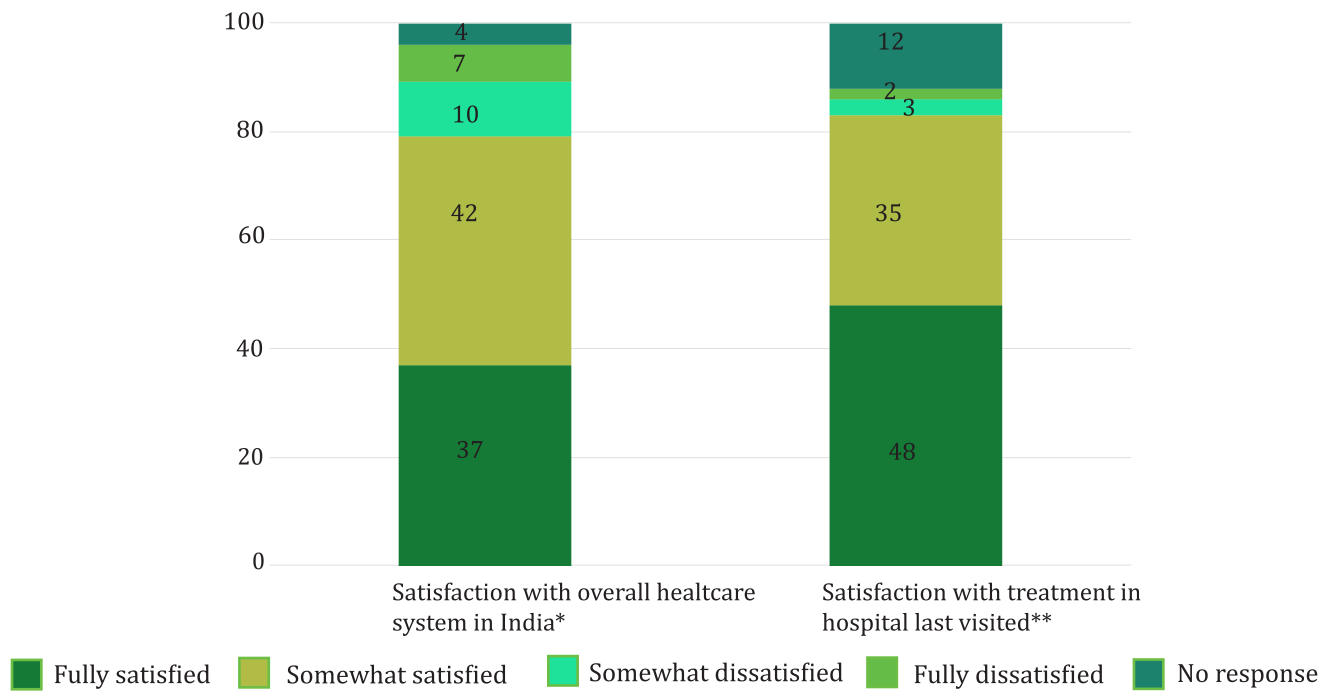
How satisfied are people with the health service?

Figure 2.1 shows how satisfied citizens in the five states are with the overall healthcare system in India, and how satisfied they were with the treatment they received in the hospital they last visited. Broadly speaking, most people report that they are either fully or somewhat satisfied with the health system. Over a third are fully satisfied with the overall healthcare system in India, and nearly half of all people are fully satisfied with the treatment they received in the hospital the last time they had to visit. Individuals tend to be more satisfied with specific services that they have direct personal experience using than health services in general (48% vs 37%). Thus, in line with other recent research, the survey finds reasonably high overall satisfaction levels[4].

However, it should be noted that the majority is not fully satisfied. Moreover, not all people are equally satisfied. The people most in need are the least satisfied. People in very good health are much more satisfied with the provision of health services than people in poor health. Whereas 57 percent of those who say they are in very good health are fully satisfied with the overall provision of health services in India; just 24 percent of those who say are in very bad health are fully satisfied (Figure 2.2).

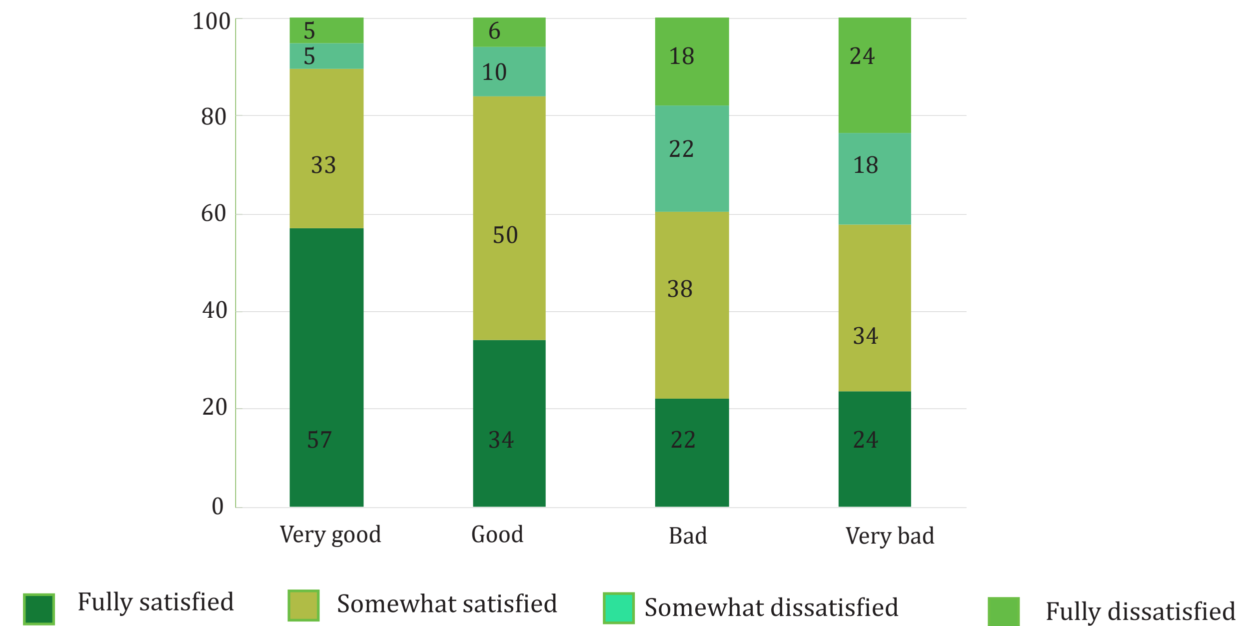
4 'Ayushman Bharat - Health and Wellness Centres Assessment in 18 states', consolidated report prepared by Centre for Community Medicine, AIIMS New Delhi, GRAAM, Mysore and JHPIEGO, New Delhi for the Ministry of Health and Family Welfare, Government of India. March 2022.

Figure 2.1: Satisfaction with health services



Note: All figures in percentage.
*Question asked: * In general, would you say that you are satisfied or dissatisfied with the overall health care system in India? ** Were you mostly satisfied or dissatisfied with the treatment provided at that hospital or dispensary?*

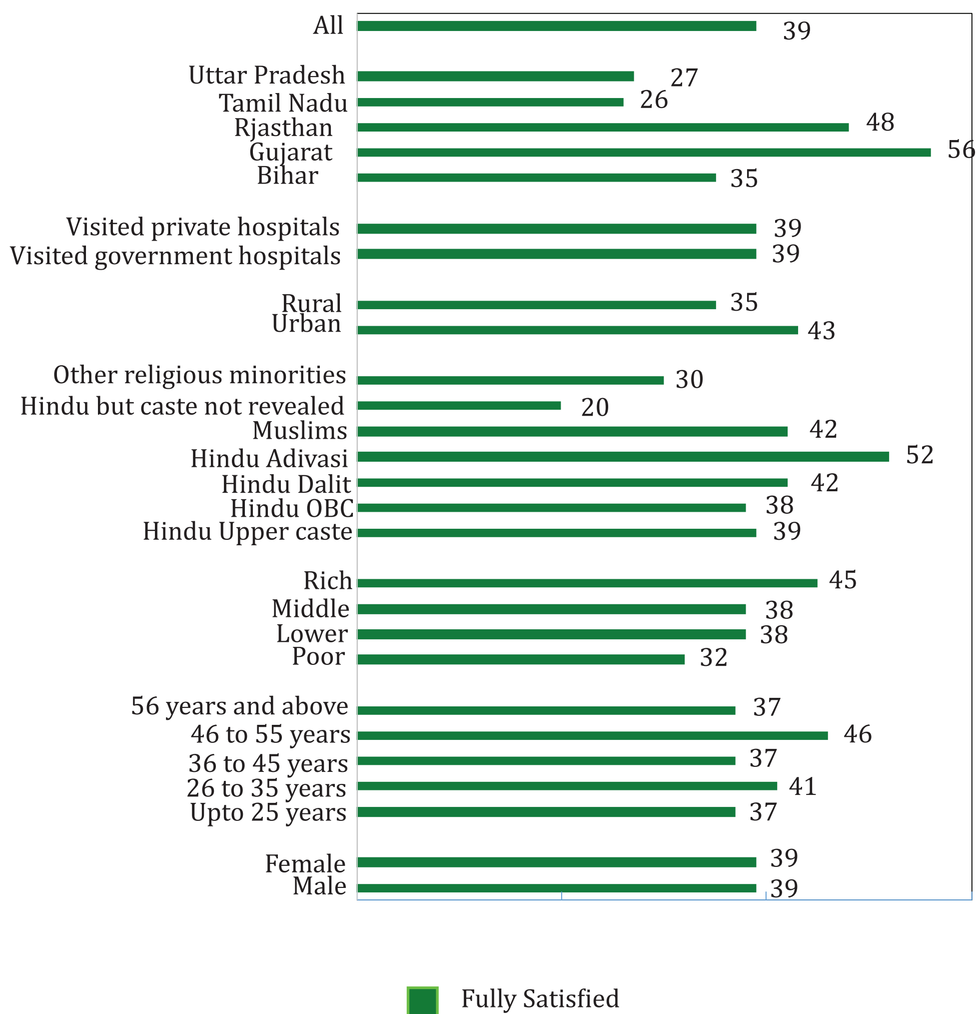
Figure 2.2: Self-reported level of health and satisfaction with health services in India



Note: All figures in percentage.
Question asked: In general, would you say that you are satisfied or dissatisfied with the overall health care system in India?

Figure 2.3 shows the extent to which satisfaction levels vary among different subgroups within the population. Satisfaction rates do not vary between men and women. There are also small differences between age groups, though there is perhaps some indication that the middle-aged group (46%) is more satisfied than the youngest (37%) or oldest age groups (37%). There are some significant differences by household income, and people who are relatively rich are more satisfied with the overall health system than people who are relatively poor (45% vs 32% respectively). There is not much variation by caste community, though Adivasis are somewhat more satisfied than other groups. People in Gujarat and Rajasthan have higher levels of satisfaction than people in Bihar, Tamil Nadu and Uttar Pradesh. People in villages also have higher levels of satisfaction than people in cities.

Figure 2.3: Satisfaction with health services by demographics



Note: All figures in percentage.
Question asked: In general, would you say that you are satisfied or dissatisfied with the overall health care system in India?

Does contact with a service make people more or less satisfied?

If people have had contact with a service, they will be taking their experience into account when asked how satisfied or otherwise they are with that service. People who have not used a particular service will rely more on indirect information, such as media reports or anecdotal evidence from friends and relatives. But to what extent does recent use or contact with a service make people more (or less) satisfied? Satisfaction with the treatment people received the last time they visited a hospital is somewhat higher among people who visited a private hospital (58% fully satisfied) than people who visited a government hospital (50% fully satisfied). However, there is no significant difference in overall satisfaction with the healthcare system in India between people who visited a government hospital and a private hospital (39% vs 39% fully satisfied).People who use ayurvedic or homoeopathic treatments rather than government or private doctors tend to be much less satisfied with health services in India: just 20% said they were satisfied. The main reasons why respondents said people use government hospitals are because they are affordable (38%) and the quality of the treatment is good (22%). In contrast, the main reasons why respondents said people use private hospitals are the quality of the treatment is good (34%) and the facilities are good (23%). Just 4% mentioned affordability.

Table 2.1: Access to health schemes

	Benefited	Non benefited	Not heard
Pradhan Mantri Jan Arogya Yojana/ Ayushman Bharat	28	58	14
State health insurance scheme	26	44	10
Janani Surksha Yojna	20	58	22
Janani Surksha Suraksha Karyakaram	24	54	22
Mission Indhradhanush (free vaccination for children)	48	32	21

Note: All figures in percentage. The rest of the respondents did not give any response.
Question asked: Have you or your family ever benefited from the following health schemes?

Table 2.1 shows whether people had availed a number of specific health schemes. Over a quarter of people had done so, and nearly half of people had benefitted from free vaccination for children. Overall, people who had benefited from these schemes tended to be more satisfied with the provision of health services than those who had not. In particular, Table 2.2 shows that people who had benefitted from the state health insurance scheme or free vaccination for children were much more satisfied with overall health services than people who had not benefitted (47% vs 38%, and 48% vs 30% respectively). Moreover, people who were aware of the schemes but had not benefitted were more satisfied than people who had not even heard of the schemes.

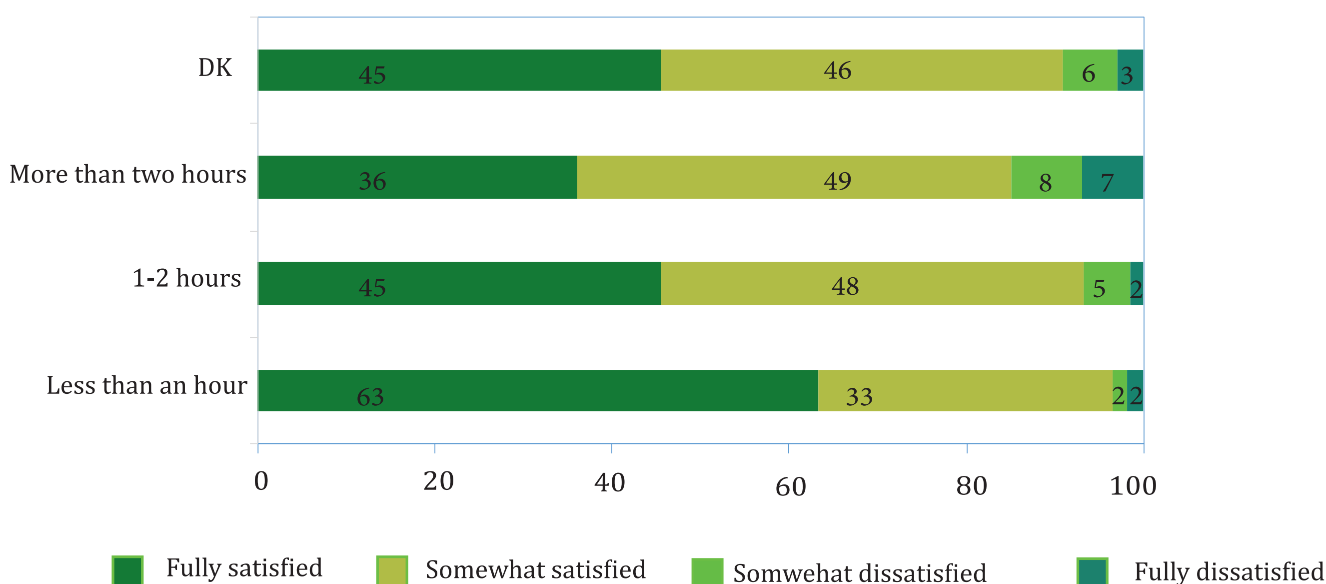
Table 2.2: Access to health schemes and satisfaction with health services (percentage saying fully satisfied)

	PMJAB/ AB	State health insurance	JSY	JSSK	Mission Indhradhanush
Benefited	41	47	44	38	48
Not benefited	39	38	39	40	30
Not heard	28	26	31	32	28

Note: All figures in percentage.
Question asked: Have you or your family ever benefited from the following health schemes?

Levels of satisfaction are also shaped by the experience of using the service. Figure 2.4 shows that people who only had to wait less than one hour to receive treatment were much more likely to be fully satisfied than people who had to wait between 2 and 3 hours (63% vs 35% fully satisfied). On the whole, people were treated very quickly when they last visited a hospital. Over half the people said they were seen within an hour, and over 70 percent were seen within two hours. These waiting times did not vary much between government and private hospitals. This suggests that to a certain extent, high levels of satisfaction are related to experiences of good service, as measured by quick waiting times.

Figure 2.4: Satisfaction with hospital treatment and length of waiting time



Note: All figures in percentage.
Question asked: Were you mostly satisfied or dissatisfied with the treatment provided at that hospital or dispensary?

Table 2.3 focuses on specific aspects of service delivery and shows that overall, people are generally confident that they'll receive good service in hospitals. In particular, the majority of people say that based on their own experiences (or from what they've heard) doctors 'always' care about their patients and help them (53%) and 'always' know what needs to be done (55%). However, people are slightly less likely to say that medicines will 'always' be available (38%). And there is some indication that some people think that doctors try to make money rather than treat people (although we should treat this with a little caution as the question is framed in the opposite direction to the other questions, which means it is not directly comparable). Once again, people who are confident that they'll receive good service in hospitals are much more likely to be fully satisfied with the provision of health services than people who are not. For example, satisfaction levels are 47 percent among people who say doctors always care about patients compared to just 16 percent among people who say they never do.

Table 2.3: Evaluations of service delivery in hospitals

	Always	Sometimes	Never	Can't say
Doctors care about the patients and help them	53	31	9	7
You have faith in the doctors that they know what has to be done	55	30	7	8
Doctors try to make money rather than treating people	30	32	26	12
When needed, the hospital will be open	51	31	8	10
Doctors will be available to treat people	45	38	8	9
The prescribed medicines will be available	38	41	10	11

Note: All figures in percentage.
Based on your own experience or from what you have heard, how frequently would you say these things happen at the hospital you visit most often - always, sometimes or not at all?

Table 2.4 shows evaluations of service delivery in primary/community health clinics. Generally speaking, people are less confident that they will receive good service at health clinics than they are in hospitals. The percentage saying that they'll always receive good service is about 10 percentage points lower in health clinics than for the equivalent service in hospitals. For example, 51 percent say that hospitals will 'always' be open when needed, but just 39 percent say health clinics will 'always' be open when needed. Similarly, 53 percent say doctors 'always' help their patients in hospitals, but just 43 percent say doctors 'always' help their patients in health clinics. However, despite these somewhat lower ratings, those who are confident they'll receive good service in health clinics are much more likely to be fully satisfied with the overall provision of health services than people who are not. For example, satisfaction levels are 45 percent among people who say doctors always care about patients compared to just 29 percent among people who say they never do.

To explore the link between these performance evaluations of different types of service and satisfaction more fully, we can combine the different items into an overall performance scale for hospitals and health clinics, respectively. To do this we use factor analysis. For both hospitals and health

Table 2.4: Evaluations of service delivery in health clinics

	Always	Sometimes	Never	Can't say
Doctors care about the patients and help them	43	35	12	10
You have faith in the doctors that they know what has to be done	48	32	10	10
Doctors try to make money rather than treating people	30	30	22	18
When needed, the PHC/CHC facility will be open	39	39	9	13
Doctors will be available to treat people	37	42	9	12
The prescribed medicines will be available	35	41	10	14

Note: All figures in percentage.
Question asked: Based on your own experience or from what you have heard, how frequently would you say these things happen at PHC/CHC - always, sometimes or not at all?

clinics all the items load strongly onto a single scale[5]. The resulting indicators for service evaluation have a mean of zero and a standard deviation of one, where positive values indicate positive evaluations of service delivery.

Figure 2.5 depicts how these service evaluations of hospitals and health clinics vary by whether people access public or private health services, and by whether or not they have health insurance. People who use government facilities tend to give more positive evaluations of health centres than those who use private facilities.

However, there is not much difference in terms of how they evaluate hospital services. People with health insurance give more positive evaluations of health centres than people without health insurance, though once again there is no difference in terms of how they evaluate hospitals. However, for both health centres and hospitals there is a strong link between evaluations of service delivery and perceptions of whether health services have improved over time, and with overall satisfaction with the health service. That is, people who experience good service – either directly or from what they've heard – are much more satisfied than people who have experienced less good service. This is particularly the case with respect to hospital performance, but also clearly in evidence with respect to health centre performance.

Figure 2.6 shows how satisfaction is related to perceptions of whether hospitals have improved or got worse over the last few years. People who say they have improved are more likely to be fully satisfied than people who say they have deteriorated (46% vs 25%). This may suggest that relative judgements on whether things have got better or not over time are more important than the absolute level of the service provided.

5 One item (question c) on each scale is dropped from the analysis as it does not load strongly onto the scale. This probably reflects question wording effects, as the question wording is framed in the opposite direction to the other items.

Figure 2.5: Health service evaluations

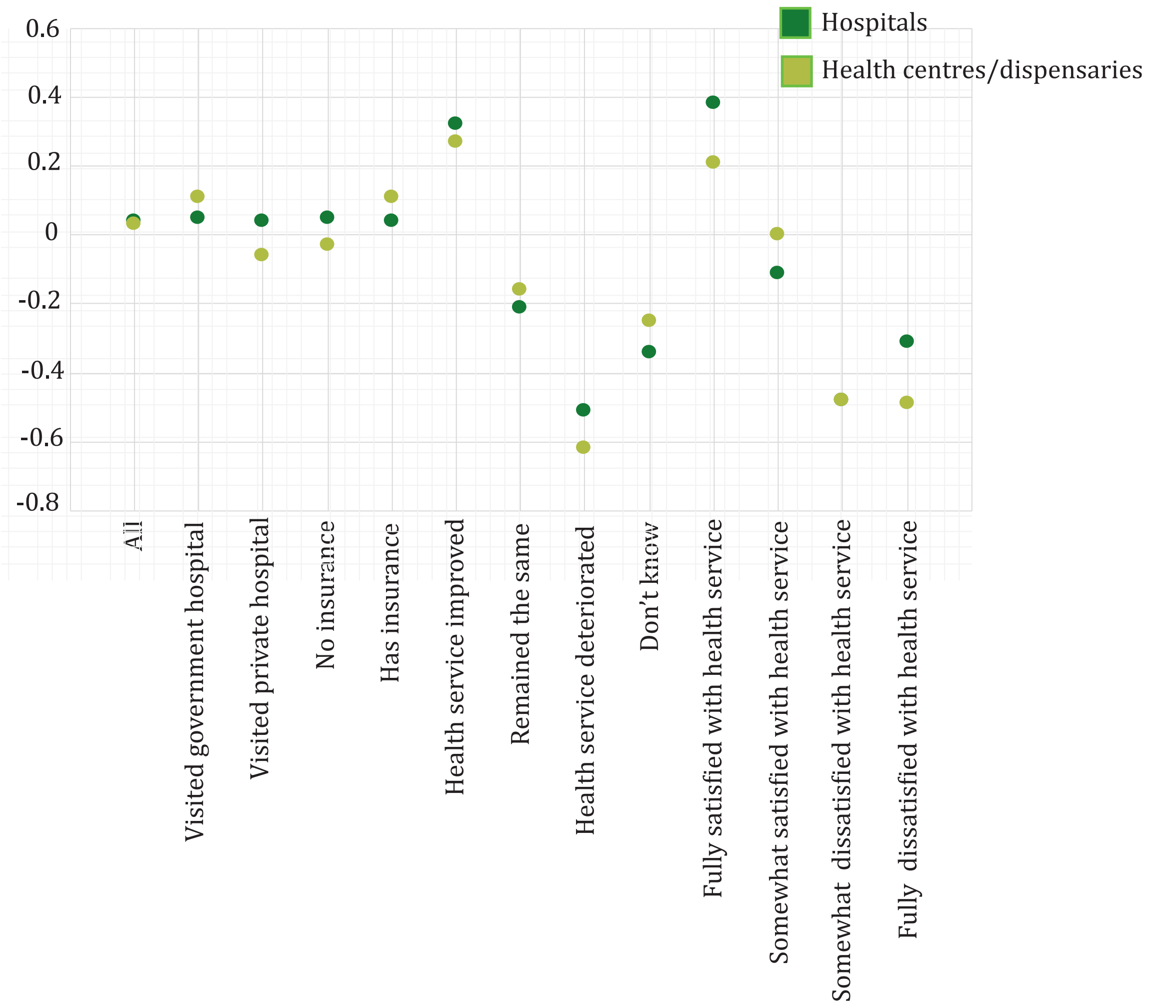
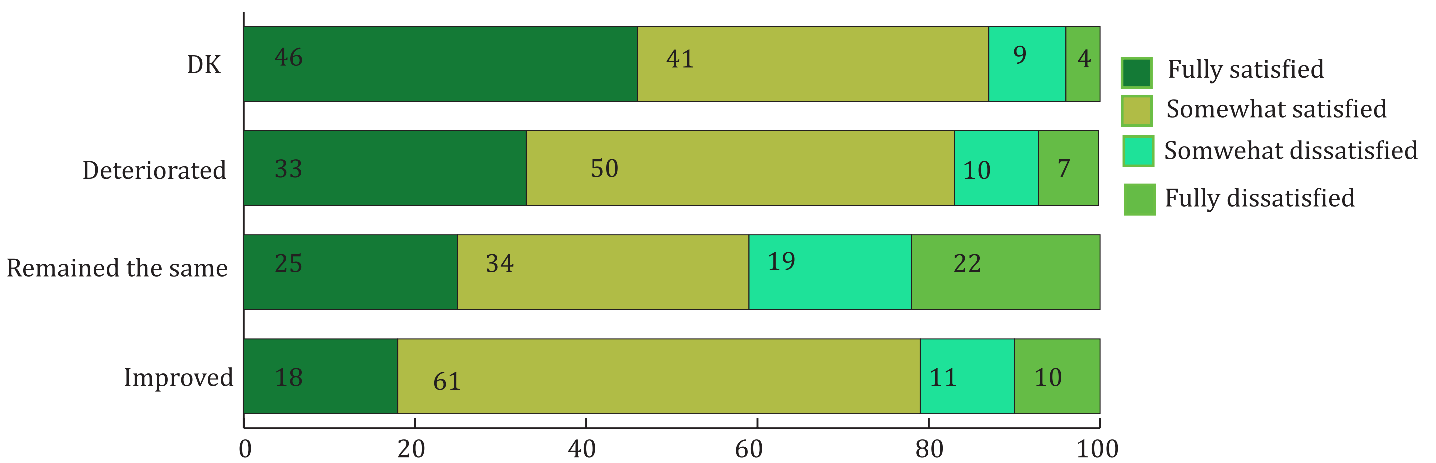


Figure 2.6: Evaluations of health performance and satisfaction with services



Note: All figures in percentage.
Question asked:Were you mostly satisfied or dissatisfied with the treatment provided at that hospital or dispensary? During the last five years, please tell me whether the Condition of the government hospital have improved or deteriorated in your area?

Satisfaction and voice

Whereas people who are satisfied with a service may be reasonably happy with the status quo and not demand any change, people who are less satisfied may be more likely to voice their concerns: whether that be asking politicians to intervene and to speed up or facilitate service delivery, or by voting for political leaders who promise to make public services better. People who are fully dissatisfied with overall health services are more likely to approach a leader for help than people who are fully satisfied (18% vs 12%). This pattern is more sharply in evidence with respect to specific satisfaction with treatment last received: just 10 percent of those who were fully satisfied had contacted a politician compared to 24 percent of those who were fully dissatisfied. People mainly approached local leaders (18%) or the Sarpanch (18%). On the whole, they used these leaders for monetary help (24%) or problems with doctors (14%) or for treatment (10%).

Although most people think the state government is responsible for the health services; when people are dissatisfied with the service they tend to seek assistance from local leaders rather than directly from their MLA. This is in line with findings reported in the next chapter which show that voters with lower levels of satisfaction are more likely to attribute responsibility for health to local governments rather than state or central governments.

Conclusion

The survey shows relatively high levels of reported satisfaction with public and private health services in India – both at a general level and based on an evaluation of the last experience of attending a hospital or dispensary. Satisfaction levels appear to be related to how users experience the services they have received, and perceptions of improvements that have taken place over the last five years or so (Covid notwithstanding). Satisfaction is highest in states where perceptions of improvement have been greatest (Gujarat and Rajasthan). The data however shows that not everyone is equally satisfied with those in poorer health and more vulnerable groups in society less likely to be fully satisfied. People in large urban areas tend to be less satisfied than those in rural areas. Furthermore, a significant proportion of people do not have confidence that medicines will always be available.

We have presented evidence that suggests that subjective evaluations of performance improvements are related to whether respondents report being fully satisfied and that satisfaction is also shaped by their experience of using services such as waiting times. However, other objective markers of health system performance in different localities do not seem to be closely related to satisfaction levels, and the state with the strongest overall health system in this study (Tamil Nadu) has the lowest reported level of satisfaction on par with satisfaction levels in the worst performing states (Bihar and Uttar Pradesh).Further research is needed to better understand the factors driving the high reported levels of satisfaction, including how expectations are related to satisfaction.

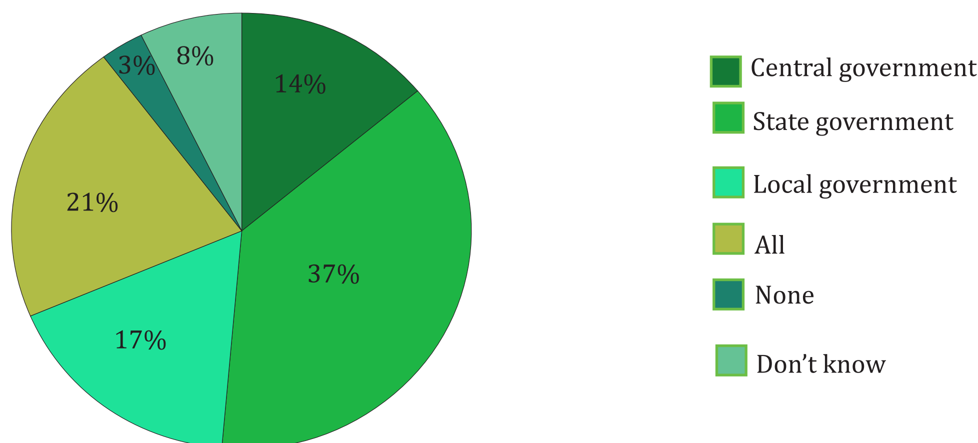
3

WHO DO VOTERS CREDIT(OR BLAME) FOR THE PROVISION OF HEALTH SERVICES?

The legislative and administrative dimensions of health care in India are complex. Health is usually described as a state subject because public health and sanitation, hospitals, and dispensaries fall under the State list of the Seventh Schedule in the Indian Constitution. However, the Union government is also heavily involved in health policy design, financing and monitoring. In addition, it directly exercises legislative and executive powers relating to health via a number of entries in the Union and Concurrent lists[6]. During the Covid-19 pandemic, the Government of India activated emergency powers to categorise the pandemic as a national health emergency and impose a national lockdown to control the spread of disease under the Disaster Management Act (DMA), 2015. This legislation was governed by entry 23 on the Concurrent list on social security and social insurance – a domain in which central and state governments share responsibility[7]. Under the DMA, the orders made by the central government are binding and cannot be contradicted by states or local governments (Singh 2022, 283).

Given the complex constitutional position of health, and the dominant role of the central government during the recent Covid-19 pandemic, it is not surprising that voters do not share a clear consensus on which level of government is responsible for governance of health-related matters. When asked which level of government is most responsible for the functioning of government hospitals, close to two fifths (37%) of respondents identified state governments. But, as Figure 3.1 shows, a significant number also identified either central government (14%), local government (17%) or all three levels (21%). This suggests that there has been a less pronounced pattern of centralisation of credit attribution for health than other areas of welfare policies (see Deshpande, Tillin and Kailash 2019).

Figure 3.1: Attribution of responsibility for the functioning of government hospitals



Question asked: Who would you say is the most responsible for the functioning of the government hospitals - central government, state government or local government?

6 These include Entry 20A (Population control and family planning) on the concurrent list, Entries 28, 64 and 66 of the Union List (governing port quarantine, and scientific and technical education), and Entries including 16, 25, 26, 29 and 30 (governing 'lunacy and mental deficiency, medical education, medical professions, infectious disease control and vital statistics) of the Concurrent list also relate to the health domain (Mittal 2021, 19).

7 Report of Rajya Sabha Parliamentary Standing Committee on Disaster Management Bill 2005, presented to Rajya Sabha August 25th 2005. Rajya Sabha Secretariat. http://164.100.47.5/rs/book2/reports/home_aff/115threport.htm [last accessed, March 31st 2022].

When asked about specific health schemes rather than hospitals, respondents were able to differentiate between schemes in the way they attributed responsibility. This suggests a level of awareness that different schemes originate at different levels of government. For instance, 59 percent credited the central government for the Pradhan Mantri Jan Arogya Yojana (PM-JAY) or Ayushman Bharat – the flagship national health insurance policy initiative which is funded by both the central and state governments. Similarly, 45 percent of respondents credited their state government for state-level health insurance schemes (which were named in the survey using the relevant programme name at the state level). Yet, many still could not say where credit lay or identified another level of government. Given that PM-JAY is now co-branded with state-level insurance schemes in most Indian states[8] , this level of uncertainty over credit attribution is to be expected.

Table 3.1: Which level of government do voters credit for health schemes

	Central government	State government	Local government	Can't say
Pradhan Mantri Jan Arogya Yojana/ Ayushman Bharat	59	15	7	19
State health insurance scheme	16	45	5	34
Janani Surksha Yojna	19	45	8	28
Janani Shishu Suraksha Karyakaram	21	41	9	29
Mission Indhradhanush (free vaccination for children)	33	31	11	25

Note: All figures in percentage.
Question asked: Which level of government [central/state/local] do you credit for each of these schemes?

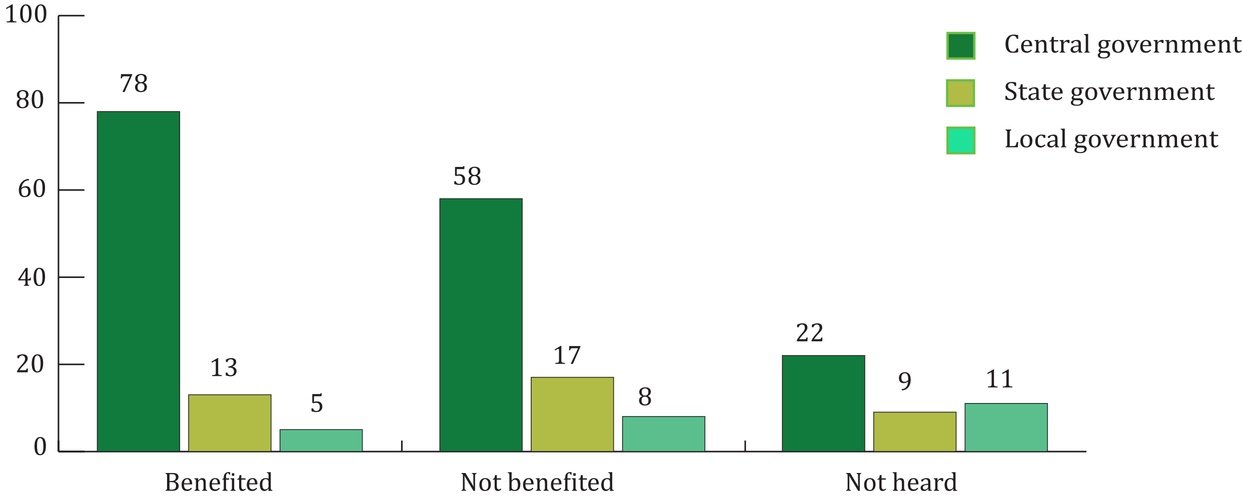
For the Janani Suraksha Yojna and the Janani Shishu Suraksha Karyakram, which are centrally sponsored schemes to support and incentivise institutional delivery for pregnant women but are delivered by government hospitals (constitutionally a state government responsibility), over two-fifths of respondents identify the state government as responsible. But a significant proportion attributes credit to the central government or cannot say. The picture is similarly unclear for the Mission Indhradhanush which is also a Government of India programme.

Direct beneficiaries of the health schemes are only somewhat more likely to attribute credit to the 'correct' tier of government. As Figure 3.2 shows, 78 percent of beneficiaries attributed responsibility for Ayushman Bharat to the central government compared to 58 percent of non-beneficiaries. However, as Figure 3.3 shows, beneficiaries of state-level health insurance schemes were more likely than non-beneficiaries to attribute responsibility for state-level schemes to the central government.

8 Except West Bengal, Odisha, Telangana and Delhi - none of which were included in this survey. Of the states included in the current survey, all except Bihar run their own state-level health insurance scheme as well as PM-JAY.

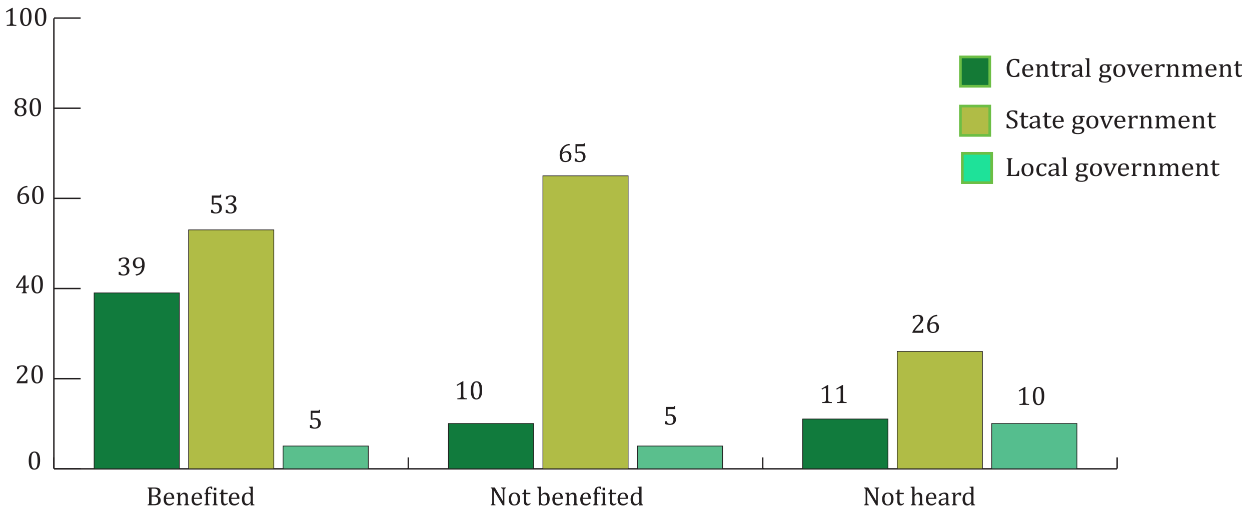
This may reflect the confusion for beneficiaries who are often in receipt of similar schemes operated by different levels of government, especially in a context in which PM-JAY is co-branded with state-level schemes. As many as 51 percent of respondents who reported being covered by state-level health insurance also describe themselves as beneficiaries of the central government's health insurance scheme Ayushman Bharat. Indeed, with the co-branding of the two schemes, PM-JAY and the state-level schemes are essentially the same scheme with different names (Bhatnagar et al. 2022, 3).

Figure 3.2: Credit attribution for Pradhan Mantri Ayushman Bharat by beneficiary status



Note: All figures in percentage. The rest of the respondents did not give any response.

Figure 3.3: Credit attribution for State Government Health Insurance Schemes by beneficiary system



Note: All figures in percentage. The rest of the respondents did not give any response.

Across states, the extent to which respondents identify their state government as most responsible for the functioning of hospitals varies substantially. However, the trade-off is not between whether they attribute responsibility to the central government or the state government. Rather it is whether responsibility is attributed to state or local government. As Table 3.2 shows, almost a third of all respondents in Gujarat and Tamil Nadu identified their local administration as most responsible for the functioning of hospitals. Since local administrations have no constitutional authority in managing the health system, this presents something of a puzzle. One explanation could be that voters continue to depend on local political intermediation to access health care, even though local governments themselves are not constitutionally responsible. Asked 'who do people usually approach for help accessing health care facilities such as doctors or hospitals', the largest proportion (36%) responded either a 'local leader of the area' or Sarpanch/municipal councillors. This is compared to only 9 percent who mentioned the MLA or 2 percent who mentioned the MP.

Table 3.2: State-wise attributes of responsibility for government hospitals

	Who is responsible for the government hospitals?					
	Central government	State government	Local government	All three	None	Can't say
Overall	14	37	17	21	3	8
Bihar	20	29	12	32	5	2
Gujarat	18	24	31	23	1	3
Rajasthan	14	54	6	7	3	16
Tamil Nadu	4	34	31	20	6	5
Uttar Pradesh	15	45	5	24	1	10

Note: All figures in percentage.
Question asked: Who would you say is the most responsible for the functioning of the government hospitals - central government, state government or local government?

We also found that in states such as Gujarat and Tamil Nadu where a substantial proportion of respondents see their local administration as most responsible for the upkeep of hospitals, they are also more likely to say that health facilities (doctors and hospitals) affect their voting choices in local elections (as compared to either state or national elections) to a 'great extent' [Tables 3.3-3.5].

Overall, across the five states, perceptions of which level of government are responsible for government hospitals varies according to satisfaction with health services. Respondents who were fully satisfied with the service they received the last time they visited hospital are much more likely to credit the state government than people who were fully dissatisfied with their experience (40% vs 26%). People who were dissatisfied with their experience are more likely to hold the local administration accountable (26% vs 14%).

Table 3.3: Health and vote choice in local elections

	'Health' as an electoral issue affecting vote choice in local elections				
	To great extent	To some extent	Not very much	Not at all	Can't say
Overall	27	29	12	18	14
Bihar	27	21	11	28	13
Gujarat	49	28	15	6	2
Rajasthan	16	35	12	10	27
Tamil Nadu	31	42	13	4	10
Uttar Pradesh	12	18	7	39	24

Note: All figures in percentage.
Question asked: To what extent does the 'health' facilities (doctors and hospitals) affect your vote choice in local election - to great extent, to some extent, not much or not at all?

Table 3.4: Health and vote choice in state assembly elections

	'Health' as an electoral issue affecting vote choice in state assembly elections				
	To great extent	To some extent	Not very much	Not at all	Can't say
Overall	22	39	13	12	14
Bihar	21	49	14	11	5
Gujarat	34	35	18	10	3
Rajasthan	17	30	13	11	29
Tamil Nadu	20	51	16	4	9
Uttar Pradesh	18	31	7	23	21

Note: All figures in percentage.
Question asked: To what extent does the 'health' facilities (doctors and hospitals) affect your vote choice in state assembly election - to great extent, to some extent, not much or not at all?

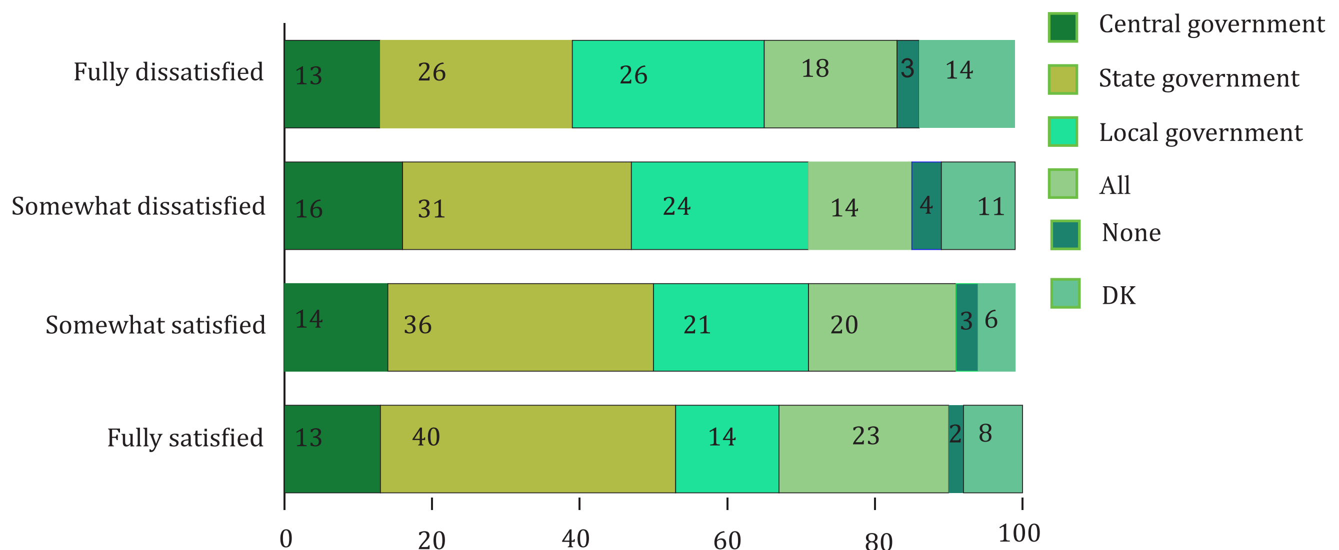
People who have an overall poor evaluation of service delivery in health centres are also much more likely to identify the local government as being responsible for hospitals, whereas people who have more favourable evaluations of service delivery are much more likely to identify state governments as responsible. Figure 3.5 uses the index of performance evaluations created using factor analysis in the previous chapter to illustrate the relationship between evaluations and attributions of responsibility to different levels of government. We can clearly see that negative evaluations of service delivery are more associated with saying the local government is responsible, and positive evaluations of service delivery are more associated with saying the state government is responsible.

Table 3.5: Health and vote choice in National elections

	'Health' as an electoral issue affecting vote choice in National elections				
	To great extent	To some extent	Not very much	Not at all	Can't say
Overall	25	32	14	12	17
Bihar	31	37	12	10	10
Gujarat	34	31	24	8	3
Rajasthan	20	30	9	10	31
Tamil Nadu	14	36	20	7	23
Uttar Pradesh	23	24	7	24	22

Note: All figures in percentage.
Question asked: To what extent does the 'health' facilities (doctors and hospitals) affect your vote choice in National (Lok Sabha) election - to great extent, to some extent, not much or not at all?

