

Tanzania

## National Social Security Fund (Maternity Benefits) Regulations, 1999

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## National Social Security Fund (Maternity Benefits) Regulations, 1999

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# Tanzania

## National Social Security Fund (Maternity Benefits) Regulations, 1999

### Government Notice 284 of 1999

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*[This is the version of this document at 31 July 2002.]*

*[Note: This legislation has been thoroughly revised and consolidated under the supervision of the Attorney General's Office, in compliance with the Laws Revision Act No. 7 of 1994, the Revised Laws and Annual Revision Act (Chapter 356 (R.L.)), and the Interpretation of Laws and General Clauses Act No. 30 of 1972. This version is up-to-date as at 31st July 2002.]*

*[section 50; G.N. No. 284 of 1999]*

#### 1. Citation

These Regulations may be cited as the National Social Security Fund (Maternity Benefits) Regulations.

#### 2. Interpretation

In these Regulations unless the context, otherwise requires—

"**accreditation**" means the process of verifying the qualifications and capabilities of a medical care provider in rendering medical care services;

"**accredited medical care provider**" means a medical care provider appointed by the Board to provide medical care services;

"**Act**" means the National Social Security Fund Act<sup>1</sup>;

"**beneficiary**" means a female insured person who has satisfy the conditions for maternity benefits under the Act;

"**confinement**" means labour resulting in the delivery of a child, whether alive or dead, after twenty eight weeks of pregnancy;

"**female insured person**" means a female registered with the Fund as an insured person, regardless of her marital status;

"**medical care provider**" includes a dispensary, health centre, hospital or any other medical clinic;

"**registered medical practitioner**" means any person proffering to practice medicine or surgery;

"**registered midwife**" means any person who has passed the nursery or midwifery examination conducted by the Nurses and Midwives Council.

#### 3. Entitlement to maternity benefits

Subject to the provisions of section [44](#) of the Act and of the provisions of these Regulations, maternity benefits shall be paid in case of pregnancy and confinement of a female insured person.

#### 4. Application for maternity benefits

Every female insured person applying for maternity benefits shall complete Form MBI as set out in the Schedule and deliver it at the nearest office of the Fund not earlier than the twentieth week of pregnancy to facilitate processing of her claim before the twenty fourth week.

#### 5. Conditions for award of maternity benefits

- (1) Maternity benefits shall be payable to an insured female person who—
  - (a) has made at least thirty six monthly contributions to the Fund, of which twelve contributions were made in the thirty six months immediately prior to the week of expected confinement; and
  - (b) has a certificate prescribed in Form MB2 as set out in the Schedule, from an accredited medical provider certifying that she expects delivery of a child; or
  - (c) has delivered a child and has a certificate prescribed in Form MB3 as set out in the Schedule; and
  - (d) has completed a period of three years from the date of last delivery in respect of which maternity benefits were payable.
- (2) The Certificate of Expected Confinement specified under paragraph (b) of subregulation (1) shall be submitted to any office of the Fund any time before the twenty fourth week of pregnancy.
- (3) Where a child is still born or where it dies before reaching one year, maternity benefits shall be payable in respect of the next pregnancy and confinement which is within the three year period referred to under paragraph (c) of subregulation (1).

#### 6. Notification of entitlement or rejection of benefit

A female insured person entitled to maternity benefits shall be notified of her entitlement of maternity benefits or rejection of maternity benefits in Form MB4 and Form MB5 respectively as set out in the Schedule.

#### 7. Types of maternity benefits

Maternity benefits shall comprise of—

- (a) cash maternity benefit; and
- (b) medical care benefit.

#### 8. Cash maternity benefit

- (1) A female insured person is entitled to cash maternity benefit—
  - (a) at the rate of 100 *per centum* of the average daily earnings calculated by reference to the earnings received during the six months of insurable employment immediately prior to the twentieth week of pregnancy;
  - (b) subject to deduction of ten *per centum* being continuing contribution to the Fund by that insured person;
  - (c) for a maximum of four weeks in the case of a still born child or where the child does not survive beyond forty eight hours;

- (d) in a lump sum after confinement:

Provided that where registered medical practitioner certifies that the female insured person should take maternity leave six weeks before confinement, that female insured person may be paid cash maternity benefits for a maximum of four weeks prior to confinement and eight weeks after confinement.

- (2) Maternity benefits payable to a female insured person shall not relate to the remuneration paid to her that does not form part of her earnings which normally forms the basis of contributions to the Fund.
- (3) An employer may pay the remuneration mentioned under subregulation (2) during the period for which cash maternity benefit is paid.

