

Maternity and Paternity Leave Policy for Residents

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Version: 1.0

Effective Date: 1 December 2024

Review Date: 1 December 2029 (or earlier if required)

Policy Owner: Dean's Office

Responsible Offices: Directorate of Human Resources, Directorate of Student Welfare, Registrar

Applies to: All AHSU students

December, 2024



Purpose

To ensure that all female and male residents of AHSU receive fair, lawful, and supportive maternity leave, in accordance with Rwandan labor legislation and the Rwanda Social Security Board (RSSB) Maternity Leave Benefits (MLB) scheme, while maintaining academic continuity and resident well-being.

Legal and Institutional Basis

This policy is grounded in:

- The Rwanda Labor Law (Law No. 66/2018 of 30/08/2018) governs employment
- The RSSB Maternity Leave Benefits Scheme, which provides 14 weeks (98 days) of paid maternity leave.

Scope

Applies to all female and male resident doctors enrolled in AHSU postgraduate training programs, irrespective of specialty, funding source, or site of rotation within affiliated teaching hospitals or abroad.

Duration and Timing of Leave

1. The standard Maternity Leave Period is 14 weeks (98 calendar days). May begin up to two weeks before the expected date of delivery and must include at least six weeks after childbirth.
2. Extension: An additional two (2) weeks of unpaid leave may be granted upon submission of a medical certificate confirming illness or medical complications affecting the mother or newborn. Such leave shall be administered in accordance with the institution's guiding policies and procedures governing sick leave.
3. The resident's obstetrician will determine the date of return to duty. If the resident requires extended maternity leave because of a complication of pregnancy or because the resident's physician deems her unable to work, the absence will be treated the same as any absence due to illness. The department head will be entitled to a full report from the resident's physician documenting the need for extended leave.
4. Flexibility: Department heads may authorize staggered scheduling (e.g., using part of annual leave or study leave to extend rest or recovery), provided training requirements remain satisfied.



5. Male residents shall be entitled to seven (7) consecutive calendar days of paternity leave following the birth of their child, or such longer period as may be required by applicable law.

Compensation and Benefits

Residents on maternity or paternity leave shall receive salary and benefits in accordance with applicable national labour laws and social security regulations. Where eligible, maternity leave benefits shall be administered through the RSSB Maternity Leave Benefit Scheme, with contributions shared between RSSB and the employer as prescribed by law.

Use of Annual Leave or Supplemental Leave

A resident may combine part of her/his annual leave or accumulated study days with the 14-week maternity leave and seven days' paternity leave to extend time with the newborn, subject to HOD and HR approval. Vacation or study leave cannot replace the legally mandated 14 weeks but may supplement it. In accordance with the Rwandan Labor legislation, the standard AHSU sick-leave policy will govern sick leave related to pregnancy complications before maternity leave begins.

Academic and Training Provisions

The resident's dual role as both an employee and a trainee requires a balanced approach, taking into account the following:

- The prescribed training duration must be fully completed in accordance with the required time commitments.
- The university has the responsibility to ensure that trainees complete the required training duration.
- Residents are entitled to national labor law provisions, including the 14-week leave.
- Consequently, any prolonged absence from training, irrespective of the reason, must be compensated by completing an equivalent period either at the end of training or at another time agreed upon by the relevant stakeholders to meet institutional requirements.



- Specific arrangements between the Chair may be made at the departmental level, as they are best positioned to assess the trainee's readiness; once such an agreement is reached, it should be formally communicated to the University leadership.

Notification and Documentation

The resident will inform the HOD as soon as possible after the delivery date is confirmed (preferably within the first trimester) to facilitate planning. HODs should be sensitive to the confidential nature of this information during the early part of pregnancy. In addition, she must notify the HOD and HR Office at least two months before the anticipated delivery date and provide:

1. A medical certificate indicating the expected date of delivery.
2. A completed RSSB Maternity Benefit application form (available from HR).
3. Any request for combined or extended leave (annual/study).

Return to Work and Reintegration

Residents are required to attend a return-to-work planning meeting with their HOD before resuming duties.

Upon return from maternity leave, a structured transition period of four (4) weeks will be implemented, starting from the date of resumption. In selected cases, and subject to approval, maternity leave may be extended up to 14 weeks, after which the same four-week transition period will apply to allow re-familiarization with the clinical and academic environment.

During this four-week transition period, residents will prioritize physical recovery, lactation, and progressive reintegration into clinical duties, with an appropriately reduced workload and no night duties.

From the date of return to work until the child reaches one (1) year of age, the following adjustments will apply:

- Residents will be scheduled for weekday duties only, with a protected one-hour period per day dedicated to breastfeeding.



- Weekend duties will be limited to no more than two (2) day shifts per month, each including a one-hour protected period (before or after the shift) for breastfeeding.
- Night duties will remain excluded during this period.
- Where feasible, simulation-based clinical scenarios and detailed case logs may be used to substitute for limited hands-on exposure.

After the child reaches one year of age, the resident will resume full Integration Period, during which they will return to regular duty schedules and restore full clinical competency. Missed rotations will be rescheduled at the end of the training or any other agreed time between the HoD and the Resident. The HoD will ensure that each returning resident completes all required competencies, including procedural logs, case records, and academic presentations, before program completion.

The resident and the HoD must mutually agree on the timing for completion of any missed training components during the postpartum period. If this completion is scheduled at the end of the overall training program and the official graduation date occurs before the completion of this make-up period, the resident will not be included on that year's graduation list.

However, upon successful completion, formal proof of completion, including the degree, will be issued. The resident, having met all requirements, will then be recognized as a consultant and formally included in the subsequent year's graduation ceremony.

Workplace Protection and Well-Being

AHSU is committed to fostering a supportive environment for returning mothers. While the institution may not have direct control over facility modifications, it will strongly advocate for the establishment of dedicated lactation rooms near clinical sites, ensuring these spaces provide adequate privacy and refrigeration for the safe storage of expressed milk. In addition, the institution will encourage and support initiatives to provide employee assistance programs, wellness counseling services, and peer-support groups to promote emotional health, reduce stress, and facilitate a smooth transition back to clinical and academic responsibilities.

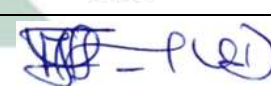
Confidentiality and Non-Discrimination

No resident shall face discrimination, negative evaluation, or reduced opportunities due to pregnancy, maternity leave, or breastfeeding status. All information related to pregnancy or leave shall be treated as confidential.

Monitoring and Review

The Office of the Deputy Vice Chancellor for Academic Affairs and Research shall oversee the implementation of this Policy and ensure compliance with its provisions. The Postgraduate Medical Education (PGME) Office shall coordinate the administration of maternity and paternity leave and monitor residents' compliance with training requirements. Chairs of the Departments (HoDs) shall review and endorse leave requests and ensure adequate departmental coverage and continuity of services during the leave period. This Policy shall be reviewed every five (5) years or earlier if required by amendments to applicable national legislation or institutional requirements.

Approval Signatures

Names	Role	Signature	Date
Dr. Belise Uwurukundo	Registrar		13 December 2024
Dr. Edgar Kalimba	Dean of the School of Medicine		13 December 2024
Kara L.Neil, Ed D	Ag. Deputy Vice Chancellor / Academic & Research		13 December 2024
Dr. Zerihun Abebe	Ag. Vice Chancellor		15 December