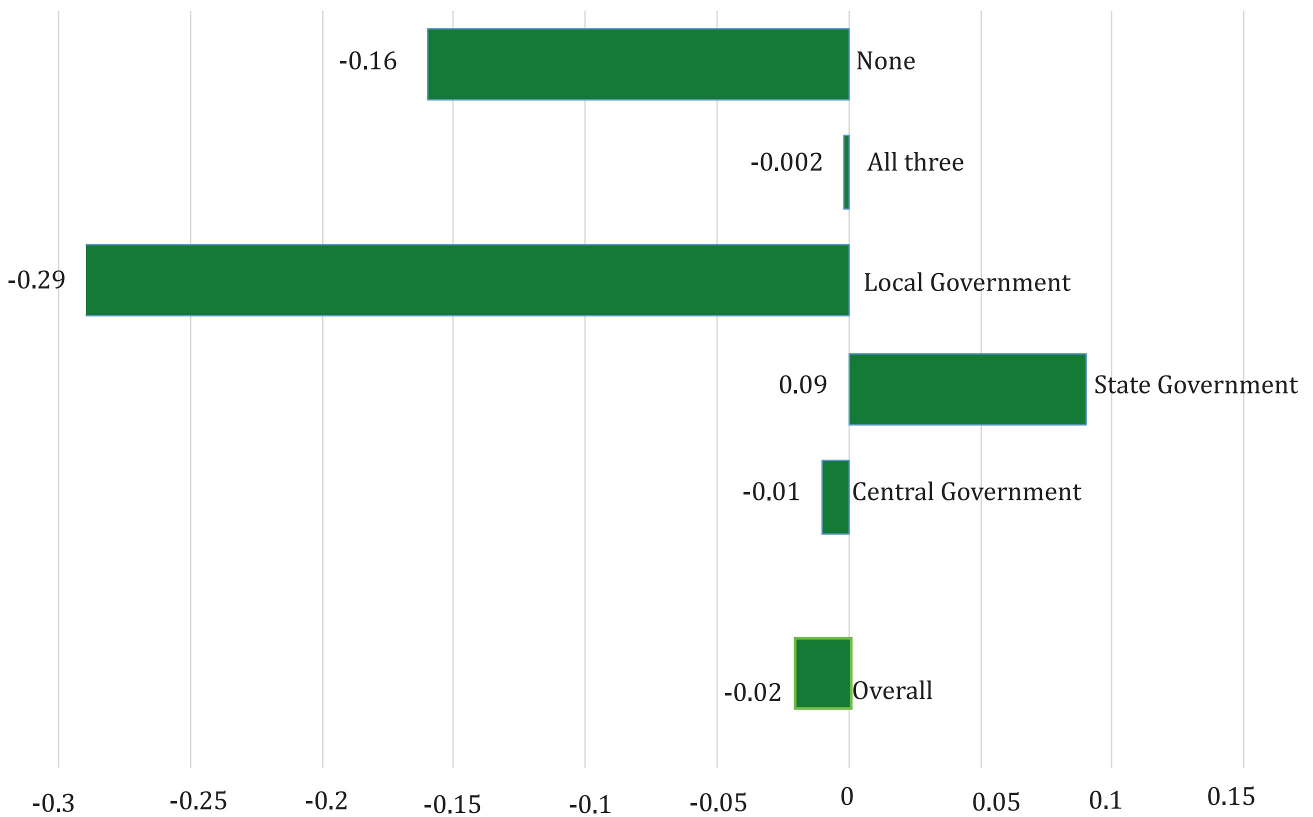
Figure 3.4: Satisfaction with last hospital visit and attribution of responsibility



Note: All figures in percentage.
Question asked: Who would you say is the most responsible for the functioning of the government hospitals - central government, state government or local government?

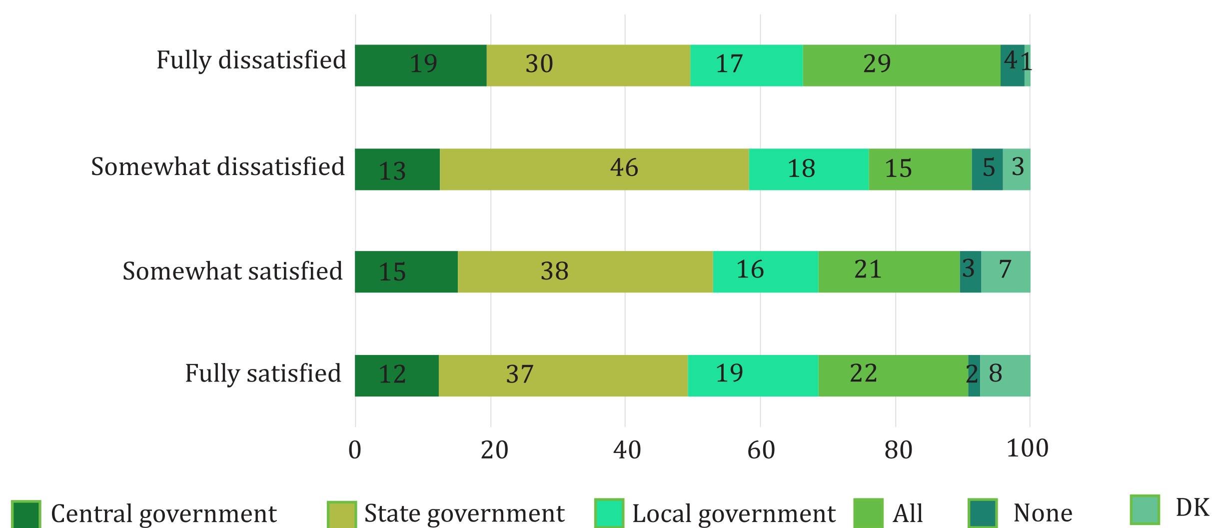
However, Figure 3.6 shows that attributions of responsibility are not shaped so much by overall levels of satisfaction with the provision of health services. Attributions of responsibility to the central government or local government do not vary much by levels of overall satisfaction. And although there is some variation in whether people hold the state government either solely or jointly responsible, the overall attribution of responsibility to the state government does not vary by much. Taken together, these findings suggest that attributions of responsibility may be shaped by personalised experiences at the local level, rather than more general evaluations of the system at large.

Figure 3.5: Health services evaluations and attributes of responsibility



Note: All figures in percentage.

Figure 3.6: Satisfaction with overall health services



Note: All figures in percentage.
Question asked: In general, would you say you are satisfied or dissatisfied with the overall health care system in India?

Conclusion

To summarise, when it comes to health, unlike other areas of social policy, our survey suggests that voters lack a clear picture of which level of government is responsible for the delivery of services and programmes. Some programmes bear the clear imprint of the Prime Minister – such as PM-JAY or Ayushman Bharat – and are attributed to the central government by a significant proportion of voters. But with co-branding of PM-JAY with state-level insurance schemes, there is also considerable confusion among voters about which level of government is responsible. Voters are even less clear about how to attribute responsibility for other areas of health system functioning. This is understandable given the complex constitutional arrangements governing health, and the complex patterns of funding and operational responsibility. Such a picture of unclear credit attribution for health system functioning, in contrast to the often clearer attribution of welfare schemes, is also found in other federal systems in the global South (Niedzwiecki, 2018). The picture of unclear attribution can be positive, in that there are stronger incentives for inter-governmental collaboration in strengthening health services where one level of government is not able – or does not seek – to monopolise electoral credit. Instead, credit can be shared between multiple levels of government.

But the lack of clarity over attribution can also undermine mechanisms of electoral accountability. Institutional and governmental structures that blur lines of responsibility make it more difficult for voters to assign responsibility and sanction governments on the basis of their performance (Powell and Whitten 1993). The curious finding in our survey that a substantial proportion of voters attribute responsibility to their local government for the functioning of hospitals, especially where they are less satisfied with their own experience of health services – and rely on local political leaders for intermediation to help with access to health facilities – suggests that there may be a very localised pattern of credit and blame attribution occurring.

One interpretation of our findings would be that voters who are less satisfied with their experience of health services seem to blame local governments for poor performance even though they are not formally responsible for health services, while voters who are more satisfied attribute credit to their state government. If true, this would mean that state governments are able to claim some credit for good performance but evade punishment for poorer performance. Further research could investigate the extent to which voters' ability or inclination to assign responsibility to one level of government or another is influenced by their exposure to messaging from parties or political leaders claiming credit – or shifting blame - for particular schemes or health services. This has implications for the extent to which elections are serving as a mechanism to strengthen the accountability of state governments for health system performance and health system strengthening.

4

DOES HEALTH IMPACT VOTING DECISIONS?

Elections offer an opportunity for voters to hold the government to account for its actions. If the performance of the government is good, then citizens reward the incumbent by retaining them in office. But if the performance of the government is unsatisfactory, then citizens vote to punish the incumbents by casting a vote for the opposition. Accordingly, democracy 'works' when governments are held accountable for the goods they deliver. Extensive literature based on research in advanced industrial democracies shows that voters hold governments to account for their economic performance. Yet studies in other parts of the world present a more mixed picture. In the Indian context, Ravishankar (2009) finds limited evidence that economic performance influences support for the incumbent party. Although Suri (2009), Vaishnav and Swanson (2015), and Verma (2012) find that voters who think the economy has done well are more likely to vote for parties in the ruling coalition.

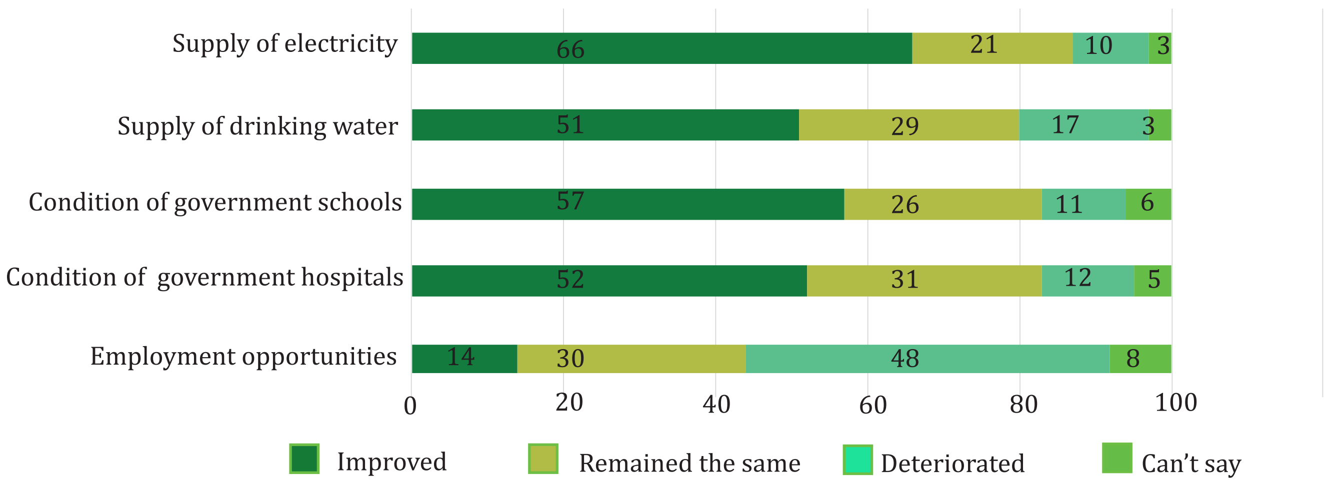
Whereas past research has focussed almost exclusively on the economy as the measure of government performance, in this report we examine other aspects of government performance, with a particular focus on health. It is often thought that Indian voters do not pay attention to health as a political issue when voting, and perhaps either as a cause or a consequence, politicians do not foreground health in their electoral campaigns or priorities in office. However, we currently know very little about what ordinary citizens actually think about the provision of health services in India or how this influences their political behaviour. In this chapter, we examine citizens' attitudes towards the performance of government health services and the extent to which these performance evaluations influence voting behaviour. Do voters hold the government to account for the provision of health services? And how does this vary across Vidhan Sabha and Lok Sabha elections?

Two features of the Indian political system may hamper performance voting. In a federal system like India, voters may not be sure which level of government is responsible for health services, and so may not be sure whether to punish (or reward) the Chief Minister's party or the Prime Minister's party (see Chapter 3). Furthermore in coalition systems, voters may not be sure which party in government has ultimate responsibility for the delivery of the service, and so may not be sure whom to sanction. We explore both these possibilities.

Chapter 1 considered the salience of health as a political issue, and showed that health is ranked as the second most important issue for voters in local development – along with schools. Among older people, health was ranked as the most important issue. Health is therefore an issue that many voters care about – and one that may therefore have the potential to shape their voting choices.

To examine how voters evaluate the performance of health services, we asked respondents to evaluate whether a range of different services have got better, stayed the same, or got worse over the past five years. Figure 4.1 shows that most people report that hospitals (52%) have generally got better over the past five years, though a sizeable number think that hospitals have either stayed the same (31%) or got worse (12%). Public evaluations of health services are therefore more positive than evaluations of employment opportunities, which only 14 percent think have improved; but behind education and electricity which 57 percent and 66 percent think have improved. Voters in Rajasthan (60%) and Gujarat (64%) were particularly likely to say that health services had improved, although there was not much difference by age of respondents.

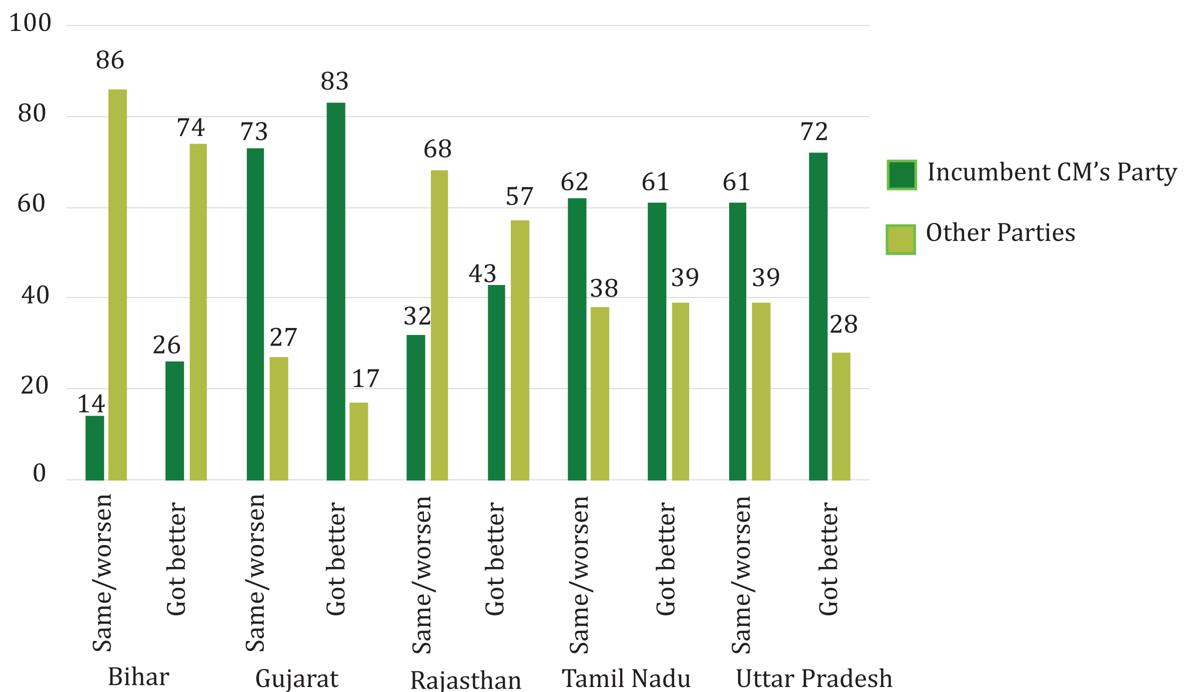
Figure 4.1: Evaluations of service delivery



Note: All figures in percentage.
Question asked: During the last five years, please tell me whether these have improved or deteriorated in your area?

As seen in the previous chapter, voters are more likely to attribute responsibility (either good or bad) for the provision of government hospitals to the state government than the central government (37% vs 14%). This suggests that if voters do engage in performance-based voting on health issues, it is more likely to occur in Vidhan Sabha elections than in Lok Sabha elections – since voters will punish or reward those in power who they think are most responsible for the service. However, the finding that voters lack a clear consensus on who is responsible may blur lines of accountability and dampen performance voting, particularly when different parties are in power at the state level and national level.

Figure 4.2: Performance and voting in Vidhan Sabha elections, percent voting for Chief Minister's party

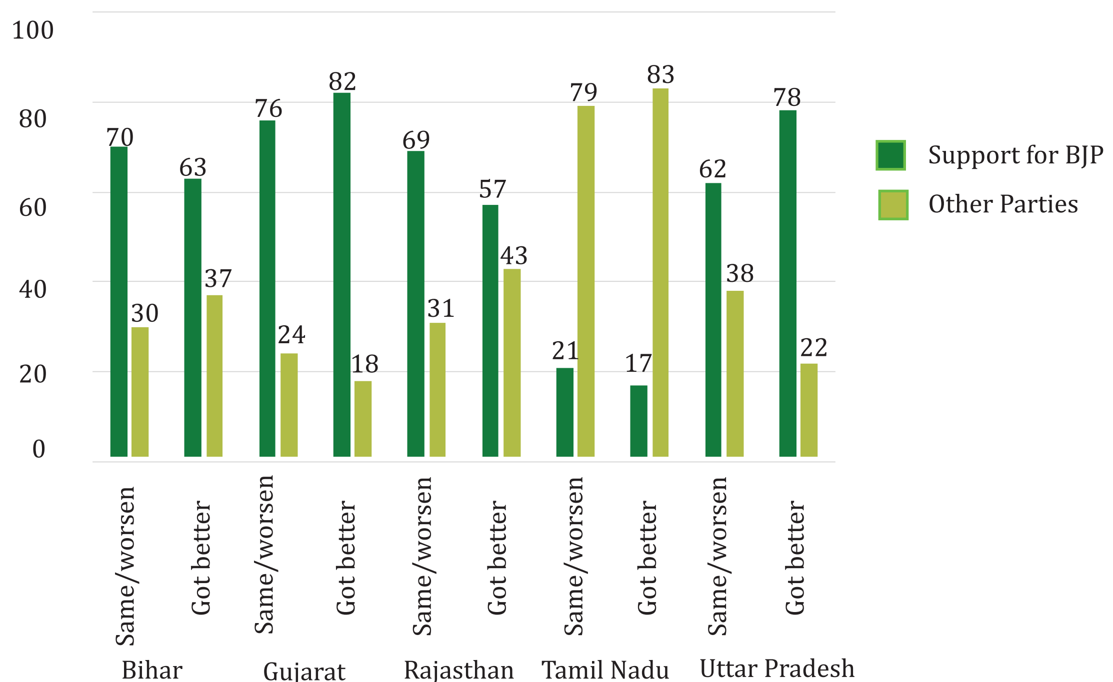


Note: All figures in percentage.
Question asked: During the last five years, please tell me whether the Condition of the government hospital have improved or deteriorated in your area?

To explore this possibility, Figure 4.2 shows the link between performance evaluations of government hospitals and support for the ruling Chief Minister's party in the Vidhan Sabha elections. We focus just on the Chief Minister's party – as in some states coalitions are relatively unstable and voters may find it difficult to assign responsibility to coalition partners. There is some evidence of health-based performance voting. Overall, people who thought that hospitals had got better were about 10 percentage points more likely to vote for the ruling Chief Minister's party than people who thought that hospitals had either stayed the same or got worse. In each of the states, we can see that the CM's party enjoyed about a 10-12 percentage point advantage amongst those who thought that hospital services had improved, with the exception of Tamil Nadu, where evaluations of health service seem less clearly related to voting choice.

By contrast, performance evaluations of government hospitals are less important in Lok Sabha elections.[9] Voters do not tend to reward or punish the central government in the same way, perhaps because they do not hold the central government responsible for the provision of health services. Figure 4.3 shows that performance evaluations of government hospitals are less likely to impact whether people voted for the incumbent BJP in the Lok Sabha elections, particularly in states where the BJP was not in power at the state level. In states where the Chief Minister is from the BJP (Gujarat and Uttar Pradesh), people who thought that hospitals had got better were more likely to vote for the BJP in Lok Sabha elections than people who thought they had stayed the same or got worse (by 6 points in Gujarat and 16 points in UP). But in states where the Chief Minister was not from the BJP (Bihar, Rajasthan, and Tamil Nadu), people who thought that hospitals had improved were if anything less likely to vote for the BJP at the Centre than people who thought they had got worse or stayed the same.

Figure 4.3: Performance and voting in Lok Sabha elections, support for BJP

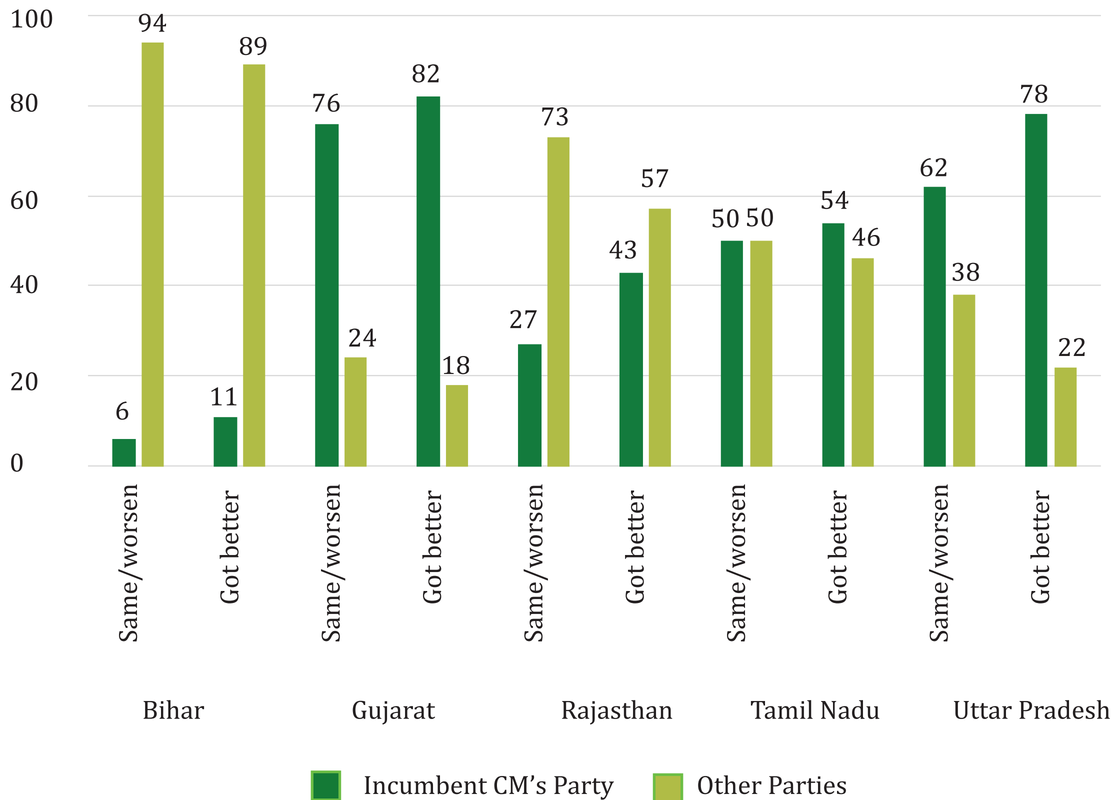


Note: All figures in percentage.
During the last five years, please tell me whether the Condition of the government hospital have improved or deteriorated in your area?

9 At the time of the survey, the party of the CM was BJP in Gujarat and Uttar Pradesh, JD(U) in Bihar, INC in Rajasthan and DMK in Tamil Nadu. In all cases the party of the PM is BJP. Bihar had a JD(U)-BJP coalition government at the time of the survey but the Chief Minister was not BJP.

This suggests that the extent to which people reward or punish the central government for the provision of health services depends upon which party is in power at the state level. This is more clearly illustrated in Figure 4.4, which shows that in each state voters are more likely to reward good performance on health in the state by voting for the Chief Minister's party in the Lok Sabha elections, although the difference is quite small in some states. Thus, when the state-level governments do well, the Chief Minister's party is also rewarded for its performance in the Lok Sabha election. This suggests that in at least some respects, voters' behaviour in Lok Sabha elections is shaped by what the state government does.

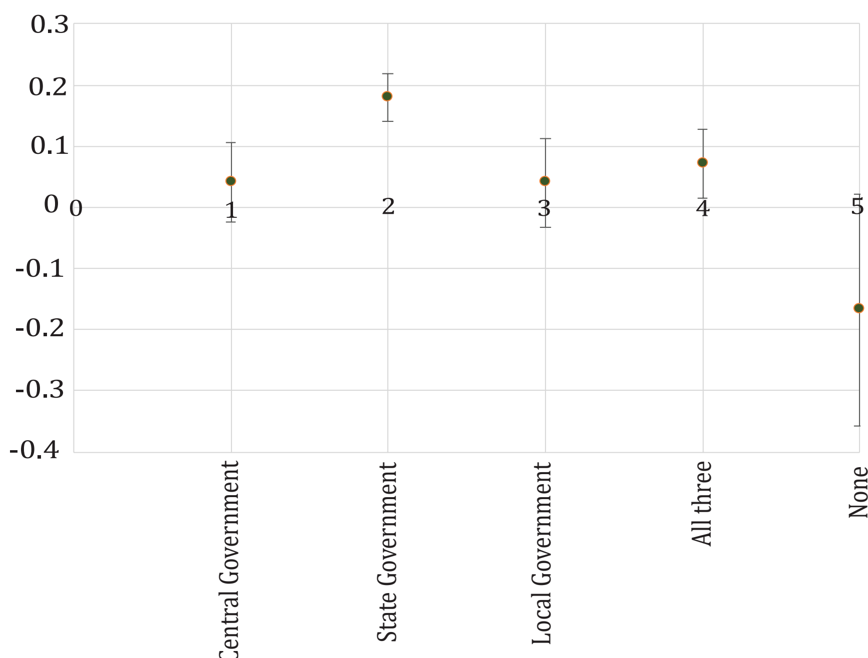
Figure 4.4: Performance and voting in Lok Sabha elections, support for Chief Minsiter's party



Note: All figures in percentage.
Question asked: During the last five years, please tell me whether the Condition of the government hospital have improved or deteriorated in your area?

We can get a clearer idea of how attributions of responsibility shape performance voting by examining how the impact of performance evaluations on voting choice is shaped by the level of government citizens hold responsible for the functioning of health services. Figure 4.5 shows that among voters who say that the state government is responsible for health services, performance evaluations have a significant and positive impact on support for the incumbent Chief Minister's party in the Vidhan Sabha elections (by about 18 percentage points). However, when voters hold the Central or local government responsible, the impact of performance evaluations on support for the Chief Minister's party is much more muted and is not significant (at just 4 percentage points).

Figure 4.5: Attribution of responsibility and performance voting in Vidhan Sabha elections, support for the party of the Chief Minister in state



Note: All figures in percentage.

Conclusion

These findings present evidence that state level governments in India are held to account at the ballot box for the quality of health services they provide to citizens. Voters appear to reward the party of the Chief Minister when services improve. Chains of accountability for health delivery are perhaps stronger than some might assume, including politicians themselves. In line with much empirical research from around the world, we also find that the political context shapes the degree of electoral accountability for the provision of services, and that performance voting is stronger when voters hold the government responsible for the service in question than when they don't. In the Indian context, most voters hold the state government responsible for health services, and performance voting for the incumbent is stronger in State level elections than it is in National elections.

Similarly, for state elections, performance voting is stronger among citizens who directly hold the state government responsible. These findings suggest that there is electoral value for state governments in doing more to strengthen and claim credit for health system performance. The analysis here has shown an electoral payoff for strengthening health systems, but this is enhanced when voters are aware of which level of government is responsible.

However, this is not to suggest that the central government can escape punishment for bad performance on health in national elections. Parties will be tarred with the same brush as their state-level counterparts, and whereas some parties may reap the benefits of an effective state government; others will suffer punishment. Politicians at all levels of the political system would therefore benefit from prioritising health in their time in office.

CONCLUSION

This report has shown that health looms larger as a concern for voters than has hitherto been assumed. While voters as a whole may not identify health as their top priority, it is one of three priority areas (after employment, and alongside education). Furthermore for significant numbers of older people and those from more disadvantaged backgrounds it is a top priority. While we cannot say on the basis of survey evidence that demands for better health care are a determining factor in shaping voting decisions or election outcomes, we can be confident that health is on the minds of voters and that it plays a role in how they vote. This suggests that there are strong reasons for political leaders to pay more attention to financing public health and to strengthening health systems in their electoral campaigns and among their priorities in office. The evidence presented in this report shows that there is a latent demand from voters for health sector improvements. Beyond this, there is already some evidence of an electoral pay-off for Chief Ministers among voters who perceive health services in their area to have improved.

Whether or not voters are able to hold elected politicians to account over public policy issues such as health care also depends on the design of institutions. As this report has shown, the constitutional distribution of legislative and administrative responsibilities for health between levels of government in the federal system is complex. It is not surprising to see there is a good deal of uncertainty among voters about which level of government is responsible for the provision of health facilities and different health schemes. The ambiguity over credit attribution may not be such a bad thing for cooperation between levels of government, even where they are governed by different parties, unlike in policy areas where credit is more clearly assigned to one level of government or the other. But the ambiguity also risks weakening lines of accountability. Our research suggests that less satisfied voters are more likely to blame their local government than their state government for poor performance, even though the local government has no constitutional responsibility in this field.

The path to health system strengthening is a long one, but the survey evidence presented in this report underlines that this is a field in which incremental improvements do have the potential to be recognised by voters. Greater political and media attention to framing health as a salient issue during election campaigns may reap dividends both for health service users and for elected politicians who make health care a priority.

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APPENDIX

Appendix I: Interview Schedule

Democracy and Health in India: Voter Expectation Survey 2022

A1. State in which you are surveying ________________?
A2. District Name ___________________
A3. City/Village Name: _________________
A4. Investigator Name: _______________________________________
A4a. Investigator Roll Number: _______
A4b. Investigator's gender:
1. Male 2. Female 3. Others
A4c. Upto what level have you studied/studying? __________________
A4d. Write the name of your College/University/Institute: ______________________________

Knock on the door of the house or ring the bell.

A5. Field Investigator's introduction & taking the respondent's informed consent:

My name is __________. I am the student of _________________. I have come on behalf of the Lokniti program of the Center for the Study of Developing Societies (CSDS), a research organization based in Delhi. We are conducting a survey to understand people's opinion and their experiences on the health system in India. Along with this, we will also try to understand their aspirations and concerns regarding health facilities. The information gathered by the survey will be used for article writing and educational purposes. This survey is an independent study and is not affiliated with any political party or government agency. The survey will take about 20 to 25 minutes. Please take some time to answer these questions. Your identity will be kept completely secret.

A6. Can I start the interview?
1. Yes
2. No (stop the conversation and go to another house)

A7. Respondent number: ___________

A8. What is your name: ___________________ 00. Not told (If name not told type 'not told')

Z1. what is your age _______(years) (Write the age as given by the respondent and if the age is not specified then type 0).

Z2. Gender: 1. Male 2. Female 3. Others

Q1. Thinking about your local area, please tell me which of these is the most important for improving the level of development? (Please read out options 1 to 6).
1. Schools 2. Roads 3. Employment/jobs
4. Better hospitals and health care services 5. Improved drinking water supply
6. Better electricity connectivity 97. Other [specify] _________________
98. Can't say

Q2. Thinking about your own family/household, over the next 5 years, what is your biggest concern out of these five? (Please read out options 1 to 5).
1. Education of your children 2. Your own health or that of a family member
3. Stable employment 4. Enough food to eat
5. Law and order/security 97. Other (specify) ___________________
98. Can't say

Q3. When you or anyone in your family have a small illness like cold, cough, fever etc. then where do you usually go for a check-up?
1. Government health care centres
2. Private doctor
3. Jhola-chhaap doctor (RMC)
4. Private ayurvedic/homeopathic/unani
5. Don't go anywhere for small illness
97. Other (specify) ______
98. No response

Q4. When you or anyone in your family have a serious ailment like heart disease, kidney or liver disease, cancer etc. where do you usually go for a treatment?
1. Government health care centres
2. Private doctor
3. Jhola-chhaap doctor (RMC)
4. Private Ayurvedic/homeopathic/unani
5. Don't go anywhere for such illness
97. Other (specify) ___________
98. No response
99. No one in the family suffered

Q5. During the last 2-3 years, how many times have you or someone from your household visited a public healthcare centre (eg. government hospital or dispensary) – never, once, 2-3 times, 4-5 times or more?
1. Never 2. Once 3. 2-3 times 4. 4-5 times or more 98. Can't remember

Q6. Due to several reasons, people often go to a government hospital instead of private hospitals. Based on your own experience or from what you have heard, what is the main reason that people decide to go to a government hospital rather than private hospital? (Do NOT read out answer categories)
01. Doctors and staff available
02. Quality of treatment
03. Good facilities such as medicines, beds, equipment etc.
04. Close geographically
05. Affordable (economically cheaper)
06. Previous experience
07. Medical emergency
08. Qualified Doctors
09. Getting treatment is easy
10. Only option
97. Others (Specify) _____________
98. Can't say/D.K.
99. Never visited

Q7. The last time when you needed to go to a hospital, did you go to a government hospital/clinic or a private one?
1. Government 2. Private 98. Can't say/DK 99. Never visited

Q8. Remembering your last visit to a hospital or health centre, how much time did you have to wait in the queue before you could meet the doctor for check-up? Record number of hours___________ (Record 0 if less than one hour)
98. Can't remember/ D.K.

Q9. Were you mostly satisfied or dissatisfied with the treatment provided at that hospital or dispensary? (Probe further fully or somewhat satisfied or dissatisfied).
1. Fully satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Fully dissatisfied
98. No response

Q10. In general, would you say that you are satisfied or dissatisfied with the overall health care system in India? (Probe further whether 'fully' or 'somewhat' satisfied or dissatisfied).
1. Fully satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Fully dissatisfied
98. No response

Q11. Due to several reasons, people often go to a private hospital. Based on your own experience, or from what you have heard, what is the main reason that people choose to go to a private hospital? (Do NOT read out answer categories)
01. Doctors and staff available
02. Quality of treatment is good
03. Good facilities such as medicines, beds, equipment etc.
04. Close geographically
05. Affordable (economically cheaper)
06. Previous experience
07. Medical emergency
08. Doctors are good and qualified
09. Getting treatment is easy
10. Only option
11. Don't have to wait for long
97. Others (Specify) _____________
98. Can't say/D.K.
99. Never visited

Q12. During the last five years, please tell me whether the following have improved or deteriorated in your area?

