



Reproductive and Child Health (RCH) Flexible Pool Budget Insights

VOL 3 | ISSUE 4

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22 January 2026

KEY HIGHLIGHTS



In FY 25-26, the RCH Flexible Pool accounting for 14 per cent of approved NHM budgets, continued to show declining trends. States such as Bihar, Meghalaya, and Jharkhand had RCH shares as around one-fourth of their budgets, while Kerala, Maharashtra, and Goa approved budget was less than 10 per cent.



Between FY 23-24 and FY 25-26, RCH approvals declined by 6 per cent, with reductions in 22 states and UTs. Large states including Tamil Nadu, Maharashtra, and Karnataka saw steep decline in approved budgets.



In FY 24-25, while about 87 per cent of proposed RCH budgets were approved, fund utilisation out of allocated budgets was 56 per cent. Most states spent less than two-thirds of their allocated RCH budgets, with particularly low utilisation in Punjab, Uttar Pradesh, and Maharashtra. In FY 25-26, 83 per cent of RCH allocated budgets were towards maternal health, child health, immunisation, and nutrition. However, allocations across these core sub-components declined between FY 23-24 and FY 25-26 – maternal health (15 per cent), child health (5 per cent), immunisation (5 per cent), and nutrition (23 per cent).



₹↑ IMR and MMR have declined nationally and are nearing NHM targets; however, several high-burden states continue to record above-target IMR/MMR and higher fertility.

OVERVIEW

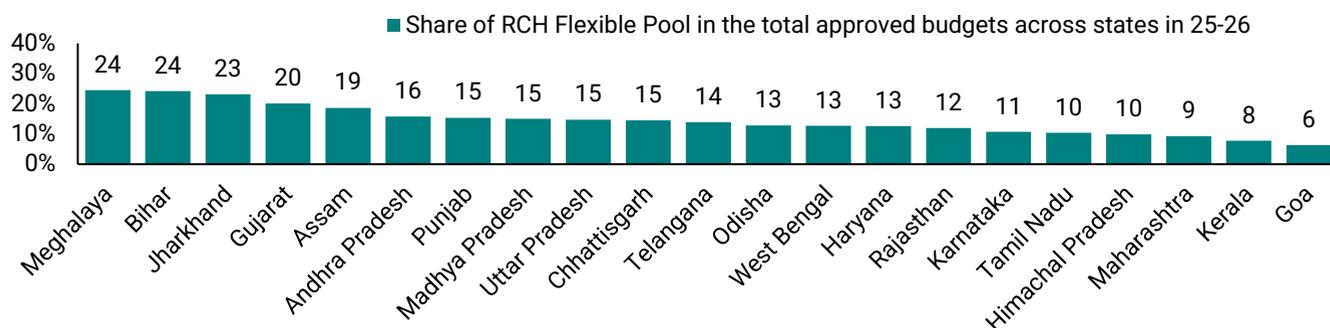
- Under the flagship programme of the National Health Mission (NHM), proposals, approvals, allocations, and expenditures are managed through various flexible pools, designed to provide greater autonomy to states in utilising funds according to their local priorities and health system gaps.
- One such key component is the Reproductive and Child Health (RCH) Flexible Pool, which empowers states to implement a wide range of programmes including maternal and child health, immunisation (Routine Immunisation and Pulse Polio), family planning, adolescent reproductive health, nutrition (e.g., Anaemia Mukt Bharat, Nutritional Rehabilitation Centers), and iodine deficiency control. This integrated approach facilitates a continuum of care, from pregnancy through adolescence.

TRENDS IN RCH PROPOSED AND APPROVED BUDGET

RCH Share in Approved Budgets

- In FY 25-26, the RCH Flexible Pool accounted for 14 per cent of the total approved budget across India. However, there were state-wise variations. Ten states and Union Territories reported higher share than the all-India average, with Meghalaya and Bihar each at 24 per cent, followed by Jharkhand (23 per cent), and Gujarat (20 per cent).
- On the other hand, share for 22 states and UTs was less than 14 per cent, including Goa (6 per cent), Kerala (8 per cent), Maharashtra (9 per cent), and both Himachal Pradesh and Tamil Nadu at 10 per cent each.

Figure 1: RCH Flexible Pool out of total approved budgets (in %)

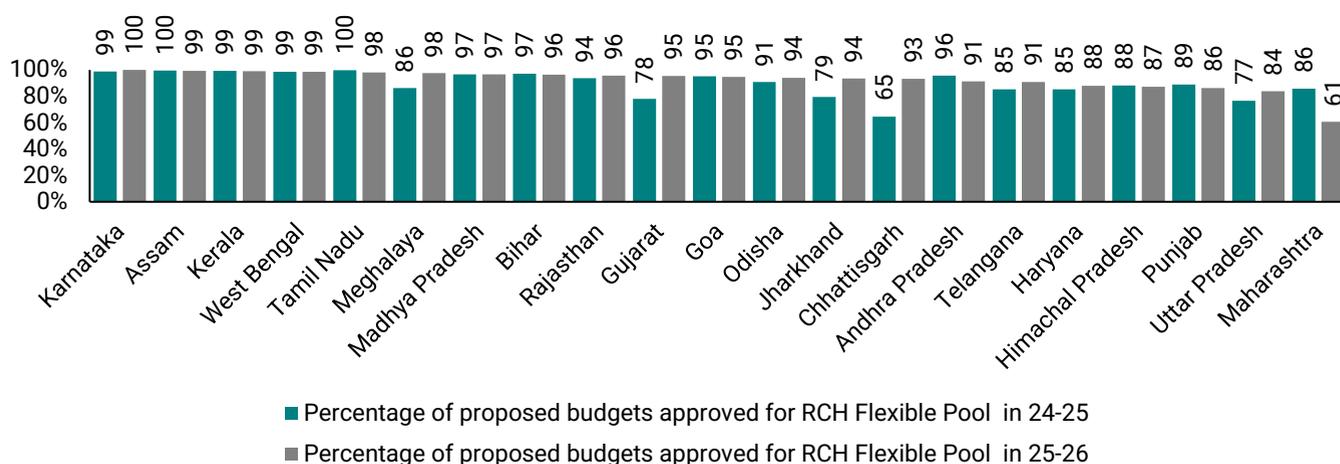


Source: Record of Proceedings, NHM, FY 25-26. [Url](#). Last accessed on 20 January 2026.

Proposed and Approved Budgets

- In FY 24-25, 87 per cent of the proposed budget for the RCH Flexible Pool was approved at the national level. States such as Assam and Tamil Nadu had 100 per cent of their proposed budgets approved.
- Additionally, nine states and UTs saw approvals exceeding 95 per cent, including Kerala, Karnataka, and West Bengal each at 99 per cent, followed by Bihar and Madhya Pradesh (97 per cent), and Andhra Pradesh (96 per cent). Another 12 states and UTs had between 91 per cent and 95 per cent of their proposed budgets approved. In contrast, states such as Chhattisgarh, Uttar Pradesh, Gujarat, and Jharkhand recorded the lowest approval rates.
- FY 25-26 saw an increase in approval rate and 90 per cent of the proposed RCH Flexible Pool budgets were approved at the national level. Karnataka was the only state where 100 per cent of the proposed budget was approved.
- Eleven states and UTs received approvals exceeding 95 per cent of their proposed budgets. These included Assam, Kerala, and West Bengal at 99 per cent, followed by Tamil Nadu and Meghalaya at 98 per cent, and Madhya Pradesh at 97 per cent.
- Maharashtra (61 per cent) and Uttar Pradesh (84 per cent) had the lowest approval rates.

Figure 2: RCH Flexible Pool approved budgets out of proposed budgets (in %)

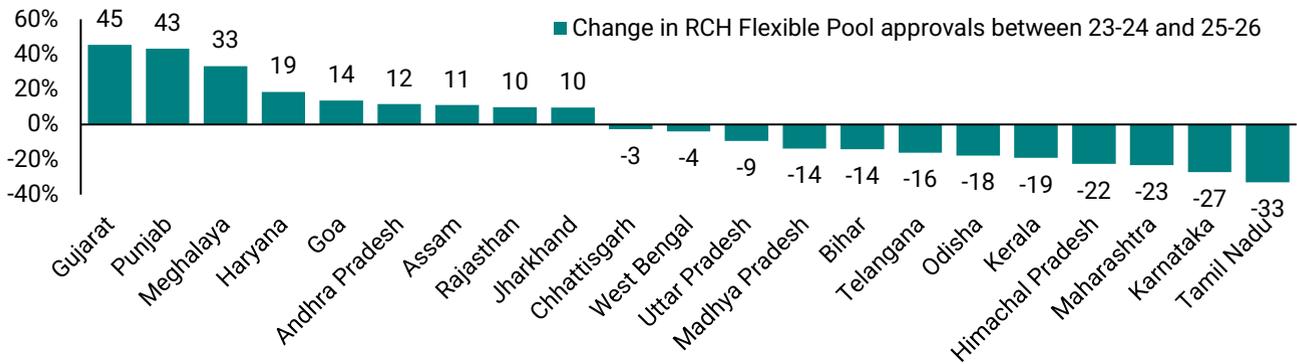


Source: Record of Proceedings, NHM, FY 24-25 and FY 25-26. [Url](#). Last accessed on 20 January 2026.

Change in Quantum of Approvals

- Over the years, RCH Flexible Pool approvals have declined. Between FY 23-24 and FY 25-26, there was a 6 per cent decrease in overall approvals. Twenty-two states and UTs saw a decline including Tamil Nadu (33 per cent), Karnataka (27 per cent), Maharashtra (23 per cent), Himachal Pradesh (22 per cent), Kerala (19 per cent), Odisha (18 per cent), and Telangana (16 per cent).
- In contrast, states like Gujarat (45 per cent), Punjab (43 per cent), Meghalaya (33 per cent), and Haryana (19 per cent) saw an increase in their RCH Flexible Pool approved budget during the same period.

Figure 3: Change in approved budgets between FY 23-24 and FY 25-26 (in %)



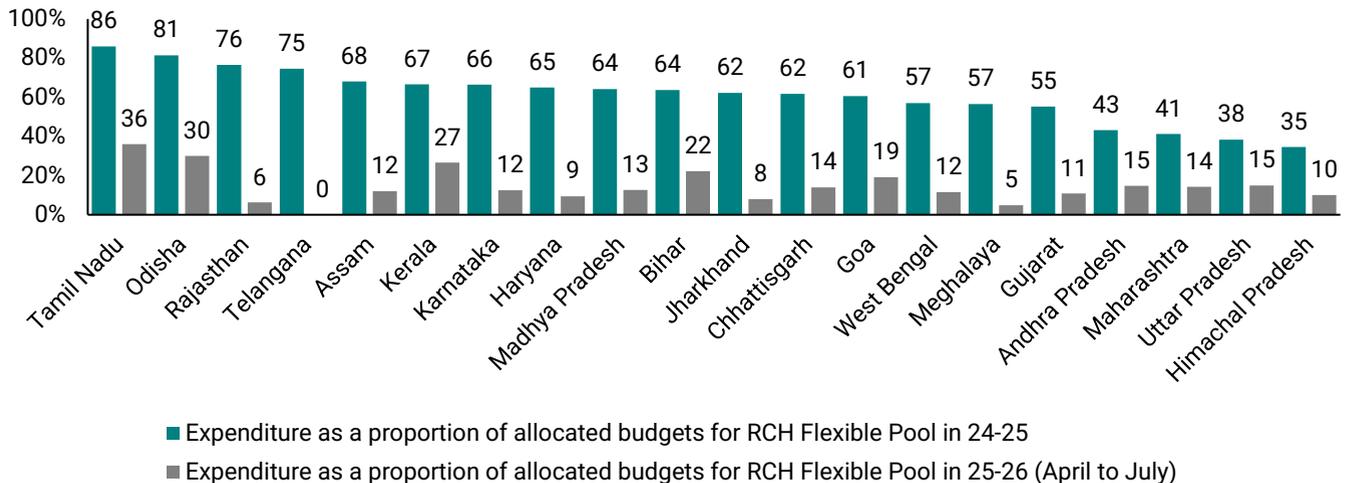
Source: Record of Proceedings, NHM, FY 23-24 and FY 25-26. [Url](#). Last accessed on 20 January 2026.

RCH UTILISATION AND COMPONENT-WISE TRENDS

Expenditure

- RCH utilisation across states has been low. In FY 24-25, only 56 per cent of the total allocated RCH Flexible Pool budget was utilised across all states and UTs combined. In fact, only 8 states and UTs, utilised more than two-third of the allocated budget for RCH. Utilisation was highest in Tamil Nadu (86 per cent) followed by Odisha (81 per cent), Rajasthan (76 per cent) and Telangana (75 per cent). In contrast, it was lowest in Punjab (32 per cent), Himachal Pradesh (35 per cent), Uttar Pradesh (38 per cent) and Maharashtra (41 per cent).
- In the first four months of FY 25-26 (April to July), Tamil Nadu (36 per cent), Odisha (30 per cent), and Kerala (27 per cent) had utilised more than one-fourth of their allocated budget. In contrast, utilisation was less than 10 per cent in states such as Meghalaya (5 per cent), Himachal Pradesh (10 per cent), Rajasthan (6 per cent), Jharkhand (8 per cent), Haryana (9 per cent), and Punjab (9 per cent). Telangana reported no utilisation (as data was available only for the first quarter).

Figure 4: RCH Flexible Pool utilisation out of allocated budgets (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.

RCH Sub-Components Composition

Within the RCH flexible pool, four components account for the bulk of RCH allocated budget i.e.



Maternal Health: Refers to the health and well-being of women during pregnancy, childbirth, and the postpartum period. Under NHM it includes antenatal care, safe delivery services, referral transport, quality-of-care initiatives, and facility- and system-level interventions.



Child Health under the RCH programme focuses on ensuring survival, growth, and development of children from birth through adolescence. It covers newborn, infant, and paediatric care services, community-based interventions, referral and transport support, and state-specific initiatives.



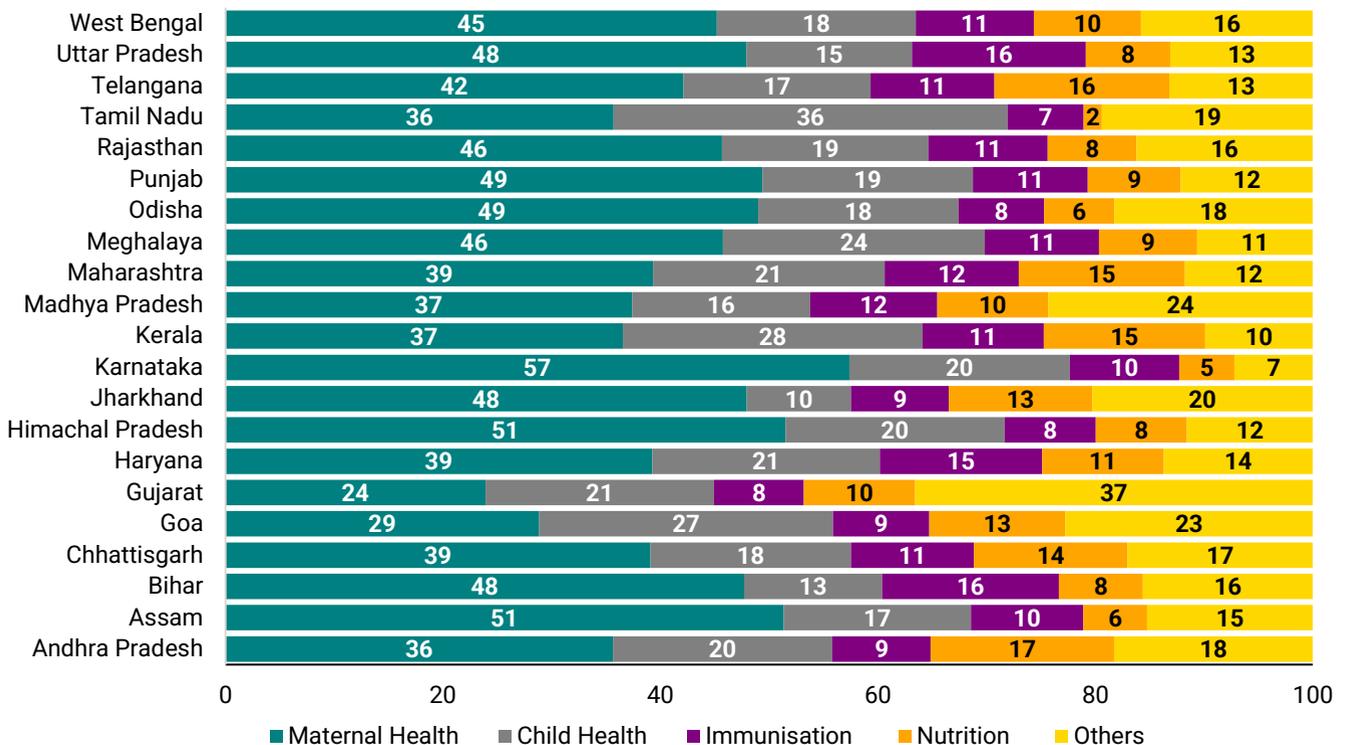
Immunisation aims to protect children and pregnant women from vaccine-preventable diseases through routine and campaign-based vaccination services. Under NHM it covers routine immunisation services, Mission Indradhanush, Pulse Polio campaigns, and eVIN related operational costs.



Nutrition under NHM finances interventions addressing malnutrition and micronutrient deficiencies, such as anaemia control, deworming, vitamin supplementation, breastfeeding and lactation support, and management of severe acute malnutrition.

- In FY 25-26, 83 per cent of the total RCH budget was allocated across four key sub-components-maternal health accounted for the largest share at 43 per cent, followed by Child Health (18 per cent), Immunisation (12 per cent), and Nutrition (10 per cent). The remaining 17 per cent was allocated to other components, with Family Planning receiving the highest share among them.
- While maternal health receives the highest share of total RCH Flexible Pool allocated budgets across most states, there are significant state-wise variations. States such as Karnataka (57 per cent), Assam (51 per cent), Himachal Pradesh (51 per cent), Odisha (49 per cent), Punjab (49 per cent), Bihar (48 per cent), Uttar Pradesh (48 per cent), and Jharkhand (48 per cent) have allocated budgets well above the all-India average. In contrast, states like Gujarat (24 per cent), Goa (29 per cent), Andhra Pradesh (36 per cent), and Tamil Nadu (36 per cent) report lower-than-average shares towards maternal health.
- In 22 states and UTs, share of child health allocated budgets under the RCH Flexible Pool were above the all-India average, with states such as Tamil Nadu (36 per cent), Kerala (28 per cent), Goa (27 per cent), and Meghalaya (24 per cent) having highest shares. On the other hand, states like Jharkhand (10 per cent), Bihar (13 per cent), and Uttar Pradesh (15 per cent) allocated lower shares to child health - significantly below the national average.
- Share of immunisation in total RCH allocated budgets for 14 states and UTs was above all-India-average including states like Bihar, Uttar Pradesh, and Haryana. However, Tamil Nadu (7 per cent), followed by Odisha, Gujarat, and Himachal Pradesh (at 8 per cent) had lower shares allocated to Immunisation.
- For Nutrition, 18 states and UTs including Andhra Pradesh (17 per cent), Telangana (16 per cent), Maharashtra (15 per cent) and Kerala (15 per cent) allocated higher shares than the national average. In contrast, states such as Tamil Nadu (2 per cent), Karnataka (5 per cent), Assam (6 per cent), and Odisha (6 per cent) were among those with the lowest share for nutrition.

Figure 5: RCH Flexible Pool sub-components composition in allocated budgets FY 25-26 (in %)



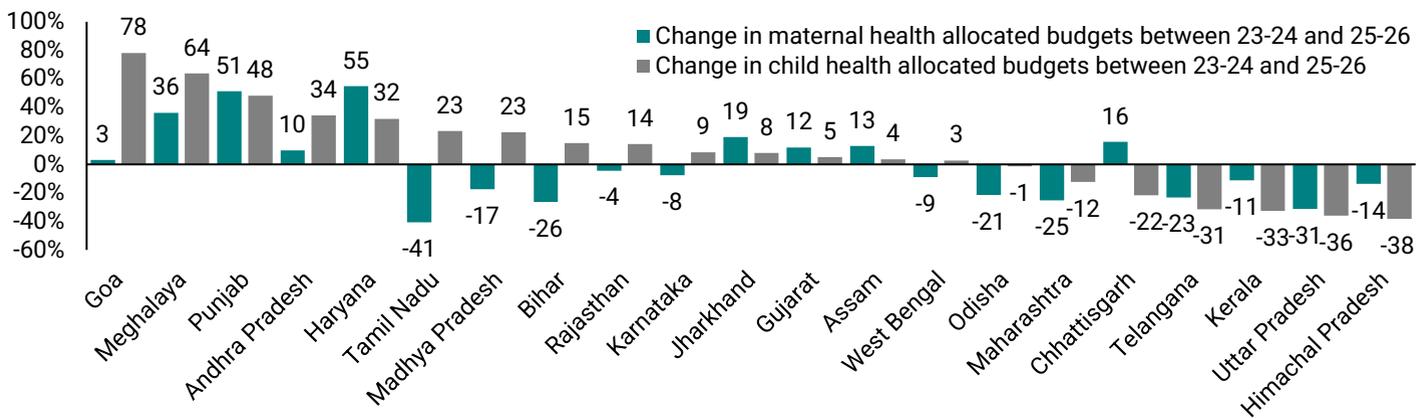
Source: RTI response from MoHFW dated 10 November 2025. Note: Allocated budgets are as per FMR reports.

MATERNAL AND CHILD HEALTH

Allocated Budgets

- For the maternal health sub-component of the RCH Flexible Pool, allocated budgets declined by 15 per cent between FY 23-24 and FY 25-26. However, 16 out of 36 states and UTs saw an increase in the allocated budgets. Among states, Haryana recorded the highest increase at 55 per cent, followed by Punjab (51 per cent), Meghalaya (36 per cent), Jharkhand (19 per cent), and Chhattisgarh (16 per cent). In contrast, among the larger states, Tamil Nadu experienced the steepest decline (41 per cent), followed by Uttar Pradesh (31 per cent), Bihar (26 per cent), Maharashtra (25 per cent), and Telangana (23 per cent).
- For the child health sub-component, allocated budgets declined by 5 per cent over the same period. Despite this, 25 states and UTs witnessed an increase in their allocated budgets. Goa saw the highest increase at 78 per cent, followed by Meghalaya (64 per cent), Punjab (48 per cent), and Andhra Pradesh (34 per cent). In contrast, states such as Himachal Pradesh (38 per cent), Uttar Pradesh (36 per cent), Kerala (33 per cent), Telangana (31 per cent), and Chhattisgarh (22 per cent) saw a decline in allocated budgets during this period.

Figure 6: Change in maternal and child health allocated budgets between FY 23-24 and FY 25-26 (in %)

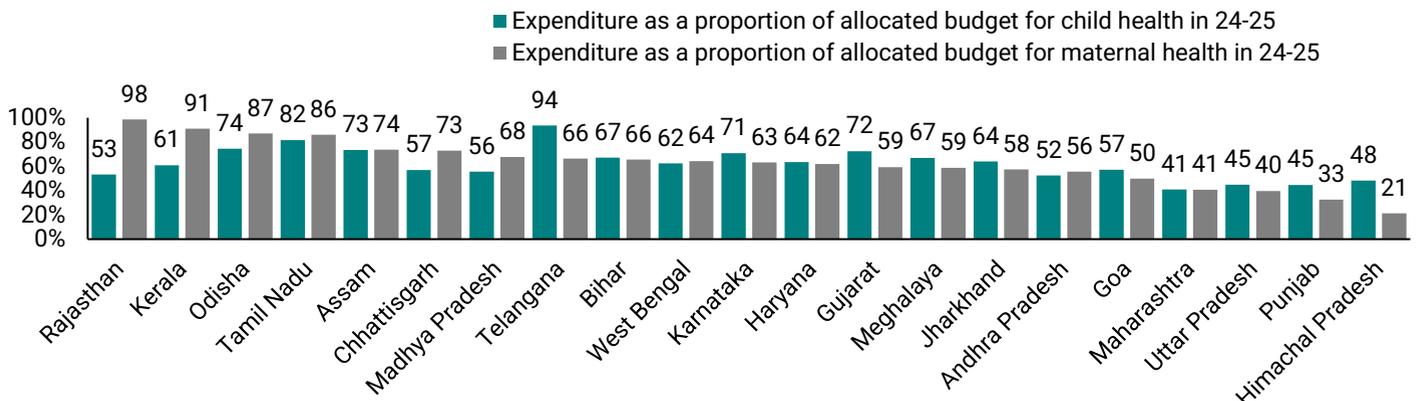


Source: RTI response from MoHFW dated 10 November 2025. Note: Allocated budgets are as per FMR reports.

Expenditures

- In FY 24-25, 59 per cent of the total allocated budget for Maternal Health was utilised nationally, though utilisation varied significantly across states. Among states, Rajasthan recorded the highest utilisation at 98 per cent followed by Kerala (91 per cent), Odisha (87 per cent), and Tamil Nadu (86 per cent), Assam (74 per cent), and Chhattisgarh (73 per cent). In contrast, utilisation was below 50 per cent for 9 states and UTs including, Himachal Pradesh (21 per cent), Punjab (33 per cent), Uttar Pradesh (40 per cent) and Maharashtra (41 per cent).
- Child Health recorded 59 per cent utilisation of allocated funds in FY 24-25. Telangana (94 per cent) and Tamil Nadu (82 per cent) showed relatively high utilisation while ten states and UTs spent less than half their allocations, including Maharashtra (41 per cent), Punjab (45 per cent), Uttar Pradesh (45 per cent), and Himachal Pradesh (48 per cent).

Figure 7: Maternal and Child Health budget utilisation out of allocated budgets (in %)



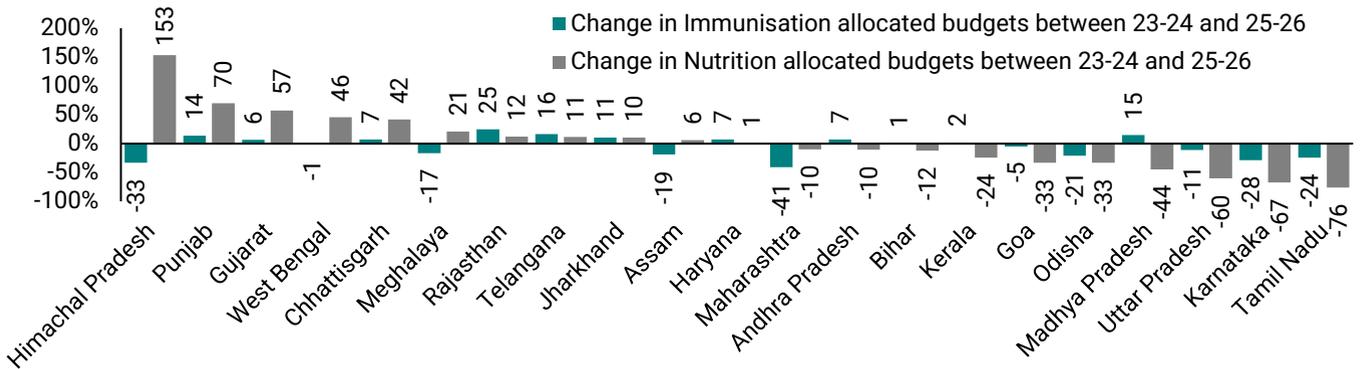
Source: RTI response from MoHFW dated 10 November 2025. Note: Allocated budgets are as per FMR reports.

IMMUNISATION AND NUTRITION

Allocated Budgets

- Allocated budgets for immunisation under the RCH Flexible Pool declined by 5 per cent between FY 23-24 and FY 25-26. While 20 states and UTs saw an increase, the rest experienced declines. Among larger states, Rajasthan observed the highest increase (25 per cent), followed by Telangana (16 per cent), and Madhya Pradesh (15 per cent). In contrast, major declines were reported in Maharashtra (41 per cent), Himachal Pradesh (33 per cent), Karnataka (28 per cent) and Tamil Nadu (24 per cent).
- Nutrition allocated budgets declined significantly by 23 per cent during the same period. However, allocated budgets increased significantly in Himachal Pradesh – a 153 per cent rise, followed by Punjab (70 per cent), Gujarat (57 per cent), and West Bengal (46 per cent). In contrast, steep cuts were seen in Tamil Nadu (76 per cent), Karnataka (67 per cent), Uttar Pradesh (60 per cent), and Madhya Pradesh (44 per cent).

Figure 8: Change in Immunisation and Nutrition allocated budgets between FY 23-24 and FY 25-26 (in %)

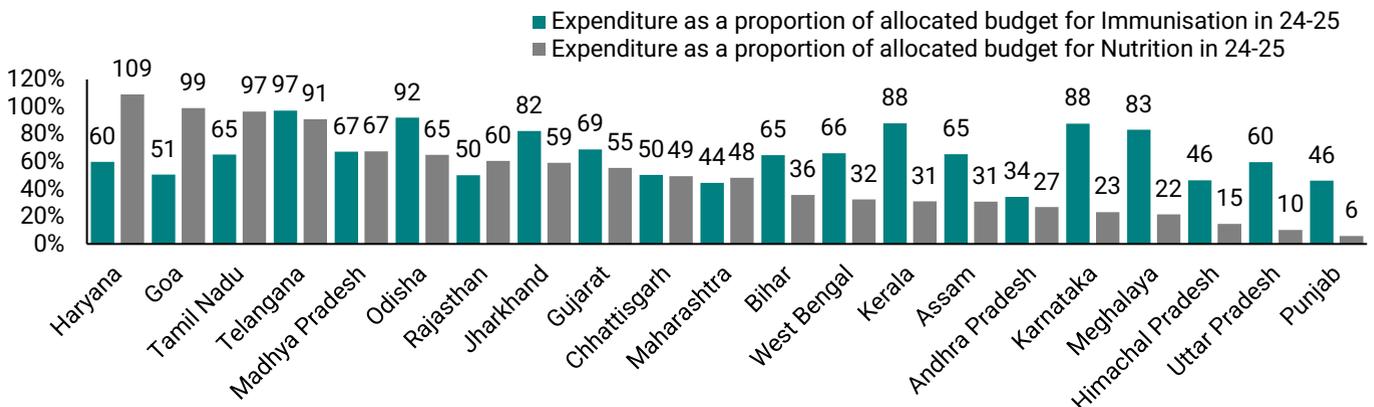


Source: RTI response from MoHFW dated 10 November 2025. Note: Allocated budgets are as per FMR reports.

Expenditures

- In FY 24-25, 62 per cent of the total allocated Immunisation budget was utilised across 36 states and UTs. Several states reported high utilisation including Telangana (97 per cent), Odisha (92 per cent), Kerala (88 per cent), Karnataka (88 per cent), Meghalaya (83 per cent), and Jharkhand (82 per cent). However, utilisation remained less than half in 9 states and UTs, including, Andhra Pradesh (34 per cent), Maharashtra (44 per cent), Punjab (46 per cent), and Himachal Pradesh (46 per cent).
- Nutrition recorded amongst the lowest utilisation in FY 24-25, with only 41 per cent of allocated funds spent. Haryana was the only state where utilisation exceeded allocations (109 per cent), while Goa (99 per cent), Tamil Nadu (97 per cent) and Telangana (91 per cent) also reported high utilisation.
- In contrast, 23 states and UTs spent less than half their allocated funds including Meghalaya (22 per cent), Karnataka (23 per cent), Andhra Pradesh (27 per cent), Assam (31 per cent), and Kerala (31 per cent). Utilisation was particularly low in Punjab (6 per cent), and Uttar Pradesh (10 per cent).

Figure 9: Immunisation and Nutrition budget utilisation out of allocated budgets (in %)



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

OUTCOMES

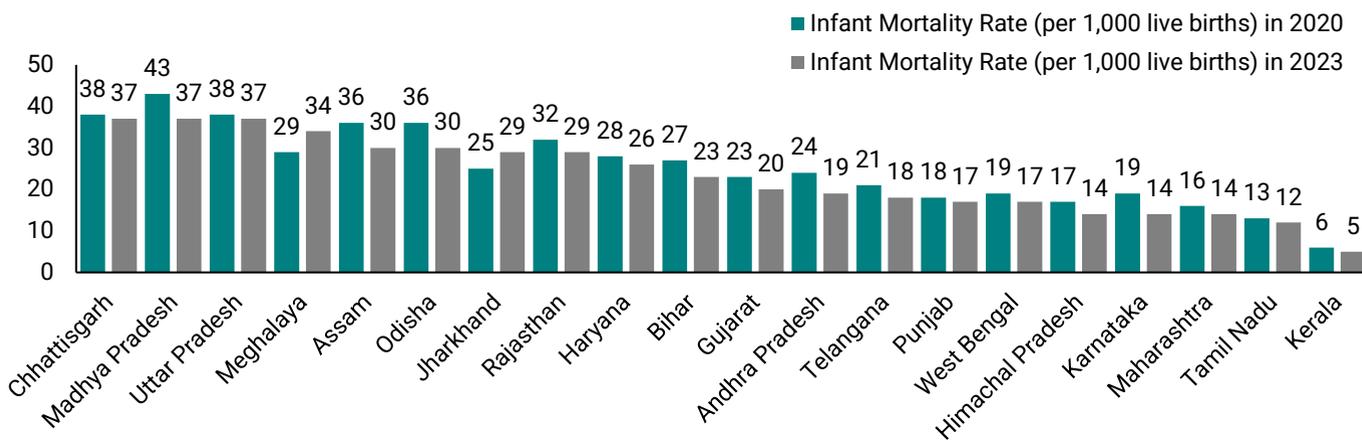
NHM’s emphasis on RCH aims to reduce fertility, maternal mortality, and child mortality. These three indicators have been used to understand progress in outcomes.



Infant Mortality Rate

- Infant Mortality Rate (IMR) refers to the number of deaths of children under the age of one per 1,000 live births each year, and the NHM extension for FY 21-26 sets a target to reduce IMR to 22 per 1,000 live births.
- In 2020, IMR at the all-India level was 28. States such as Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Assam, Odisha, Rajasthan, and Meghalaya recorded IMR levels above the national average, while 10 states and Union Territories reported IMR below 10, including Kerala at 6.
- By 2023, the all-India IMR had declined to 25, compared to 2020, but remained higher than the NHM target of 22. Although states such as Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Assam, Odisha, Rajasthan, Haryana, and Bihar recorded reductions in IMR, their levels remained relatively high. During the same period, Meghalaya and Jharkhand already having high IMR, experienced further increases. By 2023, 25 states and UTs had IMR below 22, with Kerala and Tamil Nadu among those recording the lowest levels.

Figure 10: State-wise IMR



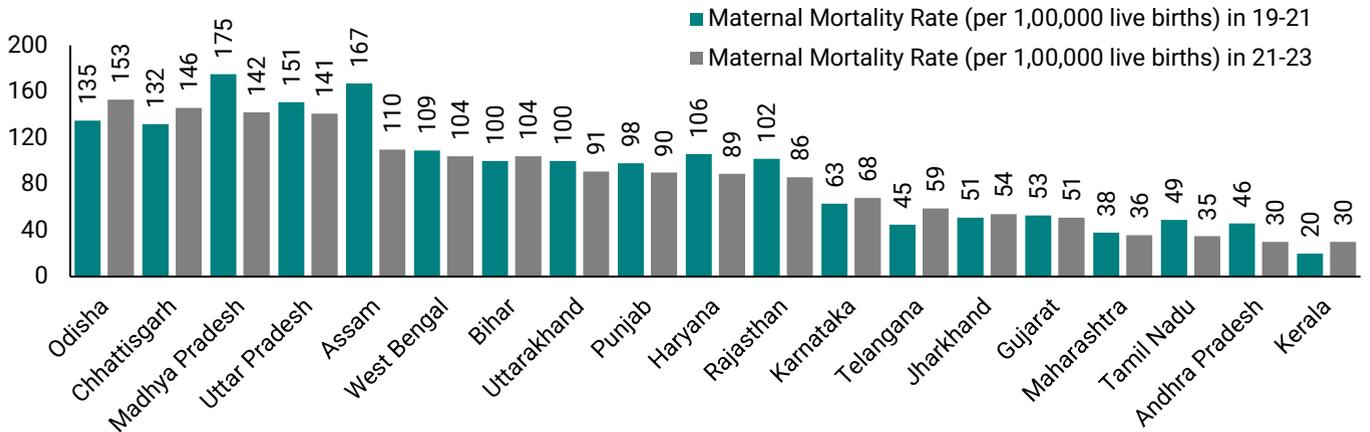
Source: Handbook of Statistic on Indian State, RBI. [Url](#). Last accessed on 20 January 2026.



Maternal Mortality Ratio

- Maternal Mortality Ratio (MMR) is defined as the number of maternal deaths per 100,000 live births due to causes related to pregnancy, and the NHM extension for FY 21-26 sets a target to reduce MMR to 87 per 1,00,000 live births
- In 19-21, the maternal mortality ratio (MMR) at the all-India level was 93, with significant state-wise variation. For instance, for 10 states MMR levels were 100 or above, including Madhya Pradesh, Assam, Uttar Pradesh, Odisha, and Chhattisgarh. In contrast, states such as Kerala, Maharashtra, Telangana, Andhra Pradesh, and Tamil Nadu reported the lowest MMR level.
- By 21-23, the all-India MMR had declined to 88 compared to 19-21, bringing it close to the NHM target of 87. Although states such as Madhya Pradesh, Uttar Pradesh, Assam, and West Bengal recorded reductions in MMR, their levels remained relatively high. During the same period, Odisha, Chhattisgarh, and Bihar, already with high MMR, further saw increase. In contrast, Kerala, Andhra Pradesh, Tamil Nadu, and Maharashtra continued to record the lowest MMR levels, although Kerala saw a slight increase compared to the 19-21 period.

Figure 11: State-wise MMR



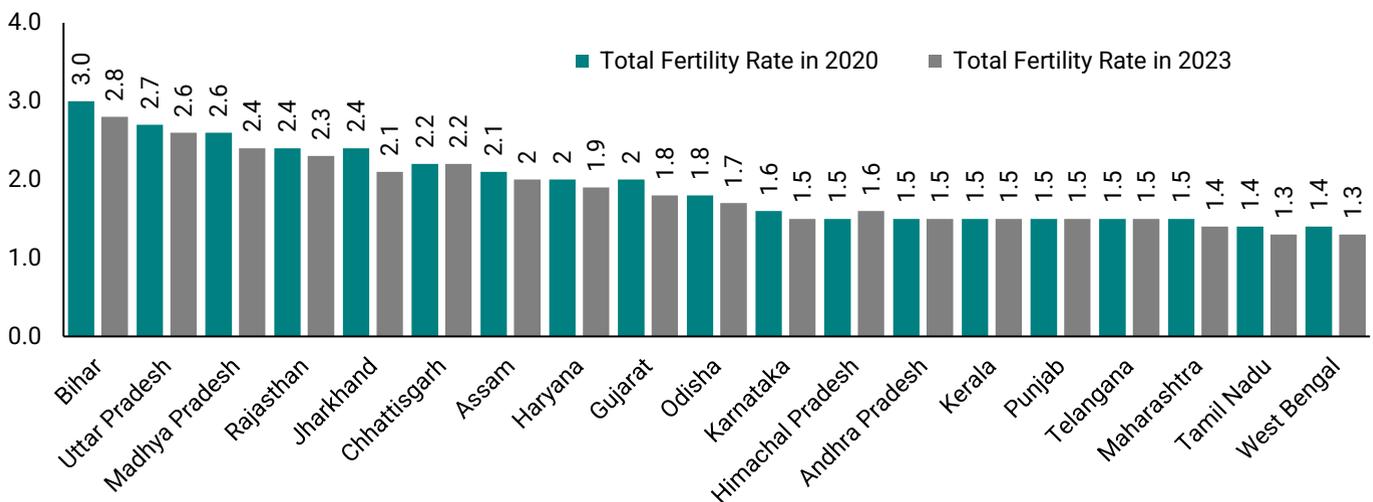
Source: Handbook of Statistic on Indian State, RBI. [Url](#). Last accessed on 20 January 2026.



Total Fertility Rate

- Total Fertility Rate (TFR) is the average number of children that would be born to a woman during reproductive age, and the objective is to reach and sustain at 2.0.
- In 2020, the all-India level Total Fertility Rate (TFR) stood at 2.0. However, states such as Bihar (3), Uttar Pradesh (2.7), Madhya Pradesh (2.6) and Rajasthan (2.4) it was higher. On the other hand, for states such as Himachal Pradesh, Andhra Pradesh, Kerala, Punjab, Telangana, Maharashtra it was 1.5 – below the 2.0 target. It was amongst the lowest for, Tamil Nadu and West Bengal at 1.4.
- In 2023, the TFR further declined to 1.9 at the all-India level, with reductions observed in most states except Himachal Pradesh. Despite this decline, TFR remained relatively high in Bihar, Uttar Pradesh, Madhya Pradesh, and Rajasthan, similar to 2020 levels. In contrast, states with already low TFR saw further declines in 2023 for instance, West Bengal (1.3), Tamil Nadu (1.3), and Maharashtra (1.4).

Figure 12: State-wise TFR



Source: Handbook of Statistic on Indian State, RBI. [Url](#). Last accessed on 20 January 2026.

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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Suggested Citation: Pandey, S., Kapur, A., and Malhotra, P. (2026), Reproductive and Child Health (RCH) Flexible Pool Budget, Budget Insights, Volume 3, Issue 4, Foundation for Responsive Governance, New Delhi. 22 January 2026.

Acknowledgements

This is a team effort and we are grateful to the entire team at ResGov.

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