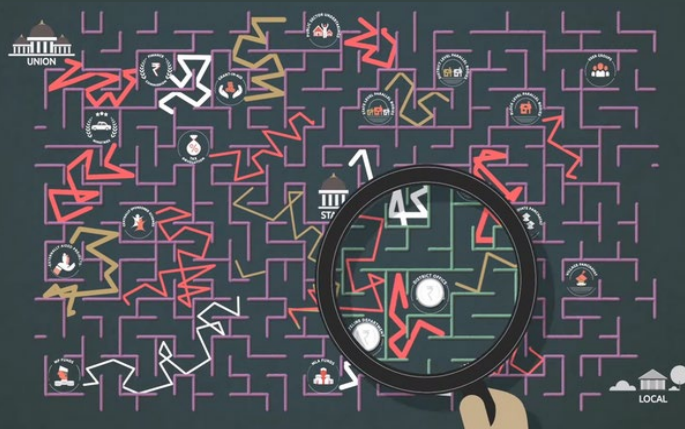




National Health Mission Budget Insights

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KEY HIGHLIGHTS



NHM is the largest scheme of the Ministry of Health and Family Welfare (MoHFW). In FY 26-27 Budget Estimates (BEs), ₹41,605 crore was allocated to NHM. This is 7 per cent more than the previous year's Revised Estimates (REs) but 6 per cent more than the BEs.



Significant gaps persist between proposed budgets and approved budgets. In FY 24-25, states proposed ₹1,01,939 crores, of which 85 per cent was approved. In FY 25-26, proposed budgets increased by 5 per cent to ₹1,07,330 crore, with approvals accounting for 87 per cent of the proposal.



In FY 25-26 NHM budgets show substantial inter-state variation in component-wise priorities. While Health System Strengthening (HSS) dominates allocations across all states, its approved share ranges widely from 29 per cent in Delhi to 73 per cent in Rajasthan.



Kerala allocates a relatively higher share of its approved NHM budget to Infrastructure Maintenance (20 per cent), while Delhi prioritises urban health, allocating 28 per cent of its NHM budget to NUHM. States such as Meghalaya, Bihar, and Jharkhand allocate higher proportion of their approved NHM budgets to the Reproductive and Child Health (RCH) component.



Fund utilisation under NHM has remained persistently low. In FY 22-23, 65 per cent of the allocated budgets were utilised, which declined to 62 per cent in FY 24-25.



In FY 24-25, 19 states and UTs utilised less than two-thirds of their allocated budgets. Among the states, utilisation was lowest in Uttar Pradesh (42 per cent), followed by Punjab (43 per cent), and West Bengal (54 per cent).

OVERVIEW

Launched in May 2013, the National Health Mission (NHM) is Government of India's (Gol's) flagship scheme to achieve universal access to equitable, affordable, and quality healthcare by strengthening health systems and capacities. NHM comprises of two sub-missions: a) the National Rural Health Mission (NRHM), initiated in 2005 for rural areas; and b) the National Urban Health Mission (NUHM), introduced in 2013 for urban health.

Since its inception as NRHM in 2005, the programme has undergone successive extensions, with the current phase approved through 2026. The Ministry had proposed extending NHM into the 16th Finance Commission cycle¹, given its continued importance in delivering key health outcomes.

NHM is a Centrally Sponsored Scheme (CSS) with costs shared between the Gol and state governments, in a 60:40 ratio. For the North-Eastern and Himalayan states, the ratio is 90:10. Union Territories without legislature are fully funded by Gol.

Gol allocations under the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) for National AYUSH Mission (NAM) and for the Senior Citizen Health Insurance Scheme (SCHIS) have not been included under NHM for comparability of analysis across allocations, approvals, and expenditures.

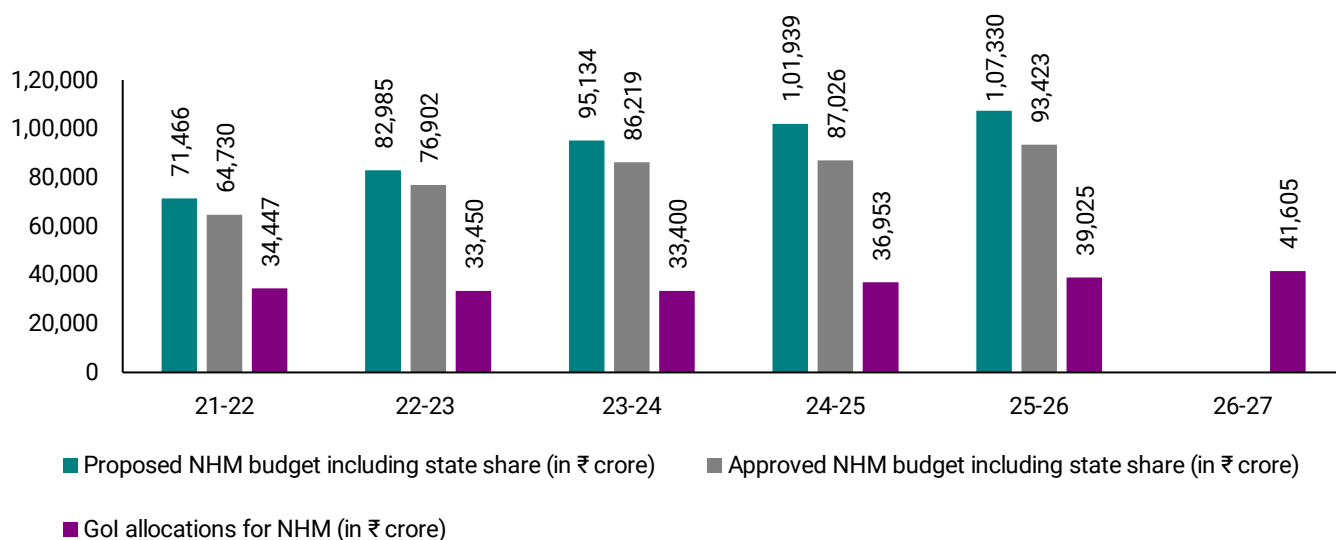
The present brief analyses state-wise trends in FY 24-25 and FY 25-26.

TRENDS IN PROPOSED AND APPROVED BUDGETS, RELEASES, AND EXPENDITURES

- Under NHM, annual budgets are prepared by states through State Programme Implementation Plans (SPIPs). These SPIPs outline proposed strategies, budgets, and outcome targets and are appraised by the National Programme Coordination Committee (NPCC) and approved by the GoI. The approved allocations are issued as Records of Proceedings (ROPs), specifying the total resource envelope, including the GoI share, the state's contribution, and any unspent balances from previous years.
- The ROP format was changed in FY 22-23, to activity-wise reporting and are now issued for two years at a time. For instance, the ROP for FY 24-26 includes plans and budgets for both FY 24-25 and FY 25-26. States may also request additional funds through the submission of Supplementary Programme Implementation Plans, which, if approved, are called Supplementary Records of Proceedings (SROPs).
- Following budget approval, fund releases begin, with contributions from both the GoI and states. Total funds available comprise these releases and unspent balances from the previous year.
- The Union budget provides information on GoI allocations for NHM, while ROPs provide state-wise and component-wise information on proposed and approved budgets and expenditures. This brief analyses both metrics.

PROPOSED AND APPROVED BUDGETS AND GOI ALLOCATIONS

- In FY 26-27 Budget Estimates (BEs), the GoI allocated ₹41,605 crore to NHM—7 per cent higher than the previous year's Revised Estimates (REs) and 6 per cent above the BEs.
- In FY 24-25, states proposed budgets of ₹1,01,939 crore under NHM, of which 85 per cent (₹87,026 crore) was approved. In FY 25-26, proposed budgets increased by 5 per cent to ₹1,07,330 crore, with approvals rising to 87 per cent (₹93,423 crore). However, GoI allocations to NHM were substantially lower than the approved budgets in both years.
- Notwithstanding these annual gaps, cumulative GoI allocations for NHM have exceeded the original outlay planned for FY 21-22 to FY 25-26 of ₹1,65,357² crore by 7 per cent, reaching ₹1,77,275 crore.



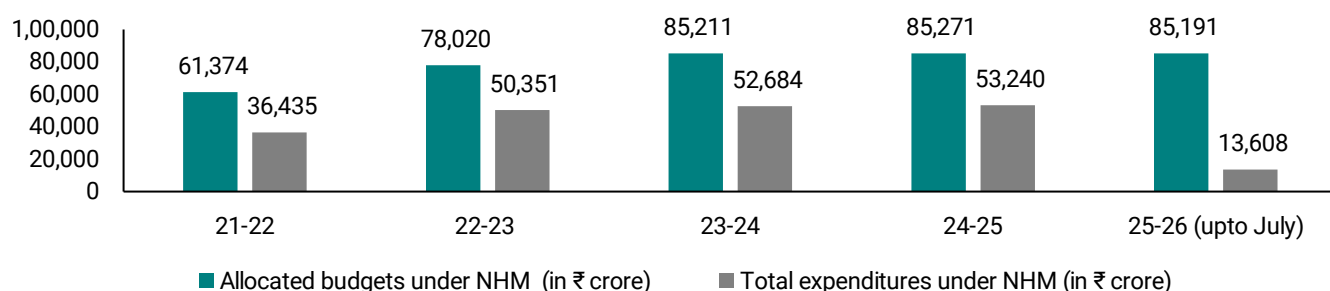
Source: (1) Record of Proceedings, NHM, FY 21-22 and FY 25-26. [Url](#). (2) Union Expenditure Budget, Volume 2, MoHFW, FY 20-21 to FY 26-27. [Url](#). Last accessed on 1 February 2026.

ALLOCATED BUDGETS AND EXPENDITURE

- Fund utilisation of allocated budgets (including unspent balances and releases by both GoI and states) has remained low. In FY 22-23, 65 per cent of the total allocated budget was utilised, but this declined to 62 per cent in FY 23-24.

- A similar trend was observed in FY 24-25. Total allocated funds accounted for ₹85,271 crore of which 62 per cent or ₹53,240 crore was spent.
- In FY 25-26, expenditure has been even slower. Of the total funds available or allocated funds i.e. ₹85,191 crore, only ₹13,608 crore or 16 per cent had been spent till July 2025.

Figure 2: Trends in NHM allocated budgets as per FMR and expenditure



Source: RTI response from MoHFW dated 10 November 2025. Note: Allocated budgets are as per FMR reports.

COMPONENT-WISE TRENDS

Approved Budget Shares

NHM financing is organised into multiple flexipools covering reproductive and child health, health system strengthening, urban health, communicable and non-communicable diseases, infrastructure maintenance, and immunisation support.

Health System Strengthening (HSS)



HSS under NHM includes funds for hospital strengthening, annual maintenance grants for health facilities, and untied funds.



HSS accounted for the largest share of approved NHM budgets across the period. In FY 22-23, 58 per cent of approved budget was for HSS, which increased marginally to 59 per cent in FY 24-25, and further rose to 60 per cent in FY-25-26.

Reproductive and Child Health (RCH) flexipool



RCH flexipool finances maternal and child health, family planning, and the Janani Suraksha Yojana (JSY). Since FY 18-19, it also covers routine immunisation, Pulse Polio, and the Iodine Deficiency Disorders Control Programme (NIDDCP).



The RCH flexible pool remained the second-largest component of approved NHM budgets; however, its share declined steadily over the period. It accounted for 18 per cent in FY 22-23, which declined to 17 per cent in FY 23-24, and further to 16 per cent in FY 24-25. In FY 25-26, it fell further to 14 per cent.

Infrastructure Maintenance (IM)



IM funds are allocated across NHM programme divisions and are primarily used for staff salaries and capacity building.



While IM constitutes a relatively small share of NHM budgets, its approved share consistently exceeds proposals. IM accounted for a relatively small but stable share of approved NHM budgets, remaining within a range of 7-8 per cent between FY 22-23 and FY 25-26.

Non-Communicable Diseases (NCD) flexipool



NCD supports programmes targeting blindness, cancer, diabetes, cardiovascular diseases, and tobacco control.



The approved share of NHM budgets allocated to NCD remained around 4 per cent between FY 22-23 and FY 25-26.

NUHM flexipool



The NUHM flexipool addresses the healthcare needs of the urban poor, with a particular focus on vulnerable and marginalised populations.



NUHM's share of approved NHM budgets increased from 4 per cent in FY 22-23 to 5 per cent in FY 23-24, and remained at 5 per cent through FY 24-25 and FY 25-26.

Communicable Diseases (CD) flexipool



CD flexipool finances the National Disease Control Programme (NDCP) which includes programmes such as the Revised National Tuberculosis Control Programme (RNTCP), and National Vector Borne Diseases Control Programme (NVBDCP).



NDCP share in approved NHM budgets remained at around 6 per cent between FY 22-23 and FY 25-26, except for FY 23-24, when it saw a marginal decline, and stood at 5 per cent.

Immunisation Kind Grants

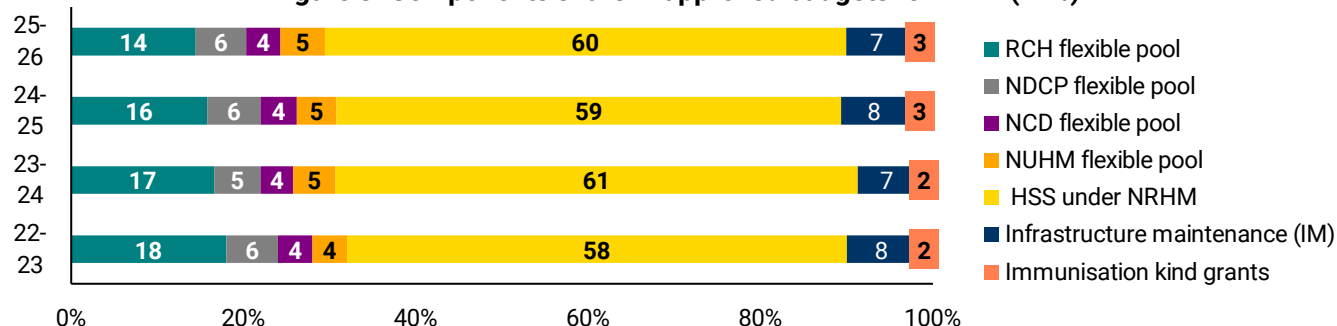


Immunisation Grants in kind support the Universal Immunisation Programme (UIP) and other vaccination initiatives by ensuring that states and Union Territories receive essential immunisation resources.



The approved share of NHM budgets for Immunisation Kind Grants increased from 2 per cent in FY 22-23 to 3 per cent in FY 24-25, and remained at this level in FY 25-26.

Figure 3: Components share in approved budgets for NHM (in %)

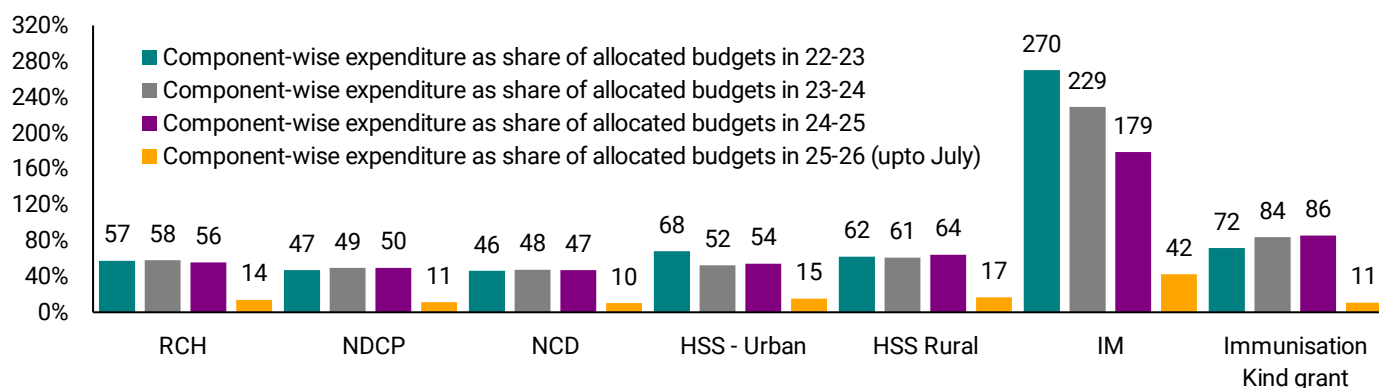


Source: Record of Proceedings, NHM, FY 22-23 and FY 25-26. [Url](#). Last accessed on 20 January 2026.

Expenditure

- Component-wise expenditure analysis has been undertaken using Financial Management Report (FMR) data. The analysis shows considerable variation in utilisation across NHM components. In FY 24-25, 64 per cent of the allocated budget for HSS-Rural was utilised, a marginal improvement from 62 per cent in FY 22-23, though utilisation remains relatively low. In contrast, utilisation proportions for HSS-Urban declined sharply, falling to 54 per cent in FY 24-25 from 68 per cent in FY 22-23. Similarly, RCH utilisation stood at 56 per cent, a marginal decline from FY 22-23 levels.
- Around less than half and half of the funds for NCD (47 per cent) and NDPC (50 per cent) were spent in FY 24-25. The utilisation, however, has improved marginally from FY 22-23 levels.
- IM stands out as an exception, with expenditure exceeding the allocated budget, across years and in FY 24-25, reaching 179 per cent of the allocated budget. Even in FY 25-26 (upto July), IM recorded relatively higher utilisation at 42 per cent compared to other components.

Figure 4: NHM component-wise expenditure as share of allocated budgets (in %)



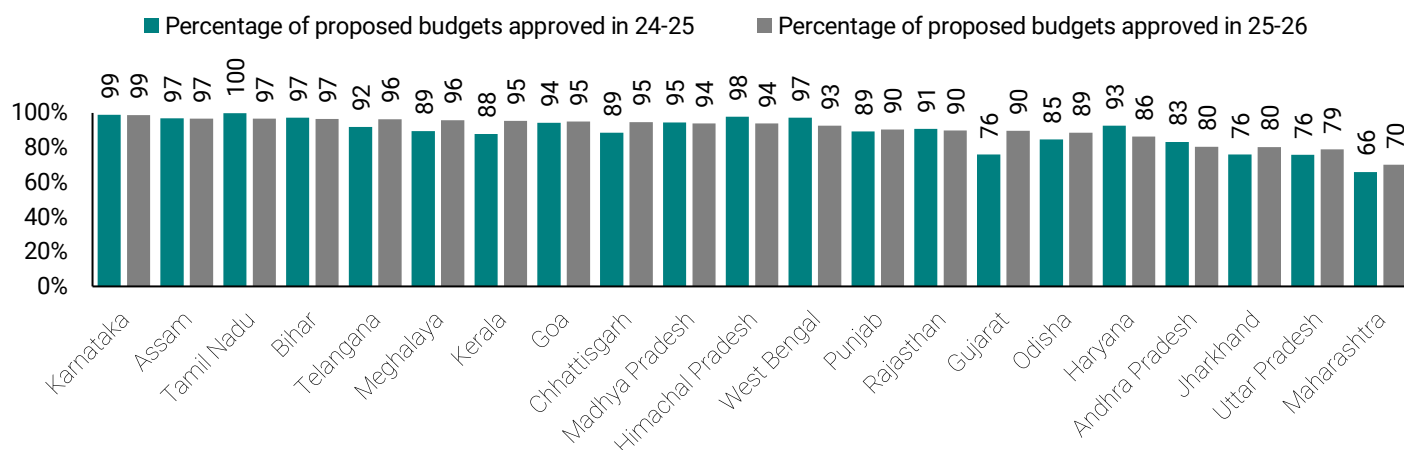
Source: RTI response from MoHFW dated 10 November 2025. Note: Allocated budgets are as per FMR reports.

STATE-WISE TRENDS

Proposed and Approved Budgets

- This section is based on data available in the ROPs. In both FY 24-25 and FY 25-26, 15 states and UTs saw 95 per cent or more of their proposed NHM budgets approved. In FY 25-26, states with a high share of their budgets approved included Karnataka (99 per cent), Assam (97 per cent), Tamil Nadu (97 per cent), Bihar (97 per cent), Telangana (96 per cent), Meghalaya (96 per cent), Kerala (95 per cent), Goa (95 per cent), and Chhattisgarh (95 per cent). These same states also had higher approvals in FY 24-25.
- In contrast, states with lowest approvals in FY 25-26 were Maharashtra (70 per cent) and Uttar Pradesh (79 per cent). Approved budget proportions increased in Gujarat from 76 per cent in FY 24-25 to 90 per cent in FY 25-26.

Figure 5: State-wise approved budgets out of proposed budgets (in %)



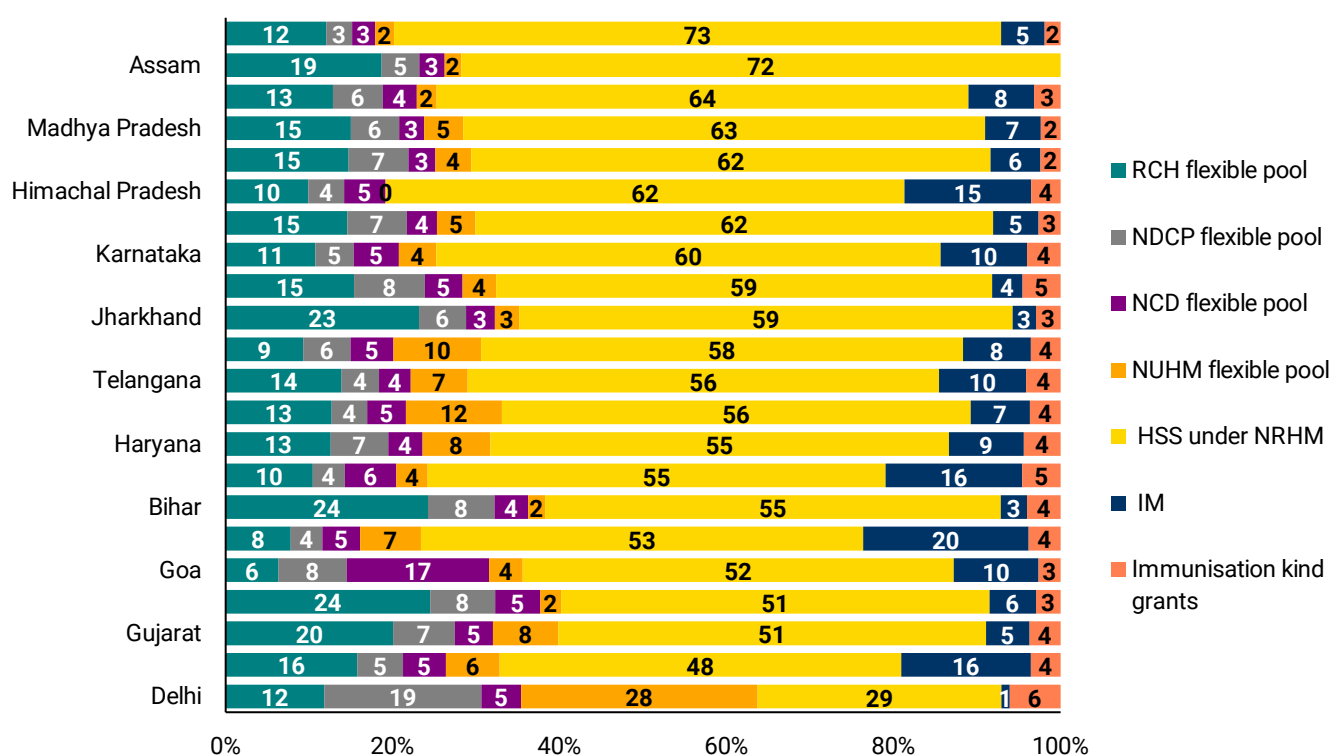
Source: Record of Proceedings, NHM, FY 21-22 and FY 25-26. [Url](#). Last accessed on 20 January 2026.

Component-wise shares

- The composition of NHM approved budgets varies considerably across states, reflecting differing policy priorities. While HSS dominates approved budgets across all states, the degree of reliance on HSS differs sharply. In FY 25-26, nearly three-quarters of NHM approved budgets were for HSS in Rajasthan (73 per cent) and Assam (72 per cent). Odisha, Madhya Pradesh and Uttar Pradesh, Himachal Pradesh, and Chhattisgarh also had relatively high shares (over 60 per cent).
- In contrast, states such as Andhra Pradesh and Gujarat have substantially lower shares going for HSS (around 48-51 per cent). Instead, higher shares are for RCH flexipool.
- In FY 25-26, however it is important to note that for Andhra Pradesh and Jharkhand, the approved share of HSS was at least five percentage points lower than what was proposed.

- The share of approved RCH budgets was highest in Bihar (24 per cent), Meghalaya (24 per cent), Jharkhand (23 per cent), Gujarat (20 per cent), Assam (19 per cent), and Andhra Pradesh (16 per cent) while Goa (6 per cent), Kerala (8 per cent) and Maharashtra (9 per cent) recorded the lowest shares. Similar patterns were observed in proposed budgets.
- IM, while a smaller component overall, has a significant share in some states. Kerala stands out with IM accounting for 20 per cent of its approved NHM budget, followed by Tamil Nadu (16 per cent), and Andhra Pradesh (16 per cent).
- For the NDCP flexipool, the share of approved budgets exceeded 6 per cent in 16 states and UTs. The share was highest in Chandigarh at 20 per cent, followed by Delhi at 19 per cent. In 14 states and UTs, the approved budget share ranged between 7 and 9 per cent.
- Goa has the highest approved share for NCDs under NHM at 17 per cent, while in other states, the approved share ranged between 3 and 8 per cent.
- Delhi has the highest approved NUHM share under NHM at 28 per cent, followed by West Bengal (12 per cent) and Maharashtra (10 per cent), the only other states with double-digit allocations.

Figure 6: Component-wise approved budgets for FY 25-26 (in %)

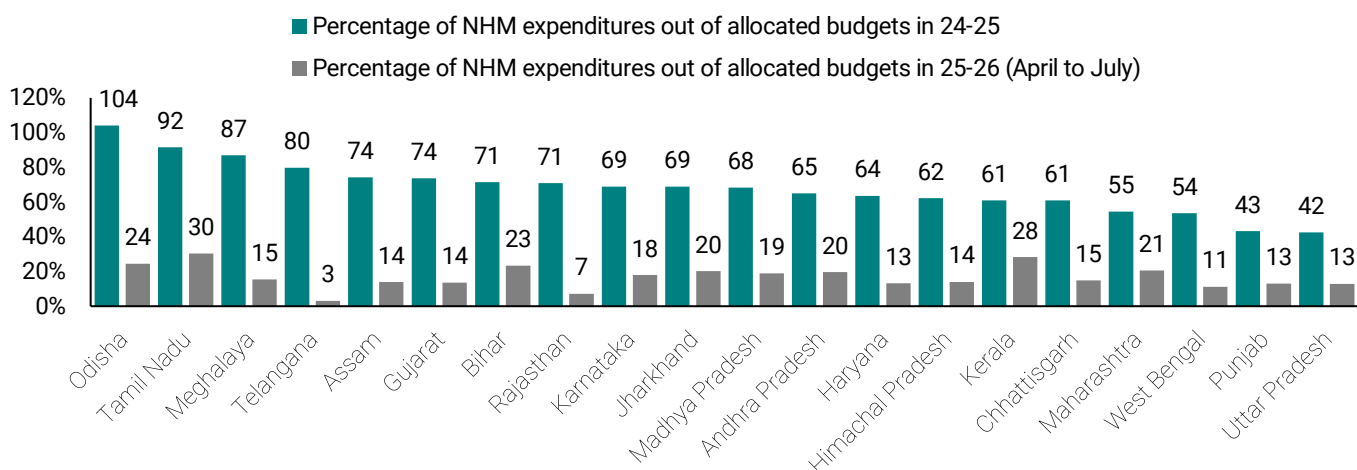


Source: Record of Proceedings, NHM, FY 25-26. [Url](#). Last accessed on 20 January 2026.

Expenditures

- Expenditures were analysed as a share of total allocated budgets, based on FMR obtained through RTI.
- Overall, the proportion of allocated budgets spent in FY 24-25 was low at 62 per cent. However, utilisation varied widely across states. Odisha was the only state to exceed its allocated budget, spending 104 per cent. Other states with relatively high utilisation, included Tamil Nadu (92 per cent), Meghalaya (87 per cent), and Telangana (80 per cent). However, utilisation was below two-thirds of the allocated budgets in 19 states and UTs, including Andhra Pradesh (65 per cent), Haryana (64 per cent), Himachal Pradesh (62 per cent), Kerala (61 per cent), and Chhattisgarh (61 per cent).
- Further, expenditure was the lowest in Uttar Pradesh (42 per cent), Punjab (43 per cent), and West Bengal (54 per cent).
- In FY 25-26 (up to July), 10 out of 36 states had utilised one-fifth or more of their allocated budget, including Tamil Nadu (30 per cent), Kerala (28 per cent), Odisha (24 per cent), Bihar (23 per cent), Maharashtra (21 per cent), Jharkhand (20 per cent), and Andhra Pradesh (20 per cent). In contrast, utilisation was the lowest in Telangana (3 per cent), Rajasthan (7 per cent), and West Bengal (11 per cent).

Figure 7: NHM expenditure as share of allocated budgets (in %)

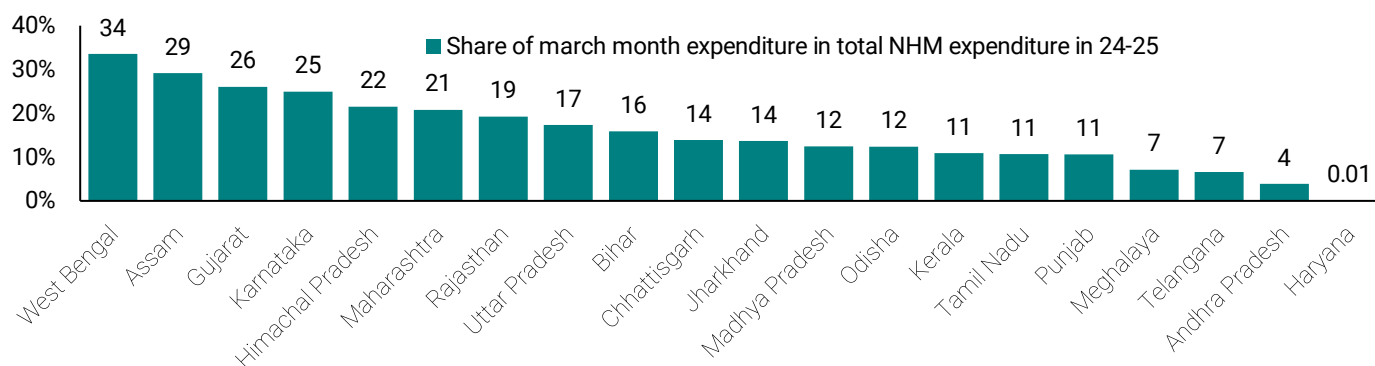


Source: RTI response from MoHFW dated 10 November 2025. **Note:** Allocated budgets are as per FMR reports.

Delays in Utilisation

- In addition to low cumulative utilisation, there is often a last-minute rush to spend funds, as highlighted also by the 154th Report on Action Taken for DoHFW by the Parliamentary Standing Committee in 2024³.
- In FY 24-25, in 8 out of 36 states and UTs, at least one-fourth of total expenditure was incurred in the last month of the financial year. For instance, West Bengal (34 per cent), Assam (29 per cent), Gujarat (26 per cent), and Karnataka (25 per cent) recorded significant spending in March. In contrast, only 4 out of 36 states and UTs reported less than 10 per cent of their expenditure in March, including Haryana, Andhra Pradesh, Telangana, and Meghalaya.

Figure 8: NHM expenditure in march as share of total NHM expenditure (in %)



Source: RTI response from MoHFW dated 10 November 2025.

REFERENCES

¹Rajya Sabha, Parliament of India (2023). 163rd Demands for Grants 2025-26 of the Department-related Parliamentary Standing Committee on the Department of Health and Family Welfare, Ministry of Health & Family Welfare. [Url](#).

²ibid

³Rajya Sabha, Parliament of India, (2023). 154th Report on Action Taken by the Government on the Recommendations/ Observations contained in the 143rd Report on Demands for Grants 2023-24 of the Department of Health and Family Welfare, Ministry of Health and Family Welfare. [Url](#)

About ResGov

The Foundation for Responsive Governance (ResGov) is a Section 8 not-for-profit working to strengthen the capabilities of government and communities to ensure public initiatives reach the most vulnerable.

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