Mentoring as a tool to enhance capacities for evidence use in Africa: A learning brief

SEDI Learning Brief 6

Summary of key learnings on mentoring as a tool to enhance capacities for evidence use in Africa

In this learning brief on mentoring as a tool to enhance capacities needed for evidence-informed decision-making (EIDM) in Africa, we explored design features of mentoring interventions, and contextual facilitators and barriers for their implementation. We identified the following key learnings:

- The purposes of EIDM mentoring programmes are about changes – at the individual, organisational or/and system levels – that lead to improved evidence use. The changes to be realised include increased awareness, motivation for and knowledge of evidence use, enhanced skills for EIDM, behavioural change leading to increased evidence use, and strengthened linkages across the evidence ecosystem. As with other EIDM capacity development initiatives, building long-lasting and trusting relationships across the evidence ecosystem through mentoring programmes is valuable.

- Institutionalisation of EIDM mentoring provides strong potential for impact but is actively targeted only in a small number of programmes. While embedded EIDM mentoring within government structures can enhance legitimacy and the alignment of the activities with policy timelines, only a minority of programmes attempted to formalise the mentoring intervention within existing government processes.

- There's a gap for programmes facilitating peer mentoring; most EIDM mentoring programmes privilege researchers as mentors, with government decision-makers as mentees. This is a missed opportunity for peer-to-peer learning and anchors researchers – rather than evidence users – as providing leadership on and technical expertise in EIDM.

- Blended approaches to EIDM mentoring are growing in popularity as a modality of implementation and communication. These online and face-to-face modalities offer both synchronous and asynchronous engagement that enhance the feasibility of EIDM mentoring programmes.

- Gender, Equity, and Inclusion (GEI) objectives are an essential design feature for EIDM mentoring programmes. Unfortunately, the identified EIDM mentoring programmes did not explicitly state GEI objectives either in design – regarding selection and matching of participants, for example – or implementation.

- Political realities – as in all EIDM programmes – determine the space in which EIDM mentoring programmes can be implemented and achieve change. The design of mentoring programmes requires an application of lenses to investigate these factors and to tailor their design to them.

- Other programmatic design features of EIDM mentoring discussed in the learning brief include:

  » How EIDM mentoring combines with other capacity development tools

  » The need for clarity on the roles of mentors and mentees

  » Consideration of the length and frequency of mentoring initiatives

  » The importance of designing for monitoring and evaluation of EIDM mentoring initiatives.

What is the issue?

Enhancing capacities across the evidence ecosystem to strengthen the use of evidence in decision-making in Africa has received more attention over the last decade, also from funders (AEN 2021; DFID 2014; 2018; INASP, 2016a; Newman et al., 2012). Capacity development is about "the process whereby people, organisations, and society as a whole unleash, strengthen, create, adapt, and maintain capacity over time" (Development Assistance Committee of the Organisation for Economic Cooperation and Development, 2006). Drawing on the Africa Evidence Network (AEN)'s Manifesto for capacity development for EIDM in Africa (2021), capacity development for evidence use in Africa is about "(1) enhancing and sharing capacities[1] of individuals/groups related to evidence use in Africa; (2) improving organisations and their

articulation with the evidence ecosystem in Africa to get things done; and (3) improving systems, processes, institutional structures, and modes of operation of the African evidence ecosystem(s) for effective, equitable and ethical use of evidence to have the Africa we want." The Manifesto also foregrounds that capacity development (also called 'capacity enhancement', or even better, 'capacity sharing') for evidence use is to proceed from a recognition of the sharing of existing capacities, and the augmenting of capacities, between equal partners, rather than foregrounding a deficit approach. Various tools can be utilised to enhance capacities, including sharing information via publications and conferences/webinars, training workshops, knowledge/learning exchanges, mentoring, networks / communities of practices, and co-production.

Various definitions have been used in different contexts to explain what mentoring is. In the main, mentorship is a tool to foster personal and professional growth for both the mentor and mentee (i.e., mutually beneficial) through a dynamic, trusting, mutually respecting professional relationship that is developmental orientated (Abdullah, Higuchi, and Stacey, 2018; Hattingh, Coetzee and Schreuder, 2005; Matovu et al., 2011).[2] Individual capacities for effective job performance is often enhanced through workplace mentoring (Uneke et al., 2014:139), where the mentor brings knowledge and experience to advise, guide and support the mentee. Jordaan and colleagues (2018:457) define mentoring as "an interactive, facilitated process that promotes learning and development that is often used in a work environment, and which can be a formal or informal process." Conventionally then mentoring is the process of an experienced, highly regarded mentor(s) providing individualised or group support and guidance based on mentees' learning needs and goals

(Galbraith, 2001). It thus foregrounds drawing on experience to learn through matching or pairing of people.[3]

There are various typologies of mentorships, including formal (structured) or informal (virtually no structure) (Bozeman and Feeney, 2007; Chao et al., 1992; Noe, 1988), and one-to-one or group mentoring. Over the last decade, mentoring has shifted to an orientation of more peer learning and peer mentoring (Morrison et al., 2013:91). Therefore, Karcher and colleagues (referred to in Gargliardi, Webster and Straus 2015:2) explain mentorship as an interactive process that promotes learning and development based on social learning principles. In general, two mentoring paradigms can then be identified, namely a hierarchical transitional approach and a transformative peer or collaborative approach.

We know from various mentoring initiatives that have been implemented in Africa, and others ongoing, that mentoring has the potential to enhance capacities for evidence use. In this brief, we want to explore formal mentorship initiatives aimed at strengthening evidence-informed decision-making (EIDM), by focusing specifically on the design features of those mentoring initiatives that have been (or are being) implemented. The learning brief then addresses the following questions:

(1) what are the key design features in mentoring programmes aimed at enhancing capacities for evidence use in Africa?; and

(2) what are the contextual facilitators and barriers to these mentoring programmes?

We answer these questions through a rapid consolidation of existing research on mentoring programmes for evidence use in Africa, supplemented by in-depth interviews; in the Appendix, we indicate the methodology we followed in drafting this learning brief.

SEDI was designed to build on what we have learned works and does not work to enhance EIDM, including capacity development interventions such as mentoring. In its inception phase, SEDI, as part of its learning agenda, supported learning briefs on particular interventions or themes for further exploration, to inform its own design. And from the BCURE evaluation, one of the lessons we learnt for capacity development is that quality interventions require a focus on learning design.

In this brief we focused on relevant EIDM mentoring initiatives from the African evidence ecosystem to see what design features appeared to contribute to positive change in evidence use. We found twelve design elements across eleven mentoring initiatives. We also looked out for contextual facilitators and barriers to these mentoring programmes, and found four such to consider in the design of mentoring programmes. We hope that the learning brief can be an useful reference document to capacity development practitioners whom are designing mentoring interventions to support evidence use.

Brief description of EIDM mentoring programmes in Africa

In this section, we briefly describe the purposes of the mentoring programmes and who participate in these eleven EIDM mentorship programmes in Africa that we draw on.[4]

Purpose of EIDM mentoring programmes

Any mentoring programme should be clear from the start about what it aims to achieve, i.e., mentorship to what end. In the broadest sense, the goals of EIDM mentoring are about changes – at the individual, organisational or/and system levels – that lead to improved evidence use. The changes to be realised at each level includes increased awareness, motivation for and knowledge of evidence use, enhanced skills for EIDM, behavioural change leading to increased evidence use, and strengthened linkages across the evidence ecosystem.[5]

Increase awareness, attitude/motivation and knowledge to use evidence: The UJ-BCURE mentoring programme in Malawi and South Africa was partly about improved awareness and knowledge of EIDM amongst participants (Jordaan et al., 2018). The Secure Health mentoring programme in Malawi and Kenya, and the VakaYiko programme, similarly aimed at increased awareness, motivation and confidence, as well as technical knowledge to use evidence in policy (Oronje et al., 2019; Vogel and Punton, 2018). The K2P mentoring programme implemented in Nigeria focuses specifically on knowledge and attitude changes related to evidence synthesis, knowledge translation and evidence-informed health policymaking (Fadlallah, interview).[6]

Enhance skills required for evidence use: Mentoring provides support for on-the-job skills development, or 'learn by doing'. The purpose of K2P's mentoring programme in Nigeria is to "build institutional and individual capacity in evidence-informed policymaking in health" (Fadlallah, interview). The UJ-BCURE mentoring in Malawi was partly about improved research and data management skills, and how to develop sectoral databases, whilst the South African team mentoring aimed at evidence

synthesis skills to produce an evidence map (Jordaan et al., 2018; Stewart et al., 2017). In Nigeria, the broad purpose of the Policymakers' Capacity Building Mentorship Programme was to "enhance the capacity and ethical standards of Nigerian health policymakers from the State of Ebonyi to develop policy briefs on the control of infectious diseases of poverty" (Uneke et al., 2015:601). One of the specific objectives was listed as "improving capacity for acquisition, assessment, adaptation and application of research evidence" (Uneke et al., 2014:140). It is noticeable how many programmes focused on enhancing skills related to research and evidence synthesis.

Change behaviour to increase evidence use: Mentoring provides support that builds confidence, and with personal motivation and organisational incentives, that can lead to changes in behaviour. The behavioural change aimed at is to increase the use of evidence. Vogel and Punton (2017) indicate that behavioural change is more likely when the goals of the mentoring programme link with mentees' personal development goals and work performance objectives. The UJ-BCURE mentoring programme in South Africa aimed, amongst others, to increase evidence use in units in the Department of Water and Sanitation, and the Department of Basic Education (Jordaan et al., 2018).

Strengthen relations and linkages: Mentoring can also aim at enhancing solid relations and connections across the evidence ecosystem, especially between researchers and policymakers (Fadlallah, interview). The Policy BUDDIES project stated its aim as "increased dialogue between researchers and provincial level health decision-makers, with the intention of increasing demand for and

uptake of systematic review evidence" (Young, interview; also see Young, 2018:2). The K2P mentoring programme has a similar purpose, namely to "establish and nurture critical links and collaboration between researchers and policymakers" (K2P website). And one of the specific objectives of Nigeria's Policymakers' Capacity Building Mentorship Programme was "enhancing leadership capacity and partnership links" (Uneke et al., 2014:140).

Participants in EIDM mentoring programmes

In considering who participants are in the mentoring programmes, we look at the countries where these mentoring programmes were/are implemented, the sectors they are focused on, and the work context. Whilst we consciously looked for gender and other equity identifiers of participants, there was very little information provided on these in the include studies and interviews.

Six of the eleven mentoring programmes were/are implemented in a single country; these are in Ethiopia, Ghana, Nigeria (two programmes), Rwanda, and South Africa. The other five programmes run in two or more countries, with one mentoring programme implemented across seven countries (Burnett et al., 2019). The countries that had more than one mentoring programme are Ethiopia (2), Ghana (3), Kenya (3), Malawi (3), Mozambique (2), Nigeria (2), Rwanda (2), South Africa (2), and Tanzania (2).

The majority of the mentoring programmes (8) are/were implemented in the health sector, with the other three covering numerous sectors, including education, agriculture, and water and sanitation.

We also looked for information about mentors and mentees – which could be both individuals and organisations – involved in the formal mentoring initiatives. Individual mentees typically worked in government institutions as civil servants (from national, provincial and local government) and health staff. In most programmes mentors were researchers and faculty from universities and/or research centres. For example, in the first round of the K2P mentoring programme in Nigeria, eight senior and middle-level policymakers from the National Agency of Control of AIDS were selected, and senior policymakers from five states and the national parliament were selected in the second round to work with research centres. See the table below for details on participants for each mentoring programme. The Policy BUDDIES programme in South Africa is one of the few EIDM mentoring programmes that include policymakers and researchers as both mentors and mentees in peer mentoring. Morankar (interview) highlighted the one-sidedness of participation in EIDM mentoring programmes: "Another aspect to consider in future mentoring programmes are the assumptions that we make about who needs mentoring. Most mentoring programmes are carried out by researchers trying to teach policymakers how to use evidence. It would also be interesting if policymakers were also to mentor researchers on some elements of their work so that it's not only one-sided." Mentoring programmes should be developed for all role-players across the evidence ecosystem, with all the role-players being both mentors and mentees.

Table 1: Description of EIDM mentoring programmes in Africa

Name of the mentoring programme	Country	Sector	Participants	Level	Combination of capacity development elements	Delivery mode	Date of programme/ length of mentoring
African Health Initiative	Ghana Mozambique Rwanda Tanzania Zambia	Health	Mentees: community health workers (Ghana & Tanzania, Zambia), district health system managers (Mozambique), health centre nurses & managers (Rwanda), nurses, clinical officers and clinic support workers (Zambia). Mentors: senior public health officials (Ghana & Mozambique), nurses and midwives (Rwanda), community health workers (Tanzania), clinical officers and nurses (Zambia).	Individual	Training (to both mentors and mentees), followed by one-to-one mentoring. And side-by-side teaching and case reviews.	In-person: visit clinics and individual physicians to discuss performance issues and mentor.	2010-2017; length not indicated.
Ethiopian Health Institute (EPHI) training and mentoring on knowledge translation	Ethiopia	Health	Mentees: In 2019, 26 participants were in training (20 from EPHI, three from each of the Ministry of Health and the Armauer Hansen Research Institute (AHRI)), followed by mentoring. Currently focused on EPHI staff. Mentors: five mentors each had five mentees. Mentors were from the Ethiopian Evidence-based Health Care Centre (at Jimma University).	Individual	Training, followed by mentorship, and then dialogue with policymakers in a workshop. They are following the same approach as used in VakaYiko. Currently, the mentoring is focused on rapid reviewing.	Online: Emails and telephone	2019-2023; duration of specific mentoring varies from 1 to 2 years.
K2P Mentoring Programme[7]	Nigeria	Health	Policy Fellowship programme offered by K2P Centre (in Lebanon) – in collaboration with the Alliance for Health Policy and Systems Research – to selected peer mentee organisations from all six WHO regions. Peer mentee institutions are research, policymaking institutions, or knowledge translation platforms. In Nigeria, the Health Policy and Systems Institute at the Ebonyi State University was part of the first cohort of mentee organisations, with the Centre for the Study of the Economies of Africa another mentee institution added in the second round.	Organisational (in mentee institutions), who focus their initiatives on individuals.	Individuals get face-to-face training and country visits, with online technical support and mentoring to complete hands-on projects selected by mentee organisations. Also, a policy fellowship programme to promote researchers and policymakers engagements.	Blended: in-person and online support	1st cohort: 2018-2021 (3 years) 2nd cohort: 2019-2021 (2 years)

