

Table 1: Results of the search for published research into African Specific Mentorship models

Source	Country	Study Design	Purpose	Results / Findings
Mwilinga et al., (2017).	Zambia	A qualitative phenomenological study of certified midwives who had completed an internship.	To explore certified midwives' experiences of mentorship and supervision received during an internship at the national tertiary referral hospital.	Themes: <ul style="list-style-type: none"> - Clinical Environments - Relationship between mentors and mentees/ward staff - Availability of human and maternal resources - Mentors knowledge, attitude and skills regarding mentorship and supervision - Lessons learnt
Manzi et al., (2017).	Ghana Mozambique Rwanda Tanzania Zambia	Mixed methods: <ul style="list-style-type: none"> - Semi-structured interviews - Questionnaire 	Evaluation to identify differences and commonalities in implementation components and pathways, successes and challenges in a mentoring / coaching project.	Preparation and implementation of mentorship and coaching interventions. Selection and orientation of mentors and coaches. Strategic deployment of mentorship and coaching teams Data use for routine monitoring and supervision of mentoring and coaching. On site mentoring 'mentoring the mentors.' Contextual factors. Adherence to evidence-based policies.
Setari & Nkosi (2017)	South Africa	In-depth individual interviews. Qualitative & hermeneutic approach	To explore the perceptions of professional nurses on student mentorship in clinical areas.	The mentoring chameleon Mentoring perception Success in mentoring – benefits for both mentor and mentee Challenges of mentoring
Magge et al., (2015)	Rwanda	Pre-post intervention study.	To measure the change in the quality of care following the addition of a mentorship intervention to didactic training.	Significant improvement in assessment, classification and treatment. Improvement in the percentage of children given correct treatment, improved service coverage.
Manzi et al. (2014)	Rwanda	Focus groups	To explore the perceptions and acceptability of Mentoring and Enhanced Supervision at Health Centres (MESH) from the perspective of mentors, district clinical leadership and direct recipients.	Interactive, collaborative capacity building. <ul style="list-style-type: none"> - Active listening and relationships - Supporting not policing - Systems improvement - Real-time feedback. - Staff turn-over, stock-outs and other system gaps barriers to MESH and IMCI implementation.