	1. Imroved	2. Remained the same	3. Deteriorated	98. Can't say
a. Condition of government schools				
b. Condition of the government hospital				
c. Supply of electricity				
d. Supply of drinking water				
e. Employment opportunities				

Q13. Have you ever approached any political leader for any kind of help related to doctor or hospital?
1. Yes 2. No 98. Don't remember

Q13a. (If option 1 in Q13) When did you approach any leader for such help?
1. In this month only 2. In the last month
3. Two or three months before 4. During Second wave of Covid in 2021
5. During First wave of Covid in 2020 6. Even before that
98. Don't remember/No response

Q14. Based on your own experience, or what you have heard from others, who do people usually approach for help accessing health care facilities such as doctors or hospitals? (Do NOT read out answer categories)
1. Local leader of the area 2. Party worker
3. Sarpanch/ municipal councilors 4. MLA
5. MP 97. Any other (specify) ____________
98. No Response 99. Don't go to anyone

Q15. Generally, for what kind of help related to health facilities people approach a leader? (Do NOT read out answer categories)
1. To get the bed in the hospital 2. Monetary help
3. Doctors were not cooperative 4. To make a complaint about the doctor
5. Need reference for treatment 6. For reducing bill amount in the hospital
7. For availing the benefits of government health insurance scheme 97. Other (specify) _____
98. Can't say 99. Don't go to anyone

Q16. Based on your own experience, or what you have heard from others, how helpful these leaders are in getting a doctor or hospital facility – very helpful, somewhat helpful, not much, or not at all helpful?
1. Very helpful 2. Helpful to some extent 3. Not very helpful
4. Not at all helpful 98. Can't say 99. Don't go to anyone

Q17. Who would you say is the most responsible for the functioning of the government hospitals - central government, state government or local government?
1. Central government 2. State government 3. Local government 4. All three
5. None 98. Can't say

Q18. To what extent does the 'health' facilities (doctors and hospitals) affect your vote choice in these election - to great extent, to some extent, not much or not at all?

	1. To great extent	2. To some extent	3. Not very much	4. Not at all	98. CS
a. Local elction					
b. State elecction					
c. National (Lok Sabha) election					

Q19. Have you or your family ever benefited from the following health schemes?

	1. Benefited	2. Not benefited	3. Not heard
a. Pradhan Mantri Jan Arogya Yojana/ Ayushman Bharat			
b. State health insurance scheme			
c. Janani Surksha Yojna			
d. Janani Shishu Suraksha Karyakaram			
e. Mission Indhradhanush (free vaccination for children)			

Q20. Which level of government [central/state/local] do you credit for each of these schemes?

	1. Central government	2. State government	3. Local government	98. CS
a. Pradhan Mantri Jan Arogya Yojana/ Ayushman Bharat				
b. State health insurance scheme				
c. Janani Surksha Yojna				
d. Janani Shishu Suraksha Karyakaram				
e. Mission Indhradhanush (free vaccination for children)				

Q21. Are you or your family covered by any kind of health insurance? If yes, then which one? (Click as many options given by the respondents).

1. Employee State Insurance Corporation (ESIC)
2. Central Government Health Scheme
3. Ayushman Bharat Yojana
4. Pradhan Mantri Suraksha Yojana
5. Aam Aadmi Bima Yojana
6. Janashree Bima Yojana
7. Universal Health Insurance Scheme
8. State specific schemes
9. Private scheme
97. Other (specify) ……………………..
98. Can't say
99. Not covered under any insurance

Q22. Have you ever borrowed money/taken a loan for medical treatment?

1. Yes
2. No
98. No response

Q22a. (If option 1 in Q22) Who did you borrow money/take the loan from?

1. Friend/neighbor
2. Moneylender
3. Bank
4. Relative
97. Other (specify) _______
98. No response

Q23. Many people argue that the Indian government should do more to improve health care. In your view should they:

a. Improve government dispensaries and government hospitals

OR

b. Help people get access to treatment at private hospitals by giving them health insurance?

1. Agree with 1st statement
2. Agree with 2nd statement
3. Agree with both
98. Can't say

Q24. Based on your own experience or from what you have heard, how frequently would you say these things happen at PHC/CHC - always, sometimes or not at all?

	1. Always	2. Sometimes	3. Never	98. Can't say
a. Doctors care about the patients and help them				
b. You have faith in the doctors that they know what has to be done				
c. Doctors try to make money rather than treating people				
d. When needed, the PHC/CHC facility will be open				
e. Doctors will be available to treat people				
f. The prescribed medicines will be available				

Q25. Based on your own experience or from what you have heard, how frequently would you say these things happen at the hospital you visit most often - always, sometimes or not at all?

	1. Always	2. Sometimes	3. Never	98. Can't say
a. Doctors care about the patients and help them				
b. You have faith in the doctor that they know what has to be done				
c. Doctors try to make money rather than treating people				
d. When needed, the hospital facility will be open				
e. Doctors will be available to treat people				
f. The prescribed medicines will be available				

Q26. In your view, is it the responsibility of the government to provide health care facilities (such as medicine and hospitals)?
1. Yes   2. No, it's a private matter for individuals to look after themselves   98. CS

Q27. In general, how would you rate your health today- Would you say it is very good, good, bad or very bad?
1. Very good   2. Good   3. Bad   4. Very bad   98. Can't say

Q28. Leaving aside the period of elections, how much interest do you usually take in politics– a great deal of interest, some interest or no interest at all?
1. Great deal   2. Some interest   3. No interest   98. Can't say

Q29. Which party did you vote for in Lok Sabha election held in 2019 to elect your MP? (First write the given answer in the blank space given below and then find the correct answer from the codebook) ______________________________

Q30. Which party did you vote for in Assembly election held in ----- (First write the given answer in the blank space given below and then find the correct answer from the codebook) ______________________________

Q31. Have you or a member of your family ever tested positive for Coronavirus disease?
1.Yes   2. No   3. Never get tested   98. No response

Q31a. (If option 1 in Q31) Was there a need to take that person to the hospitals?
1. Yes   2. No

Q 31b. (If option 1 in Q31a) Was that hospital government or private?
1. Government   2. Private   3. Charitable   97. Other (specify)_____   98. Can't say

Q32. Based on your experience, or what you have heard, to what extent was that hospital equipped to handle COVID cases - very well, well, not very well or not at all?
1. Very well-equipped 2. Well-equipped 3. Not very well-equipped
4. Not at all equipped 98. Can't say 99. Never experienced or heard about it

Q33. Have you got vaccinated against coronavirus?
1. Yes, taken both doses 2. Yes, taken single dose 3. No 98. No response

Q34. We are now going to tell you about a candidate for an Assembly election. We would like to know what you think about them.
Version A Suresh is a first-time candidate running for the (Insert main opposition party) in the next Assembly election in (Name of the state). He is from your caste and was born in the local constituency.
Version B Suresh is a first-time candidate running for the (Insert main opposition party) in the next Assembly election in (Name of the state). He is from your caste and was born in the local constituency. He is standing for election and has promised to improve local hospitals and health services.
Version C Suresh is a first-time candidate running for the (Insert main opposition party) in the next Assembly election in (Name of the state). He is from your caste and was born in the local constituency. He is standing for election and has promised to help people get access to private hospitals and healthcare by giving them health insurance.

Q34a. How much do you think this candidate (Suresh) would develop the local constituency?
1. A lot 2. A little 3. Not much 4. Nothing at all 98. Can't say

Q34b. And how likely would you be to vote for this candidate (Suresh), if the candidate ran at the Assembly election in your constituency?

0 1 2 3 4 5 6 7 8 9 10 98. Can't say
Very unlikely Very likely

BACKGROUND

Z3. How many elders (18+) and children (under 18) are there in your household? ***(Note the exact number for each; code 0 if there are no children)***
a. Above 18 years ________________
b. Below 18 years __________________

Z4. Upto what level have you studied? (***code from the give list***) ___________
Z4a. Upto what level has your father studied? (***code from the give list***) ___________
Z4b. Upto what level has your mother studied? (***code from the give list***) ___________
1. Non-literate (Can't read or write at all)
2. Below Primary Class
3. Primary Pass (Class 5)
4. Middle Pass (Class 8)
5. Matriculation Pass (Class 10)
6. Studying in class 11th or 12th or junior college
7. Inter Pass (Class 12)
8. Diploma (after class X or XII)
9. Graduate or doing graduation/in college
10. Post-graduate/ Doing Post-graduation
11. Higher Degree (MPhil, PhD)
12. Professional courses/degree (law, engineering etc.).
98. Did not respond

Z5. What is your main occupation? (***Note down the response and then code from the codebook; if retired, try to ascertain his/her previous occupation, if student or housewife, then note down that as well***)________________________

Z5a. What is the main occupation of your father?***(Note down the response and then code from the codebook; if retired, try to ascertain his/her previous occupation, if student or housewife, then note down that as well)*** ______

Z5b. What is the main occupation of your mother? ***(Note down the response and then code from the codebook; if retired, try to ascertain his/her previous occupation, if student or housewife, then note down that as well)***
____

Z6. Are you married?
1. Yes 2. Yes, Widowed 3. Yes, but Separated
4. Yes but Divorced 5. No, Single/Unmarried 98. Did not respond

Z7. Which religion do you belong to?
1. Hindu 2. Muslim 3. Christian 4. Sikh
5. Buddhist/Neo-Buddhist 6. Jain 7. Parsi
97. Other religion (specify)________ 99. Atheist

Z8. And what is your caste group?
1. Scheduled Caste (SC) 2. Scheduled Tribe (ST)
3. Other Backward Classes (OBC) 4. General

Z8a. What is your Caste/Jati-biradari/Tribe name? ***(Note down the response and then code from the codebook)*** ____
____

Z10. Area/Location:
1. Village 2. Town 3. Small/Big city

Z10a. (If option 2 3 in Z10) Type of house where Respondent lives
1. House/Flat/Bunglow 2. House/Flat with 5 or more rooms
3. House/Flat with 4 rooms 4. Houses/Flat with 3 rooms
5. Houses/Flat with 2 rooms 6. House with 1 room
7. Mainly Kutcha house 8. Slum/Jhuggi Jhopri

Z10b. (If option 1 in Z10) Type of house where Respondent lives
1. Pucca (both wall and roof made of pucca material)
2. Pucca-Kutcha (Either wall or roof is made of pucca material and other of kutcha material)
3. Kutcha/Mud houses (both wall and roof are made of kutcha material)
4. Hut (both wall and roof made of grass, leaves, un-burnt brick or bamboo)

Z11. Do you or members of your household have the following:

	1. Yes	2. No
a. Car/Jeep/Van		
b. Own auto or e-rickshaw		
c. Scooter / Motorcycle / Moped		
d. Air Conditioner (AC)		
e. Electric fan		
f. Cooler		
g. Washing machine		
h. Fridge		
i. Bank account		
j. Credit Card		
k. Indoor toilet (or adjacent to the house that only belongs to you)		
l. (If option 1 in Z10) Pumping set		
m. (If option 1 in Z10) Tractor		

Z12. What kind of phone do you have?
1. Simple phone
2. Smart phone
3. Both
4. None
98. No Response

Z13. What's your monthly household income after putting together the income of all members? (First note down the response in the space given below and then click on the right/most suitable option from the menu provided)

____

01. Upto 1,000	02. 1,001 to 2,000	03. 2,001 to 3,000	04. 3,001 to 5,000
05. 5,001 to 7,500	06. 7,501 to 10,000	07. 10,001 to 15,000	08. 15,001 to 20,000
09. 20,001 to 30,000	10. 30,001 to 50,000	11. Over 50,000 98. No answer	

Z14. Mobile/Telephone number of the respondent (If phone number is not specified, type 0 ten times '0000000000')

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