Name of the mentoring programme	Country	Sector	Participants	Level	Combination of capacity development elements	Delivery mode	Date of programme/ length of mentoring
LINkIN-Ghana	Ghana	Sectors related to food and nutrition (such as health, agriculture)	Mentees: Post-doctoral students and early career faculty Mentors: academic staff from the Universities of Ghana and McGill	Individual: via one-to-one or group mentorship	Training, internship and mentorship is delivered by the Universities of Ghana and McGill, and funded by the Queen Elizabeth Scholars Programme.	Blended: in-person and virtual (Zoom, email)	2-year programme; length of mentoring not indicated.
President's Malaria Initiative–funded MalariaCare project	Ghana Kenya Malawi Mali Mozambique Tanzania Zambia	Health	Mentees: Health staff in public and private facilities selected by country Ministry of Health. Mentors: 2 government staff per site (usually clinical and laboratory supervisors in health facilities). 1686 trained in a 3-day workshop.	Individual	Training (2 three-day workshops) and mentoring during onsite visits at the district level.	Blended: in-person and online through the MalariaCare Electronic Data System.	September 2015 to June 2016; length f in-field mentoring not specified.
Policy BUDDIES programme	South Africa	Health	Linking provincial policymakers one-to-one with local researchers in peer mentoring.	Individual: one-on-one.	Workshops and dialogues (peer mentoring)	Blended: In-person and online (call and/or emails, & dedicated online website)	Monthly face-to-face meetings.
Policymakers' Capacity Building Mentorship Programme	Nigeria	Health	Career health policymakers, including staff from the Ministry of Health; health professionals; regional, state and local government directors of Ebonyi State health ministry; directors of primary healthcare at local government level; chief executive officers of civil society groups, including NGOs; leaders of national health-based associations. Mentors: 6 academics from Ebonyi State University.	Individual: Group mentoring: 6 mentorship groups, according to participants' job specifications. Each group had 10–15 policymakers and had a mentor.	Training workshop (lecturers, focus group discussions, dialogues and group work), followed by group mentorships.	In-person: within the period of mentorship, two major group meetings were held by each group (lasting 2–3 hours); these were in addition to the several individual meetings/ contacts with the mentors by members of the respective groups	December 2010 – April 2011; had three group mentoring meetings.

Name of the mentoring programme	Country	Sector	Participants	Level	Combination of capacity development elements	Delivery mode	Date of programme/ length of mentoring
Rwanda Medical Research Council	Rwanda	Health	Training in 2018 to 28 people from the Ministry of Health and the Medical Research Council (policymakers and researchers) by five trainers. Twenty people took part in mentoring.	Individual. Provided by Ethiopian Evidence-based Health Care Centre (at Jimma University)	Focused on systematic review training, followed by mentoring. Three face-to-face mentorship visits over six months. Mentees registered protocol under Prospero and published in JBI journal.	In-person	2018; mentoring over six months.
SECURE Health	Kenya Malawi	Health	Mid-level staff in the Ministry of Health. Kenya: 34 civil servants Malawi: 26 civil servants	Individual: 60 mid-level policymakers in the two Ministry of Health divisions.	Five-day initial training workshop, followed by individual and group mentorships.	In-person: one-on-one monthly follow-ups, and one-day refresher workshops every quarter.	Three-year project; mentoring over 12 months.
	Kenya	Health	Two researchers from the Parliamentary Research Services unit in the Kenyan parliament.	Individual.	One-month secondment (to the UK Parliamentary Office of Science and Technology), followed by mentoring.	In-person	One month secondment; length of mentoring not indicated.
UJ-BCURE	Malawi	Health Education Agriculture	108 civil servants: 85 from Malawi (76% male and 24% female) and 23 from SA (after the initial six weeks, all renewed, thus 46 mentorship relationships).	Individual: 17 group mentoring sessions over ten months, and six individual mentorships.	Training workshops, followed by mainly face-to-face mentorship.	In-person	Oct 2014 – Oct 2016; short-term six weeks; long-term (10 months)
	South Africa	Water Education Social development, etc.	Participants from varied levels – junior staff to senior management (54% were from deputy director level). 87% female mentees and 13% male.	Individual (52 opportunities) and organisational (six opportunities for three teams) + 40 workplace visits.			Oct 2014 – Oct 2016; short-term six weeks; long-term: one relation lasted for the length of the programme.

Name of the mentoring programme	Country	Sector	Participants	Level	Combination of capacity development elements	Delivery mode	Date of programme/ length of mentoring
VakaYiko	Ethiopia		Federal Ministry of Health staff (21) attended training – 75% were policymakers, and others were service providers.	Individual	Training, followed by online mentoring (Jimma University created online sharing & collaboration community).	Primarily online (via Google Groups, email, phone calls), a few face-to-face	2015/6; six months.
	Zimbabwe	Health	Zimbabwe Evidence-informed Policy Network (ZeipNET) partnered with the Ministry of Youth, Indigenisation and Empowerment, of Industry and Commerce, and parliament to deliver training and mentoring to 49 participants from targeted organisations.	Individual, organisational (three teams in Zimbabwe), and systems level.	Two-day workshop over eight months, and mentoring (on action plans and their implementation) & policy dialogues (between researchers and policymakers)	In-person	One year (for policymakers), one year (for researcher teams in three institutions)

Key design features of EIDM mentoring programmes

In this section of the learning brief we unpack twelve design features of EIDM mentoring programmes in Africa. With design features we refer to variables related to the design and planning of the formal mentoring initiative (i.e., its blueprint). It typically outlines the components that a mentoring programme consist of and how it will be delivered. It is noteworthy that a number of these design features are valid across many EIDM capacity development interventions (such as considering and designing for context and

for the needs of participants), whilst others are specific to mentoring (such as mentoring models).

Purposefully combine mentoring with other EIDM capacity development tools and initiatives

When designing EIDM mentoring programmes, ensure that it is combined with other EIDM capacity development tools, such as training, workplace visits and knowledge-sharing platforms. Not a single of the eleven initiatives we looked at offers stand-alone mentoring; they all combine mentoring with other capacity development tools. One initiative combined mentoring and a secondment; two Kenyan researchers from the Parliamentary Research Services unit in the Kenyan parliament was seconded to the UK Parliamentary Office of Science and Technology for a month, and received mentoring on their return to improve evidence use in their unit (Vogel and Punton, 2018). In all the other programmes, mentoring were/are combined with training workshops (and/or more capacity development tools). The African Health Initiative, for example, offered training, followed by one-to-one mentoring and case reviews (Wagenaar et al., 2017), whilst LINkIN-Ghana provides research training, followed by internships and mentoring for post-doctoral and early career faculty from either McGill University or any Ghanaian university (Aryeetey, interview). And in the MalariaCare programme, three-day workshops were followed by site visits and mentoring (Burnett et al., 2019).

Through the training participants are introduced to essential concepts and practices in evidence use and/or thematic content, whilst applying

such knowledge into their work is promoted through mentorships. This approach fits adult learning ideas, which, according to Knowles (1984), is about building on past experiences and gaining experiences, is self-directed, and assumes readiness and motivation of adults to learn by applying new insights. Paulo Freire (1970) indicated the adult learning principles as dialogue, relevance, problem-posing, and praxis (reflection and action). The content of the training offered in EIDM mentoring programmes varies from specific sectoral knowledge, to research methodology, evidence synthesis and specific systematic reviewing practices, to contextual factors that support or hamper the use of evidence. Furthermore, the workshops tend to be strongly conversation-based, setting up expectations of conversation between mentor and mentees in mentoring, rather than mentees receiving orders from mentors. The Policy BUDDIES project, for example, foregrounded frequent conversations and engagement between policymakers and research buddies, as a form of peer mentoring (Young et al., 2018).

An outcome of the combination of mentoring and training is increased trust and stronger relationships, which in South Africa under UJ-BCURE led to an uptake of mentoring at organisational level (Stewart et al., 2019). Under the VakaYiko programme, Ethiopian mentees felt that the mentoring – focused on interpreting and analysing evidence and writing policy

briefs – provided them feedback on things they've put in practice, which they learnt from the training (Morankar, interview). In another EDIM mentoring programme in South Africa, workshops were used to entice participants to follow up on mentoring and learn more about specific contents covered during the workshops (Stewart et al., 2019). Stewart (interview) indicates how they used the training "as a way to advertise and introduce the mentorships. … It allowed them to build rapport with the UJ-BCURE [team] and learn more about each other. It gave the mentees a sense of UJ-BCURE's work on capacities and support, its

values, and a chance to build their trust in the programme. So by the time UJ-BCURE rolled out its mentorship, it was taken up and seen as valuable by the participants." This led UJ-BCURE to call these orientation workshops, and was seen as crucial for the mentorships (Jordaan et al., 2018). A slightly different take is not how training complements mentoring, but how mentoring complements training, leading Oronje and colleagues (2019) to call for the incorporation of mentoring into all exiting pre-service and in-service training programmes for civil servants.

Use a mentoring model that fits the purpose of the mentorships

The purpose of the EIDM mentoring initiative should influence the mentoring model used. Different models for mentoring have been applied in the programmes we looked at. One aspect of a mentoring model is its level, i.e., whether it is aimed at individuals or organisations. We had only three mentoring programmes aimed at organisations. The one is the K2P mentoring programme that has two mentee organisations in Nigeria (Fadlallah, interview), and one was in Zimbabwe, under VakaYiko, where two government departments and parliament were the focus of the training and the mentoring (INASP, 2016b). The third was a case under UJ-BCURE of mentoring a team from the same workplace[7] in South Africa (Jordaan et al., 2018). In these cases, the mentoring was aimed at promoting the institutionalisation of evidence use. Stewart (interview) indicates that the team mentorship in UJ-BCURE developed from the individual mentorships "where department heads saw

value in the work of the individual mentees and then approached UJ-BCURE to do team mentorships for them." Such team mentoring was demand-led, with commitment from team members because the mentoring was tailor-made to fit their needs (Jordaan et al., 2018).

All the other EIDM mentoring programmes were/are aimed at individuals, focused on improving EIDM capacities, ranging from skills development to confidence-building and identity strengthening to networking.[8] The options used in the individual model can be one-to-one mentoring with the mentee, or group mentoring (one mentor with a few individual mentees together), or a combination of individual and group mentoring. In the mentoring programme in Nigeria with Ebonyi State health policymakers, mentees "were classified according to their job specifications, and into six groups corresponding to the WHO's health systems building blocks", and then group mentored

(Uneke et al., 2014:140). A mentoring model with only one-to-one individual mentoring seems to fit better for more senior-level mentees, as learnt in UJ-BCURE (Jordaan et al., 2018).

Another aspect of a mentoring model is whether it is structured hierarchical or more collaboratively. Hierarchical mentoring makes sense where a senior and more experienced mentor provides mentoring to a junior and less experienced mentee, whilst collaborative peer mentoring involves participants of more equal status and experience, though with experience likely in different areas (Hundey et al., 2020:233). In peer mentoring, the lines between mentor and mentee are blurred, and all participants providing mutual support (

Hundey et al., 2020:233). Only one of the EIDM mentoring programmes we looked at were explicit in naming their programme as peer mentoring, namely the K2P Mentoring Programme. The other ten is not clear in calling their model as either of these, but reading their descriptions, we deduced that the Policy BUDDIES programme is peer mentoring. Three further possibly had aspects of peer mentoring, based on their foregrounding of dialogues (i.e., the UJ-BCURE team mentoring, VakaYiko in Zimbabwe and the Policymakers' Capacity Building Mentorship Programme in Nigeria). Given the seniority of the target participants of many EIDM mentoring programmes, a model of peer mentoring seems a better fit and holds more transformative potential.

Design the mode of delivery of EIDM mentoring to fit the context

The mode of delivery of the mentoring programme – i.e., delivered in-person, online, or blended (a combination of in-person and online that is the same for every participant)[9] – must fit the context in which the EIDM mentoring is being implemented. Seven of the mentoring initiatives we looked at had delivery in-person only, two were /are delivered online only/mainly, and four followed blended delivery.[10] The online-only delivery was in Ethiopia by mentors from the Ethiopian Evidence-based Health Care Centre at Jimma University. The online-only mentoring (under VakaYiko in Ethiopia) followed after in-person training and was necessary due to the distance between mentees and mentors and the limited resources to cover travel costs (Morankar, interview); they used Google Groups for sharing and collaboration between mentees and mentors. Under the current EPHI

mentoring programme, the COVID-context is the reason for being online-only, utilising emails and telephone conversations. In general online mentoring (also called e-mentoring) is growing in popularity (Morrison et al., 2013:91). We can expect the same for EIDM mentoring, and more so in the context of the COVID-19 pandemic. Attention though should be given to consciously designing for social presence, if fully online. The mentoring programmes that use a blended mode of delivery rely on email, text messages using mobile phones, phone calls, posting messages in online forums (such as Slack), and online meeting platforms (such as Zoom) (e.g., Burnett et al., 2019). All these allow for both synchronous and asynchronous engagements.

Design the content of the EIDM mentoring programme to fit the needs and contexts of participants

The content of the EIDM mentoring programme, as with other aspects of the design of mentoring, should be based on an understanding of the context in which the mentoring programme is to be implemented. A range of tools is available for this, including a political-economy analysis, as argued by Oronje and colleagues (2019), an evidence diagnostic (as carried out by SEDI partners in Uganda for capacity development design), or a needs assessment. Phase 1 of the K2P Mentoring Programme focused on a needs assessment, after which the training was customised, followed by post-training mentoring. The needs assessment focused on both individual and institutional capacities of both producers and users of evidence (K2P website). And in Zimbabwe, under VakaYiko, participatory problem tree analyses were conducted (INASP, 2016b:14).

In most cases, the mentorships are about a mix of knowledge, skills and values/attitudes, given that EIDM requires all these. Fadlallah (interview) affirmed that evidence use requires "changes in receptiveness of culture and value placed on the role of evidence in informing … policies and actions." INASP (2016b) stresses that although technical skills and knowledge remain crucial, evidence use and its institutionalisation necessitate more than technical skills and knowledge. Related to this are the four types of resources offered in mentoring programmes: positional, aptitudinal, cognitive, and affective resources (Pawson, 2004). So-called soft skills are crucial; these refer to personal qualities that assist someone in interrelating effectively and respectfully with other people and navigating policymaking's political landscapes. INASP (2016b) indicates examples of these skills as

influence and communicating.

Aside from designing for knowledge, skills and attitudes, the focus of these should fit the needs of the participants. Fadlallah (interview) signals how, for the second cohort of the K2P mentoring programme, "We are currently tailoring the mentorship program to cater to the need of different audiences; i.e., different packages/pathways with different durations that mentee institutions can select from, depending on their needs and resources." Jordaan and colleagues (2018) indicate how they designed the mentoring for EIDM and synthesis but had to be flexible when they received requests from mentees for support on, for example, commissioning and knowledge management. Stewart (interview) reflects that "when designing mentorship programmes for government in future programmes, it would be useful to design it in partnership with government colleagues so that they can include design elements that are important for their needs. For instance, the range of mentorships, types of mentorships, incentives, etc." Such co-design holds exciting opportunities for more peer mentoring.

As for any capacity development initiative, EIDM mentoring programmes must also consider the resource-enabled or -constrained environment in which mentoring programmes occur and in which mentors and mentees work. For example, many civil servants work in resource-constrained settings (Vogel and Punton, 2018), where practical realities of such environments include internet instability and lack of access to research.

Define clear roles for mentors and mentees

Being clear on the roles that both mentees and mentors play will help establish the relationship required for successful mentoring. And the functions should contribute to achieving the purpose of the mentoring as it enhances accountability. Clear roles help to set agreed expectations and deal with possible misunderstandings about what a mentor and mentee should be doing. Failing to define clear roles and manage expectations impacted a Kenyan mentoring initiative, where senior managers (who acted as mentees) had not been part of training or sensitisation activities and did not understand the expectations of mentees (Vogel and Punton, 2018). UJ-BCURE also found that "agreement on specific goals and outcomes, even if agreements remained flexible", was crucial (Jordaan et al., 2018). Such flexibility of roles is necessary for changing context and in various stages in mentoring relationships.[11]

Various strategies can be utilised to discuss roles and enhance clarity about responsibilities, such as induction, which Jordaan and colleagues (2018) called orientation workshops, aimed at both mentees and mentors. Another option is formal agreements about objectives and expectations. In the case of UJ-BCURE in South Africa, mentors we formally contracted and mentees signed agreement forms (Jordaan et al., 2018:457, 459).

