Managing Systems Change in the Malawi Teacher Education System in the Context of HIV & AIDS

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Abstract

This article provides a better understanding of how the Malawian teacher education system could best embrace and manage HIV & AIDS Education and how best the system can be shaped through a responsive systems reform process. The article provides a responsive systems-reform process which would lead to a successful and necessary system change in the Malawian teacher education system. The Chazema Systems Change Management (CSCM) model was developed through a Delphi group study as a grounded research-led process to inform reform in the teacher education system in the context of the pandemic. Research data was collected through questionnaires, web-based group discussion, participant observation, an assessment of the significance of the participant observation, telephone interviews, email survey, and face-to-face interviews, with supplementary data from document analysis. The CSCM model proposes effective reform of the system's HIV & Aids Education through a four-component process; from Recall and Realise (RR), Advance Ahead (AA), Get Going (GG), to Delivery to Destiny (DD), specifying actionable steps under each stage, the change strategies and responsibilities of different stakeholders, the need for political will and recognition, leadership, management, and commitment of change agents and change managers to take ownership of the reform process to ensure sustainability.

Keywords: Malawi Teacher Education, HIV/AIDS, Systems Change Management, Chazema Model

1. Need for Research-Led Systems Reform Model and Process for Reforming the Malawi Teacher Education System in the Context of HIV & AIDS

An assessment of the teacher education policies and plans being implemented in Malawi showed that the quest continues for the Malawian Government to meet the ever-increasing demand for qualified primary and secondary school teachers nation-wide. Political party education manifestos have been drawn up and communicated to the masses; and national teacher education declarations and pronouncements have been made and advanced through teacher education policies and plans. The current primary and secondary school teacher education institutions in Malawi have with time adopted and developed innovative teacher education strategies in order to accelerate teacher training. Teacher training institