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THE COMMISSION ON THE STATUS OF WOMEN

PRESIDENT RESEARCH PACKET

PRESIDENT: Hende Nabulsi

**Addressing Maternal Mortality in India: Healthcare,
Policy, and Social Norms**



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President's Letter:

Dear esteemed Delegates of the Commission on the Status of Women,

We are meeting at a critical moment where gender inequality continues to threaten the safety, dignity, and rights of women across the world. From conflict zones to healthcare systems, women are too often the ones who bear the greatest burden of instability and neglect. The Commission on the Status of Women is not just a space for discussion, it is a platform for action. It is where awareness must turn into solutions, and where policy must translate into real protection and progress. Your voices, perspectives, and determination are essential to achieving this mission.

At this conference, we will focus on two urgent and connected issues: Preventing the Human Trafficking and Exploitation of Women in Libya, and Addressing Maternal Mortality in India through healthcare, policy, and social norms. In Libya, ongoing political instability has created an environment where women are increasingly vulnerable to trafficking, exploitation, and abuse, often with little protection or accountability. In India, while progress has been made, maternal mortality remains a serious concern, particularly for women in rural and marginalized communities, highlighting gaps in healthcare access, policy implementation, and societal attitudes toward women's health. Though these challenges occur in different contexts, they both reflect a broader global failure to fully protect and prioritize women's rights and well-being.

My name is Hende Nabulsi, and I am honored to be the President of the Commission on the Status of Women at this year's KAMUN conference. When I first joined MUN, I saw how powerful diplomacy can be in making real change. The ability to negotiate, challenge ideas, and find solutions is what keeps us moving forward. This committee is where your ideas can become actions, and that responsibility is in your hands.

This committee is your chance to share ideas, work together, and find real solutions. Let's use this opportunity to bring peace where there is conflict and create change where it is needed.

I can't wait to see you all soon!

Best Regards,

Hende Nabulsi,

President, Commission on the Status of Women

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Introduction:

India faces a significant challenge in maternal health, holding the highest estimated number of maternal deaths globally, with approximately 136,000 women dying annually due to complications related to pregnancy and childbirth. This alarming figure starkly contrasts with the maternal mortality ratios in developed nations, which average around 20 deaths per 100,000 live births. Maternal mortality in India is not merely a health issue but a reflection of systemic inequalities and deeply entrenched social and cultural barriers.

A variety of factors contribute to this crisis. Limited access to quality healthcare, particularly in rural and underserved areas, leads to a lack of skilled birth attendants and emergency obstetric care. Policies intended to address maternal health often falter due to bureaucratic inefficiencies and inadequate resource allocation. Furthermore, social norms, which include early marriage and limited reproductive health education, continue to hinder women's ability to seek and receive proper care, further compounding the issue.

As seen in the appendix, the Maternal Mortality Ratio (MMR) varies significantly across Indian states. States like Uttar Pradesh, Bihar, and Madhya Pradesh exhibit higher MMRs due to limited government health expenditure, higher out-of-pocket costs, and low rates of institutional deliveries. Meanwhile, states such as Kerala, Tamil Nadu, and West Bengal demonstrate better outcomes yet still poor, because they are supported by stronger healthcare systems and adherence to national quality standards. The appendix also reveals a concerning disconnect in states like Jharkhand and West Bengal between financial aid through programs like Janani Suraksha Yojana (JSY) and institutional delivery rates.

This discussion delves into the core elements of India's maternal mortality crisis, focusing on the intersection of healthcare, policy, and societal norms. By understanding the root causes and their interconnected nature, we can identify solutions that not only address immediate health concerns but also foster long-term systemic change. Our goal is to ensure equitable access to quality maternal care, safeguarding the health and well-being of mothers across the country.

Definition of Key Terms:

Maternal Mortality: The death of a woman during pregnancy, childbirth, or within 42 days of termination of pregnancy, from causes related to or aggravated by the pregnancy or its management, excluding accidental or incidental causes.

Maternal Mortality Ratio (MMR): A key measure of the safety of childbirth, representing the number of maternal deaths per 100,000 live births. India's MMR decreased significantly from 384 in 2000 to 103 in 2020, indicating progress in maternal health.

Sustainable development goals: sustainable development goals were established to transform the **world**. It outlines 17 goals with 169 targets, which these broad-based goals connect. DSGs are based on values such as equity and respect for human rights and rely on approaches such as sustainable financing, scientific research, and innovation.

Lower -level facilities: Lower-level facilities are sites in which people are treated by individuals who do not work in medicine but may have had some introductory training in health promotion. These facilities lack the proper equipment necessary to conduct safe procedures and operations such as delivery

Skilled Birth Attendant (SBA): A healthcare professional, such as a doctor, nurse, or midwife, who is trained to manage normal pregnancies and childbirth and to identify, manage, or refer complications during childbirth.

Emergency Obstetric Care (EmOC): Critical healthcare services are provided to manage complications during pregnancy and childbirth, such as severe bleeding, infections, or obstructed labor.

Janani Suraksha Yojana (JSY): A government program in India aimed at reducing maternal and neonatal mortality by promoting institutional deliveries through conditional cash transfers for pregnant women.

Institutional Delivery: Childbirth that takes place in a healthcare facility, such as a hospital or maternity clinic, where skilled healthcare professionals and medical resources are available.

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Out-of-Pocket Expenditure: The direct costs paid by individuals for healthcare services at the time of use, which can act as a barrier to accessing essential maternal health services.

National Quality Assurance Standards (NQAS): A set of standards established by the Indian government to ensure the quality of care in public health facilities, including maternal and newborn healthcare services.

Health Disparities: Differences in healthcare access and outcomes among different groups, often caused by social, economic, and geographical inequalities.

Early Marriage: The practice of marrying individuals, often girls, below the age of 18, which contributes to maternal health risks due to early pregnancies and limited access to healthcare.

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Major parties involved:

Janani Suraksha Yojana (JSY): JSY aims to increase institutional deliveries by offering financial incentives to pregnant women who deliver in health facilities. This scheme seeks to enhance the safety of childbirth and reduce maternal mortality. However, focusing solely on financial incentives might not address all barriers to accessing quality care.

Ministry of Health and Family Welfare (MoHFW): The MoHFW is responsible for formulating and implementing national health policies to improve maternal healthcare and reduce mortality rates. It seeks to enhance service quality and promote institutional deliveries across the country. Its top-down approach can sometimes overlook regional disparities and local needs.

State Health Departments: State Health Departments adopt national health policies to address local healthcare needs and manage service delivery at the state level. Their effectiveness is crucial for reducing maternal mortality, though they may struggle with uneven resource distribution. They play a key role in ensuring that national strategies are implemented effectively in diverse regions.

Accredited Social Health Activists (ASHAs): ASHAs connect rural populations to the public healthcare system, promoting maternal health and ensuring follow-up care. They are essential for outreach and reducing maternal mortality in underserved areas. Challenges such as low pay and heavy workloads can impact their effectiveness.

World Health Organization (WHO) India: WHO India provides technical and policy support to enhance maternal health outcomes in alignment with global standards. It aids in implementing international best practices and strengthening national health policies. Adapting global guidelines to local contexts can be challenging but crucial for effective health interventions.

Ministry of Women and Child Development: This ministry enhances maternal and child health through financial support and nutritional programs like PMMVY and Mission Saksham Anganwadi. These initiatives aim to address maternal stress, provide financial aid, and improve nutritional intake during pregnancy. Their efforts focus on promoting healthier pregnancies and reducing maternal and child mortality.

White Ribbon Alliance India: An advocacy group dedicated to ensuring safe childbirth

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and reducing maternal mortality by promoting maternal health policies and practices. They work to influence policy and advocate for improved health services and resources. Their role is significant in pushing for systemic changes and raising awareness about maternal health issues.

USAID India: USAID India provides funding and expertise to support maternal health programs, including the training of healthcare providers and strengthening health systems. Their involvement aims to improve healthcare quality and access through financial support and technical assistance. Their contributions are crucial in enhancing program effectiveness and expanding health services \

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA): A program offering free, high-quality antenatal care to pregnant women on the 9th of each month. It aims to provide comprehensive care during the critical second and third trimesters of pregnancy.

Surakshit Matritva Aashwasan (SUMAN): Ensures that every woman and newborn receives respectful and high-quality healthcare at public facilities without any cost, guaranteeing access to necessary services during childbirth.

Janani Shishu Suraksha Karyakaram (JSSK): Provides free delivery services, including caesarean sections, in public health institutions. It also covers transportation, diagnostics, and medicines, ensuring comprehensive care for pregnant women and newborns.

LaQshya: A quality improvement initiative aimed at enhancing the care provided in labor rooms and maternity operation theaters. It focuses on improving outcomes for both mothers and babies during delivery.

Pradhan Mantri Matru Vandana Yojana (PMMVY): Offers financial support to pregnant women for safe delivery and compensates for wage loss. It also provides additional benefits to encourage the birth of girl children.

Mission Saksham Anganwadi and Poshan 2.0: Focuses on improving nutritional support for pregnant and lactating women, aiming to enhance the quality of supplementary nutrition and overall health outcomes for mothers and children.

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Timeline:

1952: The Indian government establishes the family planning program, which includes maternal and child health services as a key component. This marks the start of organized efforts to reduce maternal and infant mortality rates.

2000: The National Population Policy is introduced, aiming to control population growth and improve maternal and child health through various health programs and services. However, India's Maternal Mortality Ratio (MMR) is recorded at 384 per 100,000 live births, underscoring the urgent need for improved maternal healthcare services.

2005: The Government of India launches the National Rural Health Mission (NRHM), targeting improvements in maternal and child health services in rural areas, focusing on reducing maternal mortality and improving access to healthcare.

2011: The Janani Shishu Suraksha Karyakaram (JSSK) scheme is introduced, providing free delivery services, including cesarean sections, in public health institutions. It also covers transportation, diagnostics, and medicines.

2013: The Pradhan Mantri Matru Vandana Yojana (PMMVY) provides financial support to pregnant women for safe delivery and compensates for wage loss, with additional benefits to encourage the birth of girl children. In addition, the National Health Mission was launched, incorporating both NRHM and the National Urban Health Mission (NUHM) to enhance maternal and child health services across rural and urban areas. However there is a tight limit on people who are able to receive these financial support.

2016: The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is launched, offering free, high-quality antenatal care to pregnant women on the 9th of each month, aiming to enhance care during critical stages of pregnancy.

2017: India's MMR is recorded at 130 per 100,000 live births, the LaQshya quality improvement initiative was also launched, focusing on enhancing care in labor rooms and maternity operation theaters to improve outcomes for mothers and babies during delivery, however the less fortunate were not able to be accommodated;.

2021: Mission Saksham Anganwadi and Poshan 2.0 is launched, focusing on enhancing nutritional support for pregnant and lactating women and improving overall health outcomes for mothers and children.

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Now: Health and Wellness Centres (HWC) expand their reach, providing periodic health camps and support to marginalized communities, ensuring treatment compliance and follow-up care for pregnant women and newborns.

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Implications

Maternal mortality in India exposes serious gaps in healthcare access, ineffective policies, and entrenched social norms. These issues are particularly evident in rural and underserved areas, where preventable deaths often occur due to a lack of skilled birth attendants, emergency obstetric care, and reliable medical facilities. The situation reflects inequalities in the system and a society that has historically undervalued women's health.

The impact of maternal mortality is both immediate and long-lasting. In the short term, families face emotional distress and financial strain, particularly in low-income communities where women often play essential caregiving and economic roles. At the same time, the healthcare system is further strained, making it harder to address other pressing needs. Over the long term, maternal mortality limits economic growth, disrupts family stability, and deepens poverty, especially in regions that already struggle with inequality.

While India has made progress in reducing maternal mortality rates, the numbers are still alarmingly high, and not all women receive the help they need. Progress has been uneven, with some states and communities left behind. Many women, especially in rural areas, still lack access to basic healthcare services, and programs like Janani Suraksha Yojana don't always reach those who need them most.

Reducing maternal mortality requires investing more in healthcare infrastructure, improving access to skilled birth attendants and emergency care, and ensuring policies are effectively implemented. It's equally important to challenge social norms through education and community outreach, promoting a culture that values women's health and well-being.

Although the situation has improved, there's still a long way to go. Addressing maternal mortality is not just about saving lives but also about improving families' futures, strengthening the healthcare system, and building a fairer society for all.

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Understanding that while India has made notable progress in reducing maternal mortality, with the Maternal Mortality Ratio (MMR) declining from 130 to 97 per 100,000 live births between 2014-16 and 2018-20, there is still a substantial need for improvement,

Emphasizing the disparity in maternal health outcomes, particularly affecting adolescent girls, women from disadvantaged backgrounds, and those residing in rural or underserved areas,

Recognizing the efforts of UNICEF and the Government of India in implementing initiatives such as the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and Janani Shishu Suraksha Karyakaram (JSSK) to improve maternal health services and access,

1. *Integrate* AI technologies to improve healthcare delivery by;
 - a. *Implementing* AI-driven diagnostic and predictive tools,
 - i. *Utilize* AI algorithms to predict high-risk pregnancies and alert healthcare providers in advance,
 - ii. *Develop* AI-based platforms for real-time monitoring and management of maternal health conditions,
 - b. *Enhancing* telemedicine and remote consultations using AI,
 - i. *Expand* access to maternal health consultations in remote and underserved areas,
 - ii. *Leverage* AI-powered chatbots and virtual assistants to provide prenatal and postnatal care information.