Carefully consider who the participants in the EIDM mentoring programme are

The participants – both mentors and mentees (individuals and organisations) – should be carefully selected and matched. Mentoring is one of the capacity development tools heavily reliant on interpersonal relationships, making the selection of participants crucial. It is also vital for enhancing evidence ecosystems that all role-players – along a continuum from evidence producers to evidence users – should be included as both mentors and mentees.

Mentee selection: The considerations for mentee selection when participants are individuals are slightly different than when participants are organisations. Individual mentoring will be more successful if mentees' motivation and interest are strong, and if there are opportunities and incentives for mentees to use evidence (i.e., apply what they learn). Mutual commitment and interest in a demand-driven mentorship will lead to a sense of ownership. Motivation also enhances attendance and engagement in mentoring. Oronje (interview) indicated: "I've found that mentees need to own and drive the mentorship process if this is to succeed. Mentors who are also motivated to follow-up and provide timely advice also make a difference."

A process thus must be designed to assess motivation, knowledge and skills – related to EIDM – of the targeted mentees and to consider their scope for using evidence in their work context. Regarding the latter, mentees in mid- to senior-level work roles are more likely to have scope to introduce, enhance and support evidence use in their organisation.

When the mentee is an organisation, different selection criteria are used. The K2P mentoring programme used criteria that included the credibility and track record of the organisation in health policy and systems research, their prospect to establish linkages with policymaking institutions, their demonstrated commitment to capacity development and the promotion of evidence use in the health sector (Fadlallah, interview).

Mentor selection: The need for appropriate mentors is obvious. Successful mentors typically have a range of interpersonal[12] and professional/technical skills and knowledge in the subject area that the mentee requires support. In UJ-BCURE, understanding the mentee's work context was also considered necessary, with mentors selected from the same organisation when possible (Jordaan et al., 2018). Another crucial element is that a mentor must be able to dedicate sufficient time to mentoring (Aryeetey, interview). Stewart (interview) argued that "It's important that the mentors should have some paid time to do it, either as part of their work or additionally"; in the case of UJ-BCURE, mentors were paid, i.e., it was part of their job. The Policymakers' Capacity Building Mentorship Programme in Nigeria selected mentors based on "competence, availability, accessibility, approachability, good interpersonal skills, assured consistency and willingness to participate in the project." (Uneke et al., 2014:140). The African Health Initiative selected mentors depending on the country focus and the needs of different programmes (Wagenaar et al., 2017). And SECURE Health in Kenya revealed that the seniority of mentors was influential in aptitudinal impact on mentees (Vogel and Punton, 2017), and thus a criterium for selection. In the MalariaCare mentoring programme, mentors were trained during a three-day training workshop to enhance suitability (Burnett et al., 2019).

Effective and enduring mentoring relationships start with matching mentors and mentees, and EIDM mentoring programmes must have a comprehensive plan for matching and initiation mentoring relationships. For individual mentoring, the matching of skills and personalities of mentors and mentees are imperative (Jordaan et al., 2018), but aside from a general statement on matching mentee needs with mentor experiences, what should the basis of matching be? Is it similarity or difference, and what levels of these? Should age, sex, content expertise, occupation, qualification, networks, aspirations, values, identity, personality, etc., be considered? Pawson (2004:63) argues that it depends on the purpose of the mentoring; for example, if the intention is networking and relationships (important in peer mentoring), then an overlap in interest and profession might be considered in matching, whilst if the learning of knowledge or skills is to be optimised, then an overlap in values and life goals might be more important for matching. Further, design for equity requires consideration of aspects such as gender. Also, when can and should an EIDM mentoring programme allow for self-selection by mentees and mentors?

Not many of the studies we looked at provided much detail on their matching strategy. Oronje and colleagues (2019:9) indicated how they invited interested staff from the Ministries of Health in Kenya and Malawi to apply for the training and individual mentoring, and had nominations from the leadership of the ministries for relevant staff. The organisational matching in the identified studies seems to have been an outcome of the individual mentoring and training provided; in South Africa under UJ-BCURE and in Zimbabwe under VakaYiko (INASP, 2016b:44) the organisational mentoring flew from other initial capacity development initiatives. A likely consideration for organisational matching is then the nature of the evidence ecosystem, which

organisations already have established links and trust, and which should have such connections

and trust. Point 8 speaks further to this.

Consciously design EIDM mentoring programmes for gender, equity, and inclusion considerations

Gender, equity and inclusion (GEI) objectives should feature prominently in the design of EIDM mentoring initiatives. We know from the evidence of other capacity development interventions and sectors that gender and equity considerations are crucial for programme design. For example, a mentoring programme that disproportionally includes male mentees will reinforce inequitable gender compositions of EIDM champions within government. Where inequitable access to EIDM support prevails, mentoring programmes could target females disproportionally as participants – to name just one example of how programme design can be adjusted in response to gendered realities.

We deliberately investigated whether the EIDM mentoring programmes considered GEI objectives in their design. To do so, we designed a deductive coding prompt in the rapid review for coders to assess whether studies made mention of GEI objectives

being considered either in study design or implementation. Unfortunately, GEI objectives were not explicitly stated in the reviewed programmes. Neither during the mentoring design nor the implementation of the mentoring programmes were any considerations reported on how design and implementation might be gendered or equitable in themselves; and whether they could lead to gender and equity-related outcomes being positively or negatively affected by programmes. While we don't have scope in this learning brief to assess to what extent this is a function of a lack of reporting (i.e., a research issue) or a structural design issue, it nevertheless substantiates a critical gap in the literature and/or practice on EIDM mentoring in Africa. And this confirms a finding from the evidence map on evidence use in Africa regarding the lack of attention to gender and equity in EIDM interventions in general (see Nduku et al., 2020).

Embed EIDM mentoring into workplaces where evidence use can be applied

If we are to institutionalise evidence use, the embedding of capacity development initiatives such as mentoring, into the organisations that are to practice EIDM should be foregrounded. Morankar (interview) argues for embedding

mentorships within organisations and workplaces and then having mentorships agreements with individuals and organisations; Stewart (interview) indicated similarly. This requires senior leadership – both political

and professional/technical – 'buy-in' and engagement in EIDM mentoring programmes. Engaging senior managers, both in training and sensitisation activities, result in them understanding the new capacities that mentees have. Understanding this will help secure their commitment and cause them to allocate the requisite financial resources and time for mentoring, whether for mentees or mentors (Jordaan et al., 2018; Vogel and Punton, 2018). Oronje and colleagues (2019) demonstrate how in SECURE Health there was improved engagement in the mentoring process when they engaged the Ministry of Health leadership. However, an issue is the extent to which EIDM mentoring, and mentoring programmes in general, is a priority in workplaces where evidence use is to be applied, such as government agencies. We cannot answer this

based on our rapid review and interviews. But the SEDI learning brief on civil service capacity development mechanisms in Ghana (Gatune et al., 2021) indicates how the civil service relies heavily on training to strengthen individual capacities rather than consider other ways (such as mentoring). Other African countries may have a similar approach, possibly explaining why many EIDM mentoring programmes (compared to training programmes) are externally funded.

A linked question, that we also are not able to answer based on our data, is whether such embedding on EIDM mentoring programmes is through individual workplaces (such as individual government departments), or whether through government capacity development agencies, such as civil service training structures and public service commission.

Create spaces in EIDM mentoring programmes for clear and continuous communication through various means

Continuous and clear communication is a key in successful mentor-mentees relationships, and EIDM mentoring initiatives must design for various ways of communicating clearly and continuously. And blended ways of communicating – based on people's needs – is an effective solution in sustaining the relationship between mentees and mentors. Face-to-face meetings are sometimes seen as time-consuming by mentees or mentors who experienced work pressure (Jordaan et al., 2018). Use of other means of communication, including online platforms, video or telephone calls, or emails, are popular. Under VakaYiko, for example, Jimma University utilised Google Groups to share knowledge (such as published

papers, policy briefs, systematic reviews). In South Africa, as part of UJ-BCURE, workplace visits took place, which not only afforded mentors understanding of situational context but led to better communication, trust and transparency, and deeper relationships (Jordaan et al., 2018). In VakaYiko, INASP frequently communicated with partners via online information sharing and group discussions (INASP, 2016b:65). Quarterly meetings for the whole consortium supplemented these, held via video conferencing, with annual face-to-face meetings lasting two to three days. Similarly, in the Policy BUDDIES programme, participants used a dedicated online website and monthly meetings to ensure consistency of approach,

exchange experiences, share resources, reflect on progress and document interactions (Young et al., 2018). Another option is to have face-to-face communication initially, switching to more online communication as the mentoring relationship is more established.

Design EIDM mentoring programme with the appropriate length for mentoring relationships

EIDM mentoring initiatives should design for mentoring relationships that are long enough to be able to engage, share, and apply knowledge, skills and attitudes.[13] Uneke and colleagues (2015) convincingly argue that a two-day workshop with limited mentoring is simply not enough to enhance capacities for evidence use adequately. In UJ-BCURE, the short-term individual mentoring catered for six weeks, after several hit-and-miss attempts to define the suitable length of a mentorship arrangement (Stewart et al., 2019). "Some relationships were set up quickly and started off immediately, while others took much longer to evolve and involved much discussion between the mentorship manager, the mentor, and the mentee." (Jordaan et al., 2018). One learning from this trying out was that "flexibility in the approach to the length of the mentorship relationship" is better (Jordaan et al., 2018). Therefore, longer-term mentorships were offered under UJ-BCURE, with many renewed for up to a year and one lasting the entire two years of the programme (Jordaan et al., 2018). Under EPHI, the mentoring length varies from one to two years, whilst in Rwanda, it is six months (Morankar, interview). While we could not find information about the length of the mentorship relationships in a few cases, it is clear that building trusting relationships that are required for mentoring takes time (Young et al., 2018:1).

Design for frequent and consistent mentor-mentee interactions

It is not only the length of the mentoring relationship that is important, but also how regular interactions happen between mentors and mentees in that period; EIDM mentoring programmes should be designed for frequent and consistent interactions between mentors and mentees. Frequent interactions help to foster clear communication and a trusting relationship. Fadlallah (interview) indicates that for their organisational mentorship, a lead from the K2P Centre follows up with the mentee institution; "The exact duration is agreed upon as part of the work plan for each mentee institution. Depending on the activities being undertaken, meetings could take place weekly, monthly, or bi-monthly." The African Health Initiative had different frequencies for meetings between mentor and mentees; these ranged from monthly interactions (in Zambia, Tanzania and Ghana), to every 4-6 weeks (in Rwanda),

to biannually (in Mozambique) (Manzi et al., 2017:10).

The frequency and consistency of interactions are seemingly influenced by the time constraints of mentors and mentees. Work pressure prevented mentees from allocating adequate time to mentorship (Jordaan et al., 2018; Oronje et al., 2019). In the case of SECURE Health in Kenya, one-on-one mentoring had lower participation than the training, and only 12 out of 34 staff eventually completed their policy

briefs (Oronje et al., 2019). Whilst workplace visits can be a way to up interactions, they are not so easy. Under UJ-BCURE, Jordaan and colleagues (2018) found that these seemed practical where mentors and mentees worked and lived close to one another, with a natural opportunity to meet frequently. Online interactions via emails, phone calls, and online meetings might be an option for time-pressured mentors and/or mentees.

Design for monitoring and evaluation of EIDM mentoring programmes throughout

EIDM mentoring programmes should be designed for the range of ongoing monitoring, end-of-mentoring evaluation and post-mentoring evaluation. A clear and agreed mentoring goal from the beginning of the mentoring is a start (Jordaan et al., 2018). Without a clear purpose for mentoring, one cannot have realistic targets or appropriate evaluation (Young, interview). The K2P mentoring programme in Nigeria conducted a baseline assessment at the beginning of the programme of mentee institutions; "We use it to monitor and follow up on progress over time. … Providing opportunities for the different mentee institutions to share experiences, lessons learned is important for cross-learning and building synergies, as well as motivating the different mentee institutions." (Fadlallah, interview). None of the EIDM mentoring programmes we looked at had a theory of change to illustrate what the mentoring programme was designed to achieve.

A monitoring tool used in EIDM mentoring programmes is self-assessment techniques that help to check progress and make adjustments.

The Policymakers' Capacity Building Mentorship Programme in Nigeria, for example, used a survey-based self-assessment to assess knowledge and skill improvement (Uneke et al., 2015), whilst in Ghana, mentees and mentors submit quarterly reports of their experiences (Aryeetey, interview). And the African Health Initiatives mentoring programme implemented in five countries held "feedback meetings that convened at least quarterly or annually" (Manzi et al., 2017:10). We have no data to learn from how the EIDM mentoring programmes can resolve the potential tension between participant-centred self-assessment of progress and the need for reporting in externally-funded programmes.

For post-mentoring evaluation, in Nigeria, they conducted an internal before-and-after assessment (Uneke et al., 2015), whilst VakaYiko and UJ-BCURE had undergone both internal and external evaluation (Vogel and Punton, 2018). In Ghana, before the onset of the COVID-19 pandemic, they held retreats to evaluate the mentorship programme (Aryeetey,

interview). As EIDM mentoring programmes are almost always integrated with other capacity development initiatives, evaluating the mentorship component on its own is tricky, though (Young, interview). Stewart (interview) concurs and adds: "There is need to relook what we mean by positive outcomes, as this isn't necessarily an instant policy change. However, we need to look at outcomes in terms of their incremental nature. For instance, a few individuals mentored is a positive change in itself, leading up to changes in policy or processes over time."

Contextual facilitators and barriers to EIDM mentoring programmes in Africa

In this section, we consider facilitators and barriers that influence the design choices and/or implementation of the mentoring programme but which are not in the control of the designers and implementers.[14] Some of these are valid for other capacity development initiatives as well, and

others seemingly are specific to EIDM mentoring initiatives. The contextual factors can include political (e.g., political insecurity), social (such as societal norms) and /or economic factors (economic downturn). In the current context,

the global COVID-19 pandemic is an important contextual factor. As Fadlallah (interview) expressed: "The unprecedented COVID-19 pandemic has disrupted all aspects of life, and the mentorship programme is no exception."

1. Lack of supporting resources

As with other capacity development programmes, lack of supporting resources, such as insufficient funding for programmes and a small number of staff members to help implement the EIDM mentoring programmes and to support the use of evidence, impede the scale and impact of programmes. Funds usually facilitate the set-up of only a handful of in-depth mentor-mentee relationships, given how time-intensive mentoring is. In addition, many

research and information departments within government are underfunded and understaffed. Many public officials in Africa are working without reliable internet or other IT services, such as reliable internal storage systems (INASP, 2016b). In the Ethiopian mentoring programme under VakoYiko, due to a lack of resources for face-to-face mentoring, they turned to Google Groups (Morankar, interview).

2. Reliance on donors

Financial constraints and reliance on donors to support the EIDM mentoring programme inhibit the ability to anchor these into sustainable government decision-making structures. Different from training initiatives, the majority of the EIDM mentoring programmes rely on external funding, such as DFID, the WHO Alliance for Health Policy and Systems Research, the Doris Duke Charitable Foundation, and the Clinton Foundation. One challenge of external funding highlighted by Stewart (interview) is control over the design of the mentoring programme: "Part of the design of the UJ-BCURE program was influenced by the funders and the requirements of the funders. So that set the parameters for the mentorship programme from the onset. … funders

wanted a certain number of mentorships to be completed within a certain amount of time." (Stewart, interview). Further, where mentoring programmes are seen as external priorities and not covered through internal government budget allocation, long-term institutionalisation was not observed. Fadlallah (interview) revealed plans for costs of the K2P mentoring programme to be integrated into the Centre's work and budget.

3. Rapid turnover and changes in government positions

Rapid turnover and changes in government positions can delay or terminate the crucial collaboration and relationship-building element of EIDM mentoring programmes. For example, in one of the mentoring programmes implemented in the Zimbabwean Ministry of Youth, Indigenisation and Economic Empowerment (MoYIEE), the change in senior leadership resulted in a new minister being appointed who introduced a parallel approach to developing a youth investment case, overriding the (evidence-informed) process in which the mentored research unit was involved in (Vogel and Punton, 2018). Fadlallah (interview) also worried about staff turnover at both the mentor and mentee organisations that "has affected smooth flow of some of the programme activities." And also, in the case of SECURE Health, frequently changing interests within the government department influenced individual mentoring (Oronje et al., 2019).

4. Political-economic factors

Political-economic factors emerge as a strong influence on decision-makers attitudes and behaviours towards evidence use, inhibiting the potential for changes in practice. Political leadership and the nature of bureaucracy (that might be resistant to change that can cause process delays) are factors to be aware of when designing for EIDM mentoring programmes. The case of how capacity development initiatives implemented under VakaYiko in Zimbabwe was challenged by political-economic factors are illustrative, even though it is not specific about the mentoring component. The directors in the Youth Development department (MOYIEE) were reportedly supportive of EIDM. However, the MoYIEE was widely viewed as one of the most politicised ministries. In an authoritarian context, a culture prevailed where it was safer not to challenge the status quo. Consequently, this provided little incentive for ministry staff to engage with evidence that may not support the accepted political position (Vogel and Punton, 2018). Oronje and colleagues (2019) argue, based on the implementation of SECURE Health in Kenya and Malawi, that long-lasting effects were not realised due to, amongst others, limited focus on a political-economic analysis. They show, for example, that due to competing political and personal interests, there was little interest amongst top-level decision-makers in both Kenya and Malawi to use evidence and that the mentoring programme should have been designed to respond to this (Oronje et al., 2019:4). They remind us that policymaking, and thus evidence use in policymaking, is inherently political.

Political-economic factors can also create a window of opportunity that can facilitate EIDM mentoring programmes. Vogel and Punton (2018:8) indicate how, for example, in some circles in Zimbabwe, there was already existing commitment to evidence use in policymaking.

Conclusion

In this learning brief, we explored formal EIDM mentorship programmes in Africa by asking:

(1) what the key design features in these mentoring programmes are; and

(2) which contextual facilitators and barriers to these programmes exist.

We hope that the learning brief can serve as a useful reference document for capacity development practitioners when designing mentoring programmes for evidence use in Africa.

A number of the lessons that we have learnt to be true for EIDM capacity development initiatives are also true to EIDM mentoring programmes, whilst others are unique to these mentoring programmes.

Unlike other mentoring programmes, EIDM mentoring initiatives are by design nearly always

combined with other capacity development initiatives. And combining individual and organisational mentoring also holds promise.

We have learnt that embedding EIDM mentoring within the workplace / organisation provides strong potential for impact, not only because it can enhance legitimacy but also because it can align mentoring activities with policy timelines. As with other EIDM capacity development initiatives, designing EIDM mentoring programmes aware of the political-economic realities they operate in will facilitate their better fit and likely success in that context.

Further, with its collaborative approach, peer mentoring is seemingly a good fit with the evidence ecosystem, given its focus on relationships, and it has transformative potential across the evidence ecosystem for all role-players. We should move away from an approach in which researchers are the mentors and policymakers the mentees, to both researchers and policymakers acting as mentors and mentees. We should also be very conscious of other features when selecting mentors and mentees, such as GEI objectives.

Blended approaches to EIDM mentoring in modes of delivery are feasible, especially in the context of the COVID-19 pandemic, but very likely beyond it as well. In these, the content of EIDM mentoring programmes should cover knowing, doing and being.

Other important design features of EIDM mentoring programmes – including clarity of roles, clear communication, the length and frequency of interactions, and monitoring and evaluation of these programmes – have also to consider contextual factors that can influence it, and which designers of the mentoring programmes have not much control over, such as supporting resources and donors.

Endnotes

[1]Capacities here include the knowledge, skills (technical and soft), as well as attitudes and motivations required of individuals/groups to act in ways to promote and use evidence in decision-making (Oronje et al., 2019:2). Capacities then are about knowing, doing and being.

[2]Closely related, though discernible from mentoring, are tools such as internship, attachment/secondment, coaching, job rotation, and apprenticeship (about the transfer of crafts and trades from a master to an apprentice) (Hundey et al., 2020:243).

[3]Note that whilst under VakaYiko in Uganda there was pairing, this pairing was done under a learning exchange scheme of secondment / job-shadowing, combined with knowledge cafes (INASP 2016b:32). This initiative then does not fit the definition of mentoring used in this learning brief.

[4]See Table 1 for an overview of these eleven EIDM mentoring programmes. Seven of these programmes are from studies in the rapid review, and four from interviews.

[5]In the broader literature on mentoring, the purpose of mentoring was initially stated as supporting a mentee's career (through exposure, protection and sponsoring) and providing psychosocial support (through role modelling, counselling and confirmation) (Kramer, 1983). This has been elaborated over time to be described as advocacy (a positional resource), coaching (an aptitudinal resource), direction setting (a cognitive resource) and affective contacts (an emotional resource) (Pawson 2004:7). The four categories of purposes we identify in this learning brief can be related to these.

[6]Note the discussion in the Appendix about requesting interviews, but due to time constraints, not everyone could take part in an interview. Some provided written feedback to questions, whilst others send voice responses to the questions. In the text of the learning brief we use 'interview' to indicate all these responses.

[7]We have included this programme in our learning brief on mentoring programmes in Africa. Despite the programme not being run by an organisation based in Africa, two mentee organisations are based in Nigeria; we interviewed one of them for information.

[8]Jordaan and colleagues (2018) note the distinction between team mentoring and consultancy on technical assistance.

[9]These relate to objectives, identified in broader literature on mentoring, as engagement, achievement and identity (Pawson 2004:10).

[10]Whilst not yet implemented, another option, likely to be tried out post-COVID, is a hybrid mode of delivery for group mentoring. This involves some mentees being online, whilst at the same time others are face-to-face; thus a different combination of in-person and online that might be different for each mentee.

[11]Note that the numbers do not add up to eleven as some mentoring programmes had more than one delivery mode in different countries, or for different mentoring groups.

[12]Kramer (1983) identified the stages or phases in mentoring as getting to know each other (prepare or initiation), to getting established (negotiate), to maturity (enable or cultivate), and termination and exit (closure or separate).

[13]To build and maintain a mentoring relationship interpersonal skills required include empathy, honesty, being accessible and responsive, being trustworthy, and being pro-active.

[14]Note our differentiation between how long a mentoring programme is running, versus how long the design is for mentoring relationships under the programme.

[15]Those factors that can be directly influenced by the designers of EIDM mentoring programmes are not included here.

[16]In our interview with Prof Morankar we collected information about two mentoring programmes he is involved in but have not yet been written up.

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Appendix: Methodology

We executed our methodology in three stages. The first phase was scanning BCURE documents to get a sense of the focus and possible framework for the rapid review (phase 2). Whilst we were hoping to complete this review before starting with interviews (phase 3), we had to conduct interviews concurrently due to time constraints.

Scan BCURE documents

We scan read a few BCURE documents to understand what SEDI builds on from BCURE regarding mentoring and to identify mentoring themes. The list below indicates the BCURE-documents we scan read.

BCURE-related documents scanned
INASP (2016b)
Jordaan et al. (2018)
Orongo et al. (2019)
Stewart et al. (2017)
Vogel and Punton (2017)
Vogel and Punton (2018)

Rapid review

In phase 2, we undertook a rapid review of 11 included studies focused on formal mentoring initiatives to support evidence use by decision-makers in African countries. We followed Tricco, Langlois and Straus' (2017) guidelines for the conduct of rapid reviews, which define these as "a type of knowledge synthesis in which systematic review processes are accelerated, and methods are streamlined to complete the review more quickly than is the case for typical systematic reviews." We opted for thematic synthesis as a synthesis method within our rapid review (Thomas and Haaden, 2008). The below provides a summary of the vital research steps conducted in this rapid review, including (i) identification and searching for evidence, (ii) coding of studies, and (iii) development of descriptive themes and configuration of these into analytical themes for synthesis.

i. Our identification of studies was limited to the inclusion of studies captured in Nduku and colleagues' (2020) evidence map of what works to support evidence use by decision-makers in Africa. An exhaustive search of academic and grey literature sources was conducted for this evidence map, followed by screening the identified studies against pre-defined inclusion criteria. All types of empirical evidence were included in the map, which also featured project documentation

on included interventions. In total, the evidence map included 122 studies covering all forms of interventions to support evidence use. To identify studies from the evidence map specifically focused on EIDM mentoring, we searched the intervention categories of capacity-building (M5) and relationship-building (M4), which included a combined total of 86 unique studies. This search led to the identification of 11 studies focussed on EIDM mentoring programmes included in this rapid review – see the list below for the studies and the linked ones reporting on eight EIDM mentoring programmes.

List of included sources in the rapid review
Burnett et al. (2019)
INASP (International Network for Advancing Science and Policy) (2016b)
Linked source: Morankar and Mirkuzie (2016)
Jordaan et al. (2018)
Linked sources: Stewart et al. (2019); Stewart et al. (2017)
Oronje et al. (2019)
Uneke et al. (2015)
Linked Uneke et al. (2014)
Vogel and Punton (2018) – linked to INASP (2016b) and Jordaan et al. (2018)
Wagenaar et al. (2017)
Linked source: Munzi et al. (2017)
Young et al. (2018)

ii. We then extracted descriptive data from the included 11 studies focussing on programmatic variables such as delivery modality, mentoring length, participants, and contextual variables such as sector and country.

iii. We used thematic synthesis and applied inductive line-by-line coding to the reported empirical data and findings in all 11 studies for the qualitative evidence synthesis. Four variables organised these line-by-line codes, namely intervention design, intervention implementation, population characteristics, and context. The generated line-by-line codes were then configured into descriptive themes and in a final step into analytical themes. We used EPPI-Reviewer 4 for the generation and management of codes and themes. The generated analytical themes present the findings of the qualitative evidence synthesis and rapid review.

iv. No critical appraisal of the included evidence was undertaken due to the rapid nature of the work.

Interviews with specific organisations in Africa offering mentoring programmes

We held two groupings of interviews: firstly, interviews with organisations offering new mentoring programmes that had not been included in the rapid review as they have not been written up yet. We also looked at African SEDI partners to see whether they offer mentoring programmes. The intent was to gather information about these new mentoring programmes, their design, and any implementation issues. In total, we reached out to nine organisations whom we identified as having a new mentoring programme not yet written up or whom we identified as potentially having a new mentoring programme on evidence use in Africa. However, we only received responses from three organisations, namely CLEAR-AA (who does not currently have a mentoring programme running), the K2P Mentoring Programme in Nigeria, and the University of Ghana (offering a mentoring programme in partnership); the latter two's

responses are included in this learning brief.[15] Some of the reasons for non-participation were received are as follows:

1. One organisation reported that it did not have mentoring programs in place, although this was something that they were considering in future.

2. Two organisations had internship/fellowship programmes rather than mentoring programmes.

3. Four organisations were non-responsive, also on a follow-up email.

Secondly, we reached out to five first authors from the included studies. Through these interviews we wanted to reflect with the authors on the findings of our rapid review, especially regarding designing mentoring programmes, conscious of barriers and facilitators of implementing such programmes in Africa. We reached out to the five authors through emails indicating our request, attaching an information sheet and consent form. After an initial slow response, and due to the tight timeline, we accommodated the time pressures the authors are experiencing by offering them either an interview, a written response/reflections on our question, or sending us WhatsApp messages with their responses/reflections. Through these, we received responses from four of the authors before our deadline of 25 June.

In total then we have responses from seven organisations/authors – see the list below. We transcribed all the responses, coded the data deductive for themes that emerged from the rapid review, and indicted any new themes not reported in the rapid review. We wrote these findings from the interviews up with the rapid review in narrative format.

List of people interviewed or who provided responses
Prof Richmond Aryeetey, Department of Population, Family and Reproductive Health, University of Ghana
Prof Sudhakar Morankar, director of the Ethiopian Evidence-based Health Care Centre at Jimma University
Dr Candice Morkel, director of CLEAR-AA at Wits University
Dr Rose Oronje, director of public policy and communications at the African Institute for Development Policy (Afidep)
Racha Fadlallah, Lead coordinator for the K2P Mentoring Programme at the American University of Beirut, implementing this mentoring programme in Nigeria
Prof Ruth Stewart, director of the Africa Centre for Evidence at the University of Johannesburg
Prof Taryn Young, director of the Centre for Evidence-based Health Care at Stellenbosch University

About SEDI

Strengthening Evidence Use for Development Impact (SEDI) is a five-year programme (2019-24) that is working on increasing the use of evidence by policy makers in Uganda, Ghana, and Pakistan. In partnership with country governments, this programme aims to develop capacity and promote innovation in increasing evidence-informed decision making. SEDI is funded by UK's Foreign, Commonwealth & Development Office (FCDO).

The SEDI consortium is led by Oxford Policy Management and comprises national, international, and regional partners. The national lead organisations – the African Center for Economic Transformation in Ghana, the Economic Policy Research Centre in Uganda and the Sustainable Development Policy Institute in Pakistan – provide programme leadership and coordination in each country. These national organisations are authoritative voices in policy processes and will ensure effective engagement and a sustainable legacy for SEDI.

The international partners – International Network for Advancing Science and Policy, the International Initiative for Impact Evaluation, the Overseas Development Institute, and Oxford Policy Management – as well as the regional partners – the African Institute for Development Policy and the Africa Centre for Evidence – contribute their knowledge and years of experience in working with governments across the world to promote evidence-informed development. They provide technical thought partnership, facilitate cross-country learning, and collaborate on programme delivery.

Image Credits

Representatives from the government and international agencies discuss access to information at the Beyond access salon in Uganda 2013. Beyond Access

Soldiers bolster Djiboutian English language skills. US Army Africa

National Data Center Capacity Building training course. The official CTBTO photo stream

Wall full of assorted colour sticky notes. Hugo Rocha

Woman and man sitting in front of a monitor. Lagos Techie

Peer-to-Peer Learning Workshop on Climate Finance -Rwanda Green Growth Week. Rwanda Green Fund

Africa Works Conference plant your IDEA in the Debate Tree. International Debate Education Association

Photos of ministry in Mombassa Kenya from short term missionary Christina Gwaltney in 2003. SIM USA

BID African regional meeting and nodes training - BID impact in the Region, September 2019. The Global Biodiversity Information Facility (GBIF)

Traditional dressed black African business woman financial bank adviser in meeting with customer African pattern. Jono Erasmus

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