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Health System Strengthening (HSS) Flexible Pool Budget Insights

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KEY HIGHLIGHTS

-  HSS allocations are largely rural-focused. In FY 25-26, 92 per cent of the approved HSS budget went to HSS-Rural (HSS-R), and 8 per cent to HSS-Urban (HSS-U). There is state-wise variation. In Himachal Pradesh, nearly the entire HSS budget went to rural areas, while Delhi had the highest urban share (49 per cent).
-  In FY 24-25, utilisation remained modest, with 64 per cent of HSS-R and 54 per cent of HSS-U budgets spent.
-  In FY 25-26, 49 per cent of HSS-R and 75 per cent of HSS-U, allocated budget were concentrated in one sub-component i.e., Human Resource for Health.
-  In FY 24-25, 55 per cent of the total allocated Human Resources for Health budget under HSS-U was utilised. Utilisation at the national level was higher under HSS-R, at 69 per cent, during the same year.
-  For Health and Wellness Centres (HWCs), the allocated budget declined by 6 per cent between FY 24-25 and FY 25-26. In FY 24-25, utilisation for HWCs was low, at 40 per cent.
-  As per the latest data available, health infrastructure is overburdened. There are, on average, 7,908 people per government allopathic doctor in 2022 and 1,666 people per government hospital bed in India, in 2023.
-  As of 31st December 2025, a total of 50,373 public health facilities across all states and UTs have been certified under the National Quality Assurance Standards (NQAS), reflecting a 36 per cent increase in certifications between June and December 2025.

OVERVIEW

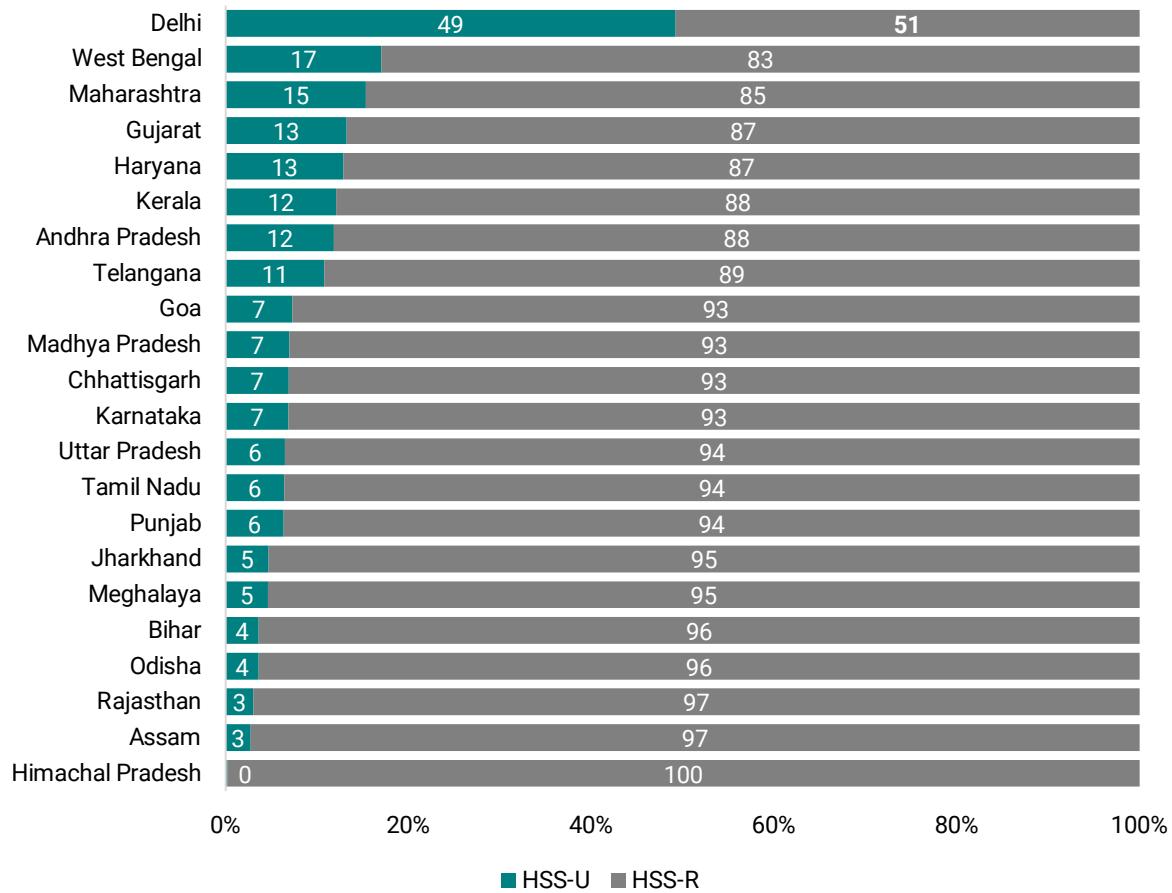
- Under the flagship programme of the National Health Mission (NHM), proposals, approvals, allocations, and expenditures are managed through various flexible pools, designed to provide greater autonomy to states in utilising funds according to their local priorities and health system gaps.
- One such key component is Health System Strengthening (HSS) Flexible Pool which supports cross-cutting system needs like infrastructure, human resources (HR), and service delivery across programmes. It supports both rural and urban areas.
- While HSS-U focuses on strengthening urban primary healthcare through HWCs, outreach to slums and vulnerable populations, teleconsultation, community engagement, quality assurance, and human resources support for urban health facilities, HSS-R supports end-to-end rural health systems, covering HWCs, public health infrastructure from sub-health centres to district hospitals, referral transport and ambulances, blood services, free drugs and diagnostics, HR support, IT systems, and service delivery innovations.

TRENDS IN PROPOSED AND APPROVED BUDGETS

Composition of Approved HSS Budget: Rural vs Urban

- Among all states/UTs, HSS-R accounts for the highest share of the total approved HSS budget. In FY 25-26, 92 per cent of the total approved HSS budget was allocated to HSS-R, while only 8 per cent went to HSS-U. However, there is significant state-wise variation. For instance, in FY 25-26, Himachal Pradesh allocated almost 100 per cent of its approved HSS budget to HSS-R, followed by Assam, Rajasthan, Odisha, and Bihar.
- In contrast, for Delhi, 49 per cent of the approved HSS budget was allocated to the urban component, followed by West Bengal (17 per cent), Maharashtra, and Gujarat.

Figure 1: Distribution of approved HSS Budget across HSS-R and HSS-U (in %)

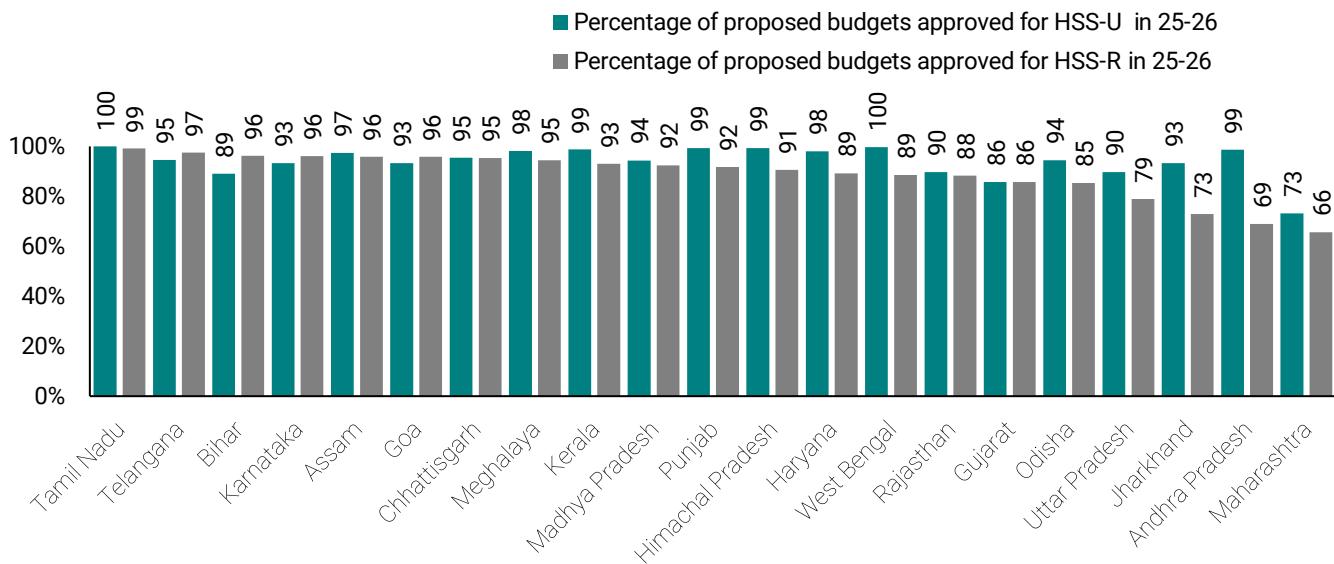


Source: Record of Proceedings, NHM, FY 25-26. [Url](#). Last accessed on 28 January 2026.

Proposed and Approved Budgets for HSS-R AND HSS-U

- In FY 25-26, 90 per cent of the proposed budget for HSS-U was approved at the national level. Six states/UTs including Tamil Nadu and West Bengal had their entire proposed budgets approved.
- Additionally, 11 states/ UTs saw approvals more than 95 per cent, including Punjab, Himachal Pradesh, Kerala and Andhra Pradesh (99 per cent each). Lower approval rates were recorded in Maharashtra (73 per cent) and Gujarat (86 per cent).
- For HSS-R, 85 per cent of the proposed budgets were approved at the national level. Among states, 99 per cent of the proposed budget was approved in Tamil Nadu, but lowest approval rates were in Maharashtra (66 per cent), Andhra Pradesh (69 per cent), and Jharkhand (73 per cent).

Figure 2: Approved budgets out of proposed budgets (in %)

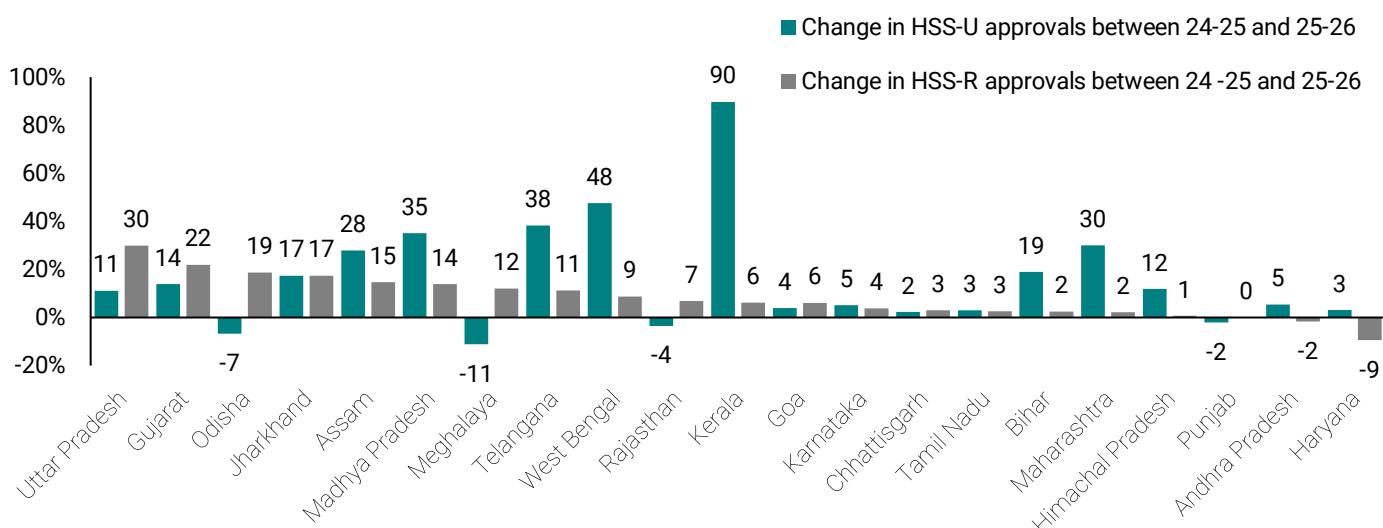


Source: Record of Proceedings, NHM, FY 25-26. [Url](#). Last accessed on 28 January 2026.

Proposed and Approved Budgets for HSS-R AND HSS-U

- Over the years, HSS-U approvals have increased. Between FY 24-25 and FY 25-26, there was a 21 per cent increase in overall approvals. Twenty-six states/UTs saw an increase including Kerala (90 per cent), West Bengal (48 per cent), and Telangana (38 per cent).
- In contrast, states like Meghalaya (11 per cent), Odisha (7 per cent), and Rajasthan (4 per cent) saw a decline during the same period.
- Similar trends can be observed under HSS-R, with approvals increasing by 11 per cent between FY 24-25 and FY 25-26. Thirty-one states/ UTs saw an increase in approvals, with highest being for Uttar Pradesh (30 per cent), Gujarat (22 per cent), and Odisha (19 per cent), while Haryana (9 per cent) and Andhra Pradesh (2 per cent) recorded declines.

Figure 3: Change in HSS-R and HSS-U approved budget between FY 24-25 and FY 25-26 (in%)



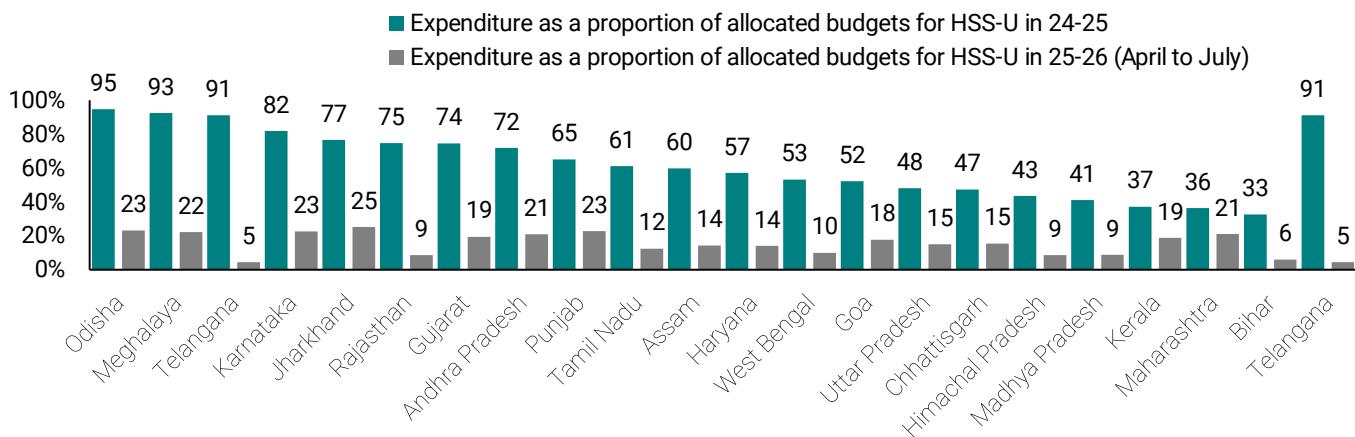
Source: Record of Proceedings, NHM, FY 24-25 and FY 25-26. [Url](#). Last accessed on 28 January 2026.

UTILISATION AND COMPONENT-WISE TRENDS

HSS-U

- HSS-U utilisation across states has been low with 54 per cent of the total allocated budget utilised in FY 24-25. In fact, only 17 states/UTs, utilised more than two-third of their allocated budget. Utilisation was highest in Odisha (95 per cent) followed by Meghalaya (93 per cent). In contrast, it was lowest in Bihar (33 per cent), Maharashtra (36 per cent), and Kerala (37 per cent).
- In the first four months of FY 25-26 (April to July), Jharkhand (25 per cent) and Odisha (23 per cent), had utilised one-fifth or more of their allocated budget. However, utilisation was less than 10 per cent in Telangana (5 per cent), and Bihar (6 per cent) among others.

Figure 4: HSS-U utilisation of the budget allocated (in %)

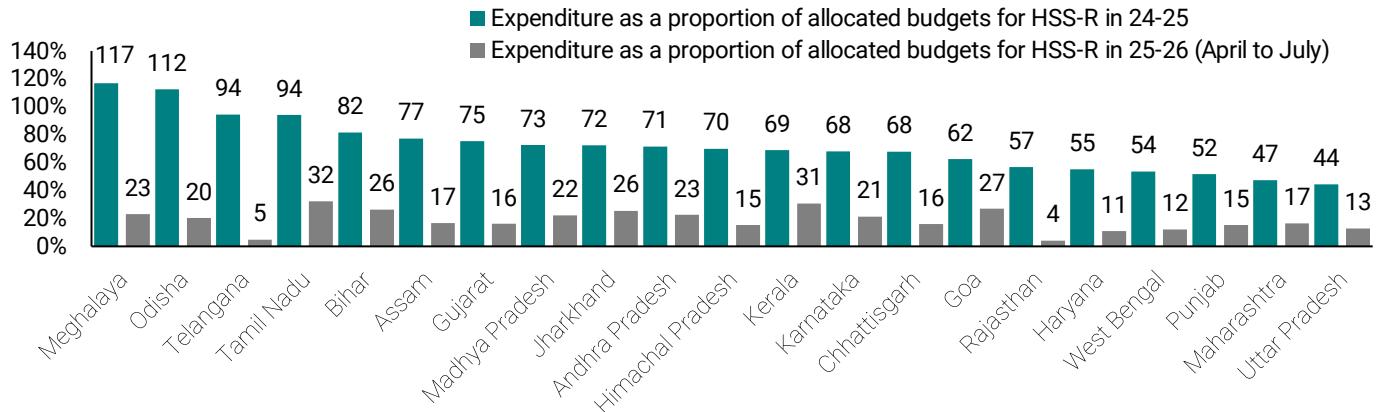


Source: RTI response from MoHFW dated 10 November 2025. Note: (1) Allocated budgets are as per FMR reports. (2) Utilisation data for Rajasthan and Telangana for FY 25-26 is available only up to June 2025.

HSS-R

- Nationally, spending on HSS-R was higher at 64 per cent in FY 24-25. But, utilisation varied widely across states. Meghalaya and Odisha were the only states to spend more than their allocated budget at 117 per cent and 112 per cent, respectively. Other states with relatively high utilisation, included Telangana and Tamil Nadu (94 per cent each). Less than half the allocated budgets, however, were utilised in Uttar Pradesh (44 per cent) and Maharashtra (47 per cent).
- In FY 25-26 (up to July), six states had utilised more than one-fourth of their allocated budget including Tamil Nadu (32 per cent) and Kerala (31 per cent).

Figure 5: HSS-R Utilisation of the budget allocated (in %)



Source: RTI response from MoHFW dated 10 November 2025. Note: (1) Allocated budgets are as per FMR reports. (2) Utilisation data for Rajasthan and Telangana for FY 25-26 is available only up to June 2025.

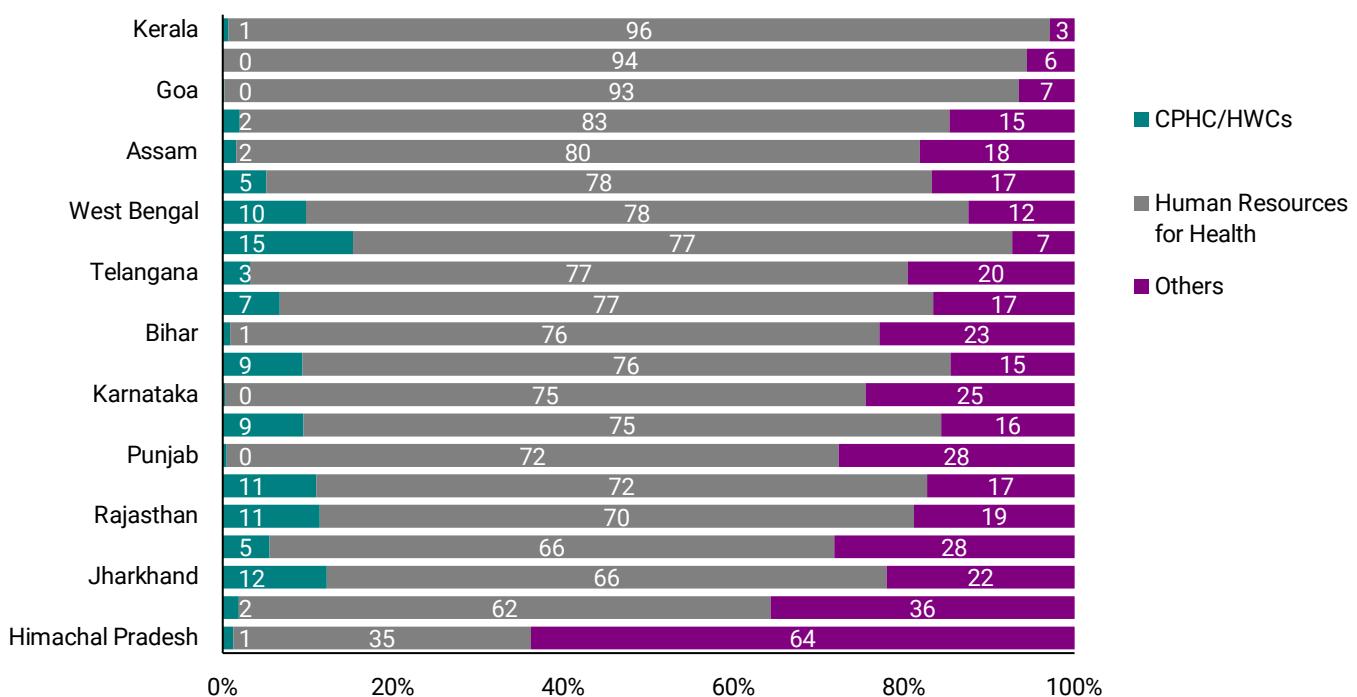
HSS Components Composition

- Within the HSS-R and HSS-U flexible pool, the following components account for more than half the allocated budget:

HSS-R	HSS-U
Comprehensive Primary Healthcare (CPHC) – Rural focuses on strengthening HWCs in rural areas through their development and operations, delivery of wellness and preventive services, and teleconsultation support. It also includes Community Health Officer (CHO) mentoring.	Comprehensive Primary Healthcare (CPHC) – Urban focuses on the development, operation, and service delivery at HWCs in urban areas. It supports wellness and preventive services and teleconsultation facilities at HWCs to ensure accessible, continuous, and comprehensive primary healthcare.
Referral Transport supports the provision and operation of ambulance and patient transport services in rural areas, including advanced and basic life-saving ambulances and other transport vehicles. It aims to ensure timely referral and access to higher-level healthcare facilities.	
Human Resources for Health supports the remuneration of NHM contractual human resources under both Service Delivery (SD) and Programme Management (PM), ensuring the availability and continuity of essential health personnel for effective delivery and management of rural health services.	Human Resources for Health supports the remuneration of NHM contractual human resources under both Service Delivery (SD) and Programme Management (PM). It ensures the effective delivery and management of urban health services

- In FY 25-26, 82 per cent of the total HSS-U budget was allocated across two sub-components- Human Resources for Health (75 per cent) and CPHC/HWCs (8 per cent). The remaining 18 per cent was allocated to other components such as community engagement and quality assurance.
- For 14 states/UTs the share of Human Resource for Health was above the national average including Kerala (96 per cent), Tamil Nadu (94 per cent), and Goa (93 per cent). States like Himachal Pradesh (35 per cent), Odisha (62 per cent), and Jharkhand (66 per cent) reported lower shares.
- In 13 states/ UTs, the share of the CPHC/HWCs allocated budget was above the all-India average, with higher shares in states like Madhya Pradesh (15 per cent) and Jharkhand (12 per cent) and lower shares in Karnataka (0.3 per cent), Punjab (0.5 per cent), and Kerala (1 per cent).

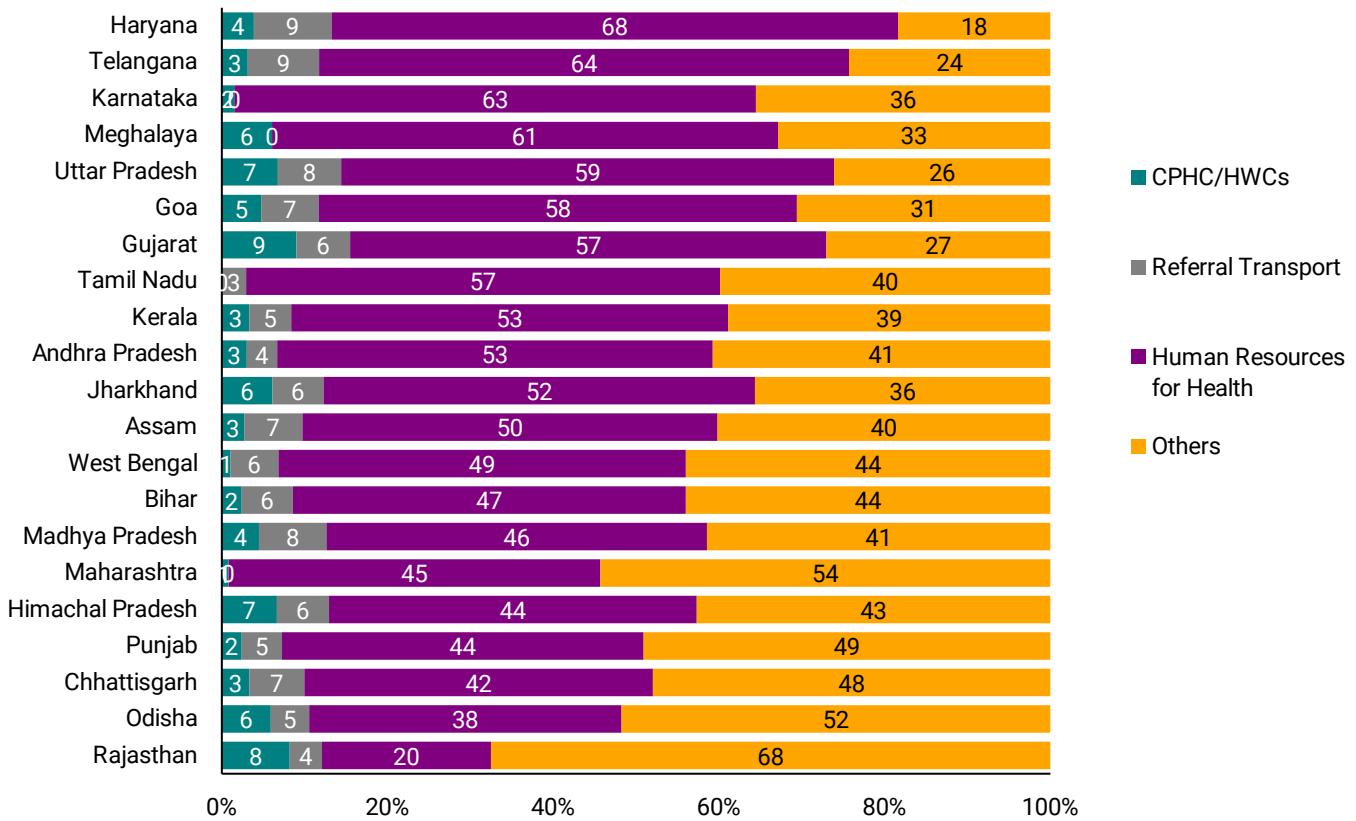
Figure 6: HSS-U Flexible Pool sub-components composition in allocated budget FY 25-26 (in %)



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

- The composition of HSS-R allocated budgets varies considerably across states. In FY 25-26, 59 per cent of the allocated budget was across three components namely Human Resource for Health (49 per cent), Referral Transport (5 per cent), and CPHC/HWCs (4 per cent).
- In 22 states/UTs, the share of budget for Human Resource for Health was higher than the national average including Haryana (68 per cent), Telangana (64 per cent), and Karnataka (63 per cent), while it was lower in Rajasthan (20 per cent), Odisha (38 per cent), and Chhattisgarh (42 per cent).
- In 13 states/UTs, the share of the CPHC/HWCs allocated budget was above the all-India average, with higher shares in Gujarat (9 per cent), Rajasthan (8 per cent), and Uttar Pradesh (7 per cent). In contrast, states such as Tamil Nadu, Maharashtra, and West Bengal allocated lower shares to CPHC/HWCs, at 1 per cent or less.
- Share of Referral transport in total HSS-R allocated budget was above the national average for 16 states/UTs, with higher shares in Haryana (9 per cent), Telangana (9 per cent), and Madhya Pradesh (8 per cent) and lower shares in Maharashtra (0.04 per cent), Tamil Nadu (3 per cent), and Andhra Pradesh (4 per cent).
- No shares for referral transport were reported in Meghalaya and Karnataka.

Figure 7: HSS-H Flexible Pool sub-components composition in allocated budget FY 25-26 (in %)



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

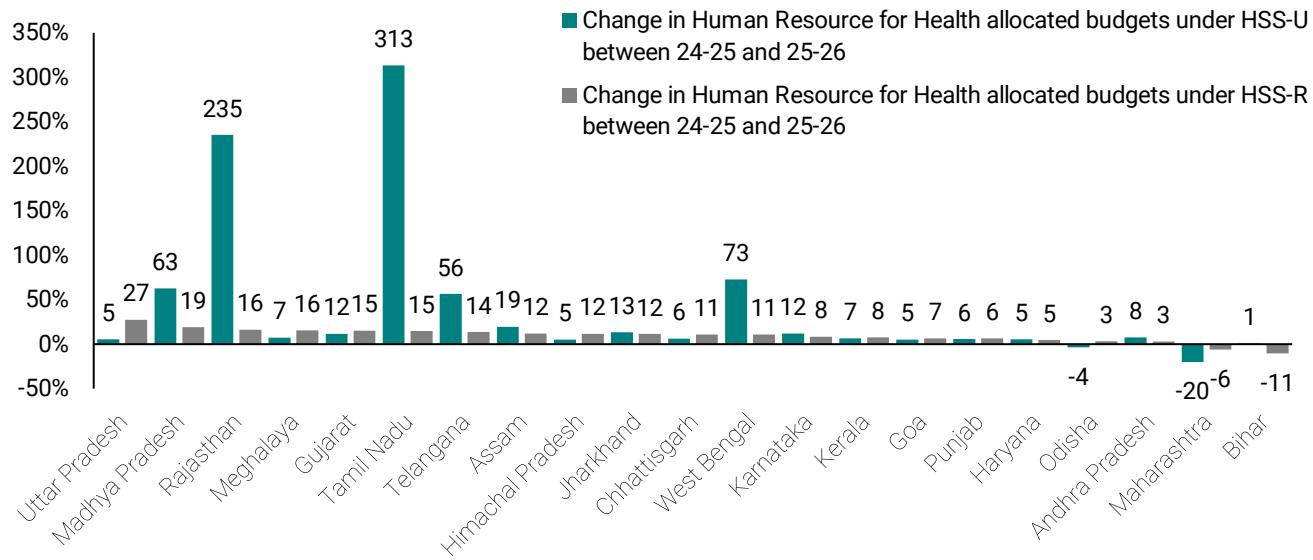
HUMAN RESOURCE FOR HEALTH

Allocated Budgets

Human Resource for Health is the largest component under HSS-U and HSS-R.

- Allocated budgets for Human Resource for Health under the HSS-U Flexible Pool increased by 18 per cent between FY 24-25 and FY 25-26. While 31 states/ UTs saw an increase, the rest experienced declines. Among larger states, Tamil Nadu observed the highest increase (313 per cent), followed by Rajasthan (235 per cent), and West Bengal (73 per cent). In contrast, major declines were in Maharashtra (20 per cent), and Odisha (4 per cent).
- For rural health, Human Resource for Health increased by 12 per cent during the same period with significant increases in Uttar Pradesh (27 per cent), Madhya Pradesh (19 per cent), and Rajasthan (16 per cent). Decline was seen in Bihar (11 per cent) and Maharashtra (6 per cent).

Figure 8: Change in Human Resource for Health allocated budgets between FY 24-25 and FY 25-26 (in %)

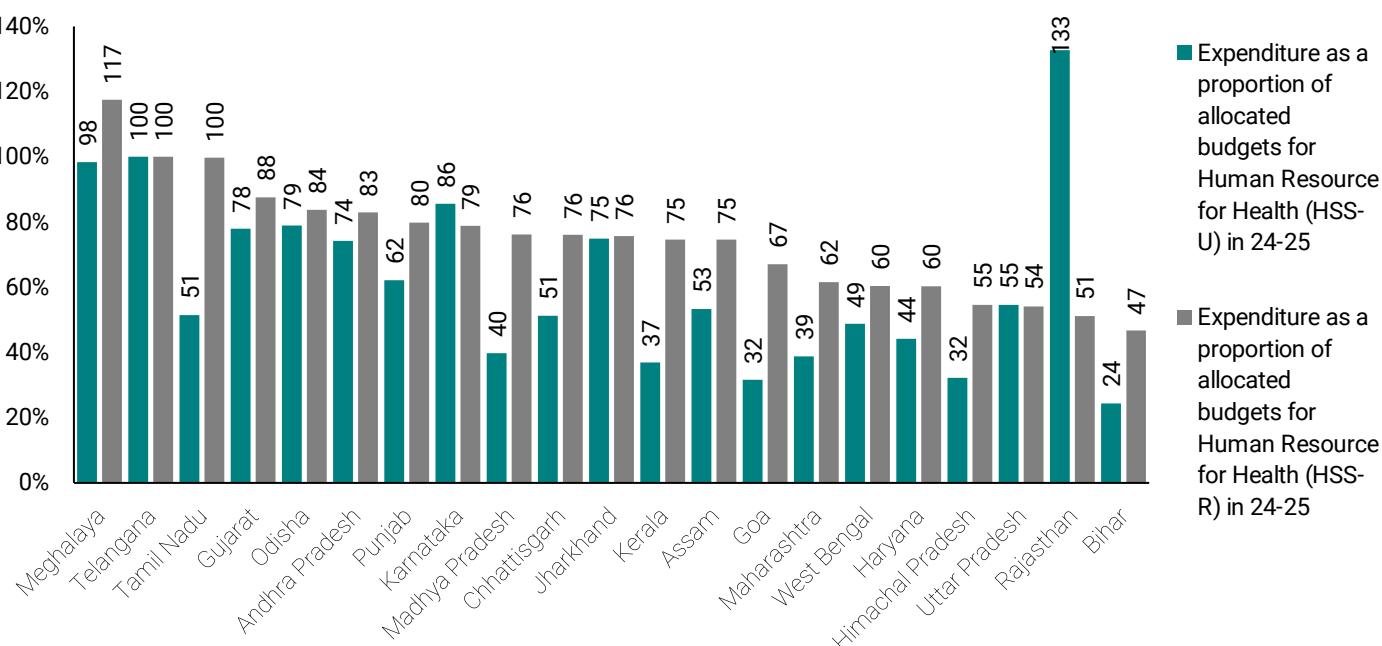


Source: RTI response from MoHFW dated 10 November 2025. Note: Allocated budgets are as per FMR reports.

Expenditures

- In FY 24-25, 55 per cent of the total allocated Human Resource for Health budget under HSS-U was utilised across 36 states and UTs. Several states reported high utilisation including Rajasthan (133 per cent), Telangana (100 per cent), and Meghalaya (98 per cent). However, utilisation remained less than half in 12 states/ UTs, including, Bihar (24 per cent), Goa (32 per cent), Himachal Pradesh (32 per cent), and Kerala (37 per cent).
- While nationally utilisation was higher for this component under HSS-R (69 per cent), in FY 24-25, ten states/UTs utilised less than two-third their allocated funds including Bihar (47 per cent), Rajasthan (51 per cent) and Uttar Pradesh (54 per cent).
- Meghalaya was the only state where utilisation exceeded allocations (117 per cent), while Telangana and Tamil Nadu reported spending all their funds under this component.

Figure 9: Human Resource for Health budget utilisation out of allocated budgets (in %)



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

HEALTH AND WELLNESS CENTRES (HWCS)

Ayushman Bharat-Health and Wellness Centres (AB-HWCs), renamed as Ayushman Arogya Mandir, are a core component of NHM, launched in 2018 to deliver Comprehensive Primary Health Care (CPHC). By upgrading around 150,000 Sub-Health Centres and Primary Health Centres, they provide free and expanded services, including diagnostics, essential drugs, and telemedicine-enabled specialist care.¹

Budget Allocated and Expenditure

- For this section we have combined HWCs allocations for rural and urban together. In FY 24-25, ₹3,051 crore was allocated for HWCs under HSS, of which, 88 per cent was for HWCs-R and 12 per cent was for HWCs-U.
- Over the years, there has been a decline in the allocated budget for HWCs. Between FY 24-25 and FY 25-26, the allocated budget declined by 6 per cent. However, states such as Rajasthan saw an increase of around seven times, allocations increased by 19 per cent each in Bihar and Telangana.
- In contrast, the allocated budget declined in 22 states and UTs, including Tamil Nadu (99 per cent), Haryana (60 per cent), and Maharashtra (51 per cent), among others.
- In FY 24-25, utilisation for HWCs was low, with only 40 per cent of the allocated budget utilised. In states such as Karnataka, Meghalaya and Bihar, expenditure exceeded the allocated amount. Utilisation rates were also relatively high in Kerala (94 per cent) and Andhra Pradesh (90 per cent).
- Utilisation was less than half in 18 states and UTs including, Maharashtra (15 per cent), Uttar Pradesh (19 per cent), and Himachal Pradesh (24 per cent).
- In FY 25-26, Uttar Pradesh received the largest share of allocated budget (28 per cent; ₹807 crore), followed by Rajasthan (17 per cent; ₹495 crore), and Madhya Pradesh (9 per cent; ₹260 crore).

Table 1: HWCs Allocations and Expenditures

State	24-25 Allocations (in ₹ crore)	24-25 Expenditures (in ₹ crore)	25-26 Allocations (in ₹ crore)	Proportion of allocated funds spent (in %)	Change in allocated budgets between 24-25 and 25-26 (in %)
Uttar Pradesh	1075	207	807	19	-25
Rajasthan	75	40	495	53	560
Madhya Pradesh	276	142	260	52	-6
Gujarat	210	60	193	28	-8
Odisha	152	89	121	58	-20
Jharkhand	106	84	108	79	2
Maharashtra	211	31	103	15	-51
West Bengal	162	75	94	46	-42
Bihar	66	80	78	121	19
Andhra Pradesh	79	72	74	90	-7
Chhattisgarh	73	28	71	38	-2
Assam	78	51	60	65	-23
Haryana	105	48	42	45	-60
Himachal Pradesh	39	9	42	24	7
Telangana	35	13	41	37	19
Kerala	38	35	38	94	0
Karnataka	30	45	27	150	-9
Punjab	32	11	27	34	-16
Meghalaya	16	20	14	123	-13
Goa	4	1	3	35	-1
Tamil Nadu	2	1	0	84	-99

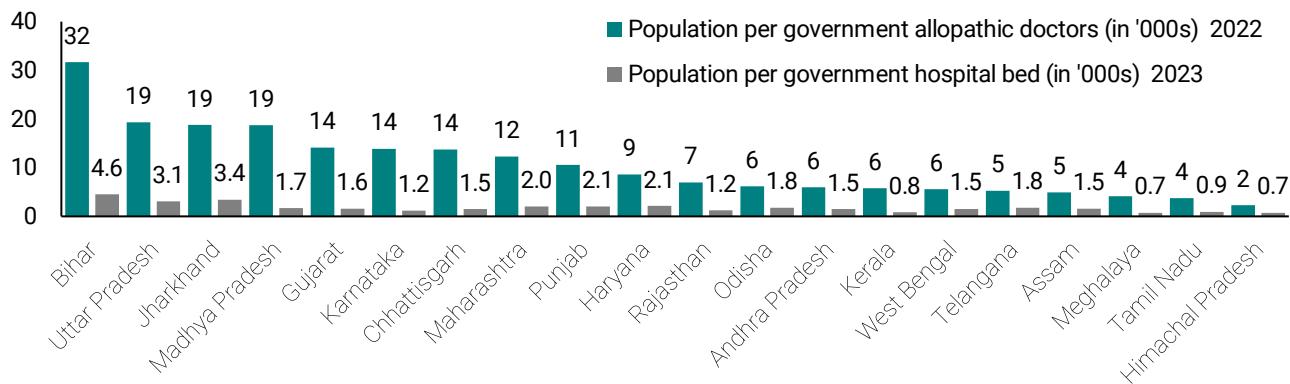
Source: RTI response from MoHFW dated 10 November 2025. **Note:** Allocated budgets are as per FMR reports.

RESOURCES

Doctors and Beds

- A metric for assessing the accessibility of public health services is the population per government allopathic physician and the population per government hospital bed. According to World Health Organisation (WHO) standards, there should be a minimum of one doctor per 1,000 people and at least three hospital beds per 1,000 population. The National Health Policy 2017 advocates for the provision of two cots per 1,000 population.²
- Latest data for Government allopathic doctors is available for 2022 from the National Health Profile 22-23. For beds in government healthcare facilities it is available for 2023 and comes from the Health Dynamics of India report for 22-23.
- To provide year-on-year population estimates for each state, figures have been matched with estimated population data from the report "Population Projections for India and States, 2011-2036," published by the National Commission on Population, Ministry of Health and Family Welfare, in July 2020, and sourced from the Registrar General of India.³
- There were 7,908 people per government allopathic doctor in 2022, nearly 8 times higher than the WHO recommendation. There are however, state-wise variations.
- In 2022, 11 states and UTs had higher than the national average people per government allopathic doctor, including Bihar with 31,692 people per government allopathic doctor, Uttar Pradesh (19,351), Jharkhand (18,779), Madhya Pradesh (18,725), Gujarat (14,113), Karnataka (13,887), Chhattisgarh (13,733), Maharashtra (12,295), Punjab (10,563), and Haryana (8,636).
- In 2023, there were 1,666 people per government hospital bed in India. Bihar had 4,562 people per bed in government hospitals, nearly three times the national average. This number was also higher than the national average for several states such as Jharkhand (3439), Uttar Pradesh (3,062), Haryana (2,144), Punjab (2,053), Maharashtra (2,034), Telangana (1,765), Odisha (1,762), and Madhya Pradesh (1,689). On the other hand, 14 states/ UTs including Kerala (838), Tamil Nadu (936), Goa (609), and Himachal Pradesh (734), had less than 1,000 persons per government hospital bed.

Figure 10: Government Allopathic Doctors and Hospital Beds



Source: (1) Number of government allopathic doctors in 2022, as per the National Health Profile 2023. [Url](#). (2) Health Dynamics of India (Infrastructure & Human Resources) 2022-23. [Url](#). Last accessed on 3 January 2026

Human Resources and Infrastructure

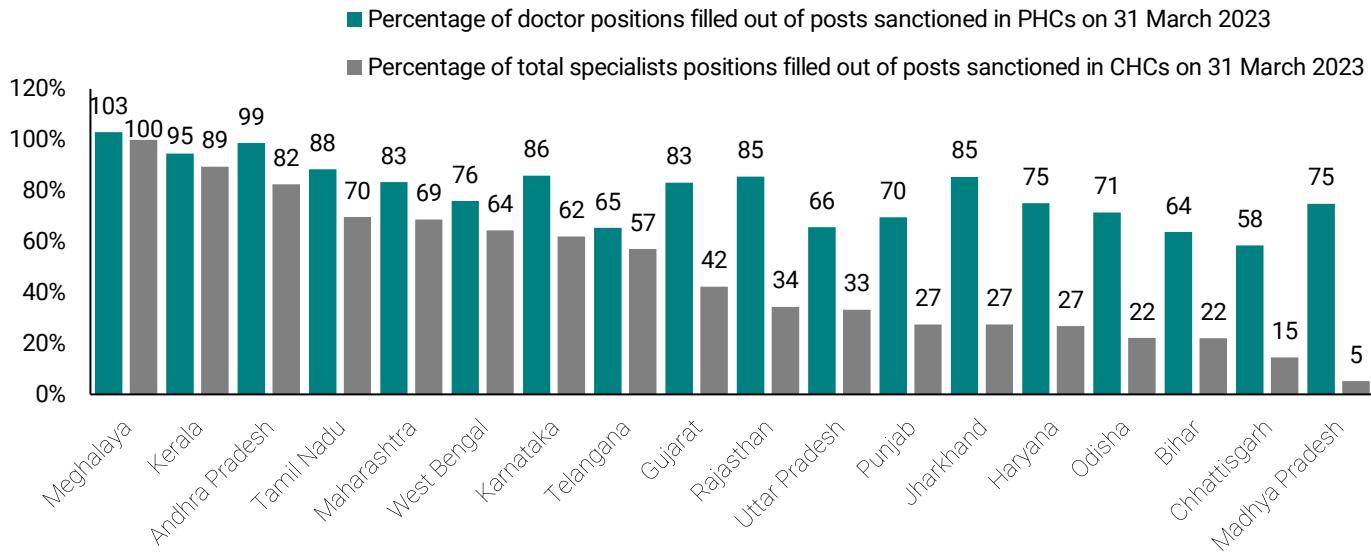
Functioning of Primary Health Centres (PHCs), and Community Health Centres (CHCs) requires the availability of key health personnel, including doctors, radiographers, and pharmacists.

Doctors

- For government doctor across India not only is there a gap in population per government allopathic doctors but there was shortfall in staff at the PHC level as well. As of March 31 2023, only 79 per cent of sanctioned doctor posts at PHCs were filled.
- As of March 2023, for 13 states/ UTs, 79 per cent or less than the sanctioned posts were filled. This included West Bengal (76 per cent), Haryana (75 per cent), Madhya Pradesh (75 per cent), Odisha (71 per cent), Punjab (70 per cent), Uttar Pradesh (66 per cent), Telangana (65 per cent), Bihar (64 per cent), and Chhattisgarh (58 per cent). However, 4 states/ UTs had more doctors in position than sanctioned including Meghalaya.

- Similarly, only 38 per cent of sanctioned posts for specialist doctor posts (surgeons, physicians, obstetricians/gynaecologists, and paediatricians) were filled in CHCs as of 31 March 2023.
- Less than 30 per cent sanctioned posts were filled in 11 states/ UTs, including Punjab (27 per cent), Jharkhand (27 per cent), Haryana (27 per cent), Uttarakhand (25 per cent), Odisha (22 per cent), Bihar (22 per cent), Chhattisgarh (15 per cent), and Madhya Pradesh (5 per cent). States such as Meghalaya had all sanctioned posts filled.

Figure 11: State-wise Sanctioned Doctors Positions Filled in PHCs (in %)



Source: Health Dynamics of India (Infrastructure & Human Resources) 2022-23. [Url](#). Last accessed on 28 January 2026.

NQAS CERTIFICATION STATUS OF PUBLIC HEALTHCARE FACILITIES

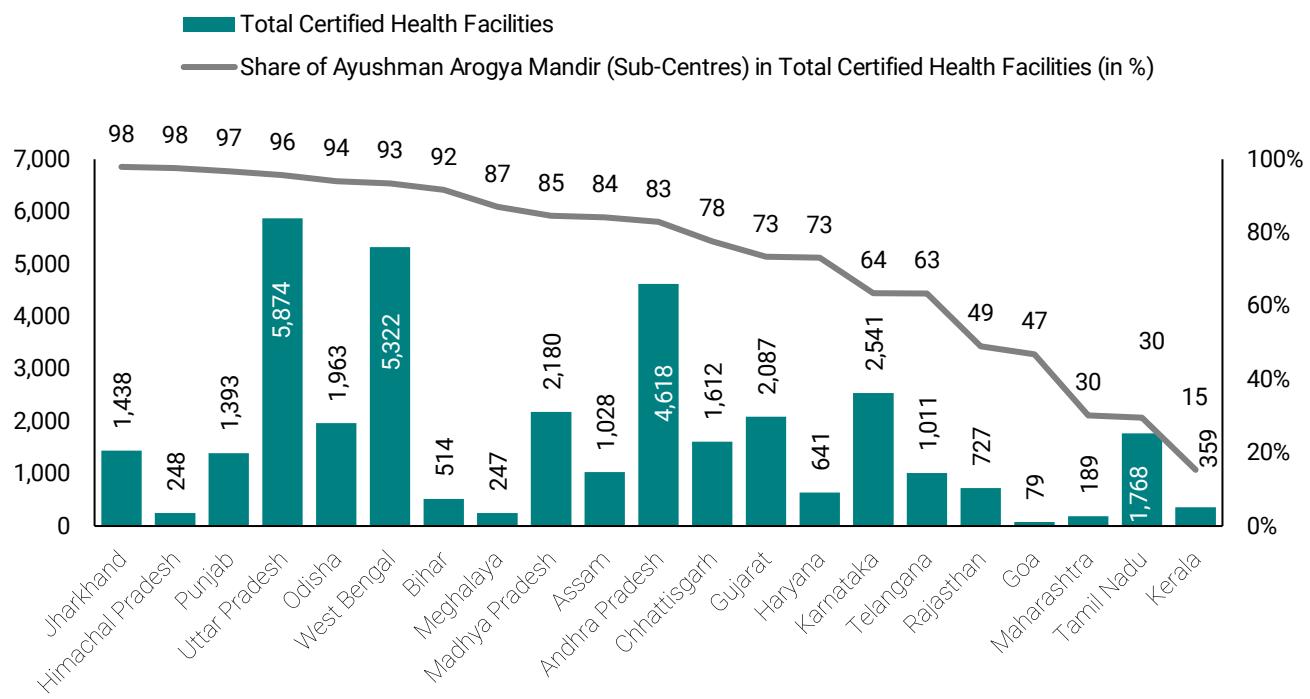
The National Quality Assurance Standards (NQAS) is a programme of the Ministry of Health and Family Welfare that certifies public health facilities for delivering safe, patient-centric, and high-quality care. Initially implemented for district hospitals, NQAS was subsequently expanded to CHCs, PHCs, and Ayushman Arogya Mandir facilities, including UPHCs and sub-centres. To promote continuous quality improvement and ease compliance, virtual NQAS assessments for AAM-Sub Health Centres were launched in June 2024. Under this approach, 10 per cent of virtually assessed facilities are physically verified, improving efficiency and compliance across states/UTs.⁴

As per the latest Quality Darpan report (June 2025), 36,967 public health facilities across states and UTs have been certified. Uttar Pradesh accounted for the largest share at 16 per cent (5,874 facilities), followed by West Bengal with 14 per cent (5,322) and Andhra Pradesh with 12 per cent (4,618).⁵

As of 31st December 2025, a total of 50,373 public health facilities across all states/ UTs have been certified under the NQAS which included 48,663 Ayushman Arogya Mandirs (SHC, PHC, UPHC) and 1,710 secondary care facilities (CHC, SDH, DH)⁶, reflecting a 36 per cent increase in certifications between June and December 2025.

As of June 2025, 81 per cent of the total NQAS-certified health facilities were Ayushman Arogya Mandirs. In 10 states/ UTs, more than 90 per cent of certified facilities were Ayushman Arogya Mandirs (sub-centres), including Jharkhand (98 per cent), Himachal Pradesh (98 per cent), Punjab (97 per cent), and Uttar Pradesh (96 per cent). In contrast, Kerala (15 per cent), Tamil Nadu (30 per cent), and Maharashtra (30 per cent) recorded the lowest shares of Ayushman Arogya Mandirs (sub centres) among certified health facilities, as a larger proportion of their certified facilities were for Primary Health Centres (PHCs).

Figure 12: NQAS certification status of Public Healthcare Facilities (as on 30 June 2025)



Source: Quality Darpan (January- June 2025). [Url](#). Last accessed on 28 January 2026.

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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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