## 9. Medical care benefit

- (1) A female insured person is entitled to medical care benefit during pre- and post-natal periods and during confinement by a registered medical practitioner or a registered midwife employed by an accredited provider.
- (2) Entitlement to pre-natal medical care benefit shall commence from the twenty fourth week of pregnancy and the post-natal care shall cease forty eight hours after confinement or in the case of caesarean delivery, seven days after confinement.
- (3) Where a beneficiary requires prolonged medical care after confinement, which shall in any case be limited to twelve weeks, a medical certificate must be obtained which certifies that the required medical care is a direct result of the confinement; otherwise the cost thereof shall be born by the beneficiary.

## 10. Medical care services

- (1) The medical care services to be provided under maternity benefits shall include treatment in respect of—
- (a) EPH Gestosis (Pre-eclampsia);
  - (b) Eclampsia;
  - (c) Gestational Diabetes;
  - (d) Rhesus Incompatibility;
  - (e) Anaemia of pregnancy;
  - (f) Ante partum Haemorrhage; and
  - (g) Post partum Haemorrhage.
- (2) All medical care services which are not specified under subregulation (1) of this regulation, whether provided to the beneficiary as of necessity or on her own request, shall be paid for by that beneficiary.
- (3) The maximum amount to be paid for approved medical care services under subregulation (1) of this regulation shall be predetermined and agreed upon between the Board and the medical care providers.

## 11. Limitation of claims

- (1) Any application for maternity benefits made after the expiration of twelve weeks following the date of confinement shall not be accepted:

Provided that the Director-General may, where there is good cause for delay, consider any claim even if it is received after expiration of the limitation period.

- (2) All cash maternity benefits payable under these Regulations shall be paid directly to the beneficiary.
- (3) All costs for medical care benefits shall be paid by the Board to the accredited medical care provider and no cash shall be paid to the female insured person *in lieu* of medical care.

## 12. Accreditation of medical care providers

- (1) The Board on recommendations of the Director-General, shall grant accreditation to a medical care provider for purposes of maternity benefits to female insured persons.
- (2) A medical care provider whether public or private shall be eligible for accreditation if it has been in operation for at least three years.
- (3) Except that the board may vary the condition of three years specified under subregulation (2) of this regulation for any medical care provider, taking into account the geographical circumstances of the specific area.

## 13. Requirements for accreditation

The requirements for accreditation of a medical care provider shall be—

- (a) the availability of human resources, equipment and physical structure that is in conformity with the standards set by the Ministry responsible for health matters;
- (b) the availability of outpatient and inpatient care under supervision of a qualified medical doctor;
- (c) the availability of twenty-four hours nursing services supervised by a registered nurse of the rank higher than nurse midwife;
- (d) the acceptance of formal programme of quality assurance and utilisation review;
- (e) the acceptance of payments mechanism specified by the Board.

## 14. Choice of accredited medical care providers

- (1) A Female insured person requiring medical care during pregnancy and has satisfied the required conditions shall be free to choose medical care provider which is near to either her place of work or residence.
- (2) All cash maternity benefits payable under these Regulations shall be paid directly to the beneficiary.
- (3) All costs for medical care benefits shall be paid by the Board to the accredited medical care provider and no cash shall be paid to the female insured person *in lieu* of medical care.

## 15. Agreements with medical care providers

The Board shall enter into agreement with each accredited medical care provider to ensure that there are monitoring mechanisms to safeguard against—

- (a) over-utilisation of medical care services;
- (b) under-utilisation of medical care services;
- (c) unnecessary diagnostic and therapeutic procedures and interventions;
- (d) unnecessary or irrelevant medication prescription;
- (e) medical care provider paying cash to beneficiaries *in lieu* of medical care.

**16. Payment mechanism**

- (1) Any payment made to an accredited medical care provider shall be a fee for service rendered and according to the agreed rates between the Board and the accredited medical care provided.
- (2) Any claim of money by an accredited medical care provider shall be paid within thirty days of receipt or the claim.

**17. Inspections**

The Director-General or any officer of the Board appointed on his behalf, shall have the right to inspect any accredited medical care provider so far as to ascertain compliance with the agreement made between the Board and the accredited medical care providers.

**18. Reports**

Every accredited medical provider shall furnish the Board with quarterly reports, by completing and delivering the appropriate forms provided by the Board for that purpose.

**Schedule****Forms MB.1 to MB.5**

*[Editorial note: The forms have not been reproduced.]*