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Food for thought:

- What are the most effective strategies to address the disparities in maternal mortality rates between urban and rural areas in India? How can these strategies be implemented effectively?
- How can artificial intelligence (AI) be used to enhance the identification and management of high-risk pregnancies? What are the potential benefits and limitations of AI in maternal health care?
- In what ways can policy reforms be designed to better address the unique needs of adolescent mothers and child brides? What specific interventions could bridge the gap in their access to quality maternal care?
- How can we evaluate the impact of current government initiatives such as the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and Janani Shishu Suraksha Karyakaram (JSSK) on reducing maternal mortality? What metrics or indicators should be used?
- What role do social norms and cultural practices play in influencing maternal health outcomes in different communities? How can community engagement and education programs be tailored to effectively address these issues?
- How can data from demographic sample surveys, such as the Sample Registration System (SRS) and National Family Health Survey (NFHS), be utilized to develop targeted interventions for reducing maternal mortality? What improvements could be made to these data collection methods?
- What are the key challenges in providing equitable maternal health care across different socio-economic groups in India? How can policies and programs be designed to address these challenges?
- What lessons can be learned from other countries that have successfully reduced their maternal mortality rates? How can these lessons be adapted and applied to the Indian context?
- How can technology and innovation be used to improve antenatal and postnatal care services in underserved areas? What are the potential obstacles and how can they be overcome?
- What policies can be implemented to prevent young girls from being forced into childbirth, considering that many maternal deaths are caused by complications related to their age and physical development?

Citations:

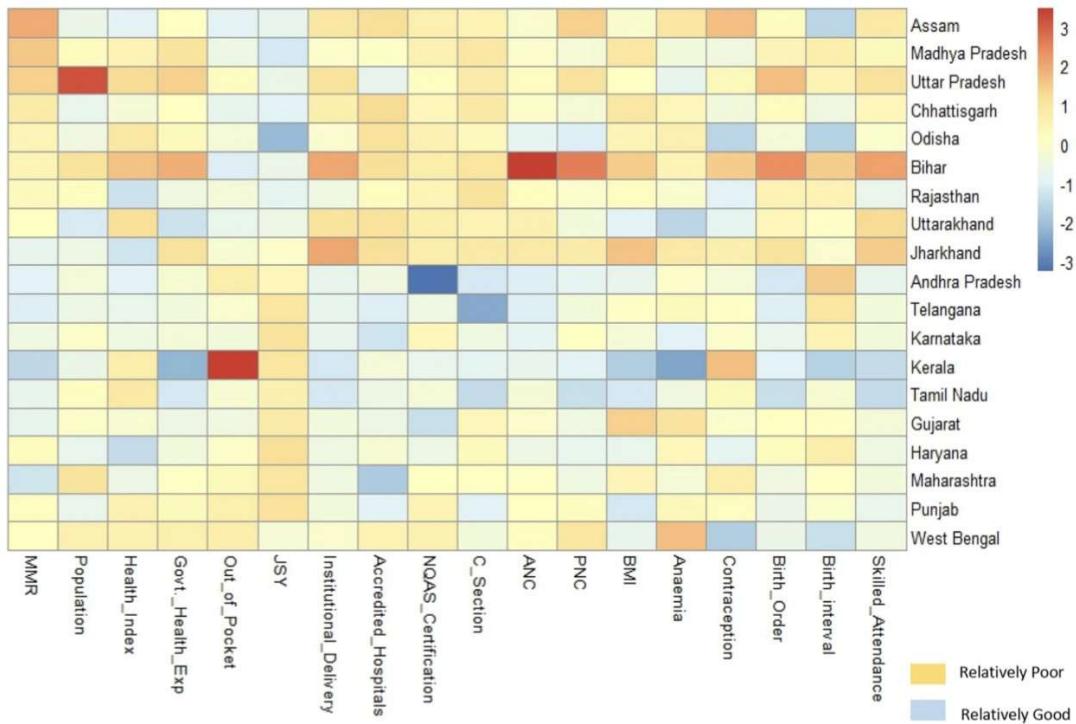
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Appendix A: Figure 3 - Scaled Level MMR and Associated Maternal and Health Systems Covariates in India

Figure 3

From: [Contributing factors for reduction in maternal mortality ratio in India](#)



Heatmap for MMR and associated covariates for the States of India, 2019–21.

Illustrates the relationship between Maternal Mortality Ratio (MMR) and various health system covariates across 19 SRS states in India. This figure highlights disparities in government health expenditure, out-of-pocket spending, and the correlation between JSY beneficiaries and institutional deliveries. It shows that states like Madhya Pradesh, Uttar Pradesh, Bihar, Chhattisgarh, and Punjab have relatively lower government health expenditures, while states like Kerala, West Bengal, Punjab, Maharashtra, Andhra Pradesh, and Uttar Pradesh face higher out-of-pocket expenses. Additionally, there is a poor correlation between the percentage of women receiving financial aid through the Janani Suraksha Yojana (JSY) and the proportion of institutional deliveries. States with low levels of both JSY beneficiaries and institutional deliveries include Jharkhand and West Bengal, whereas southern states have performed better in terms of health facility accreditation and National Quality Assurance Standards (NQAS) certification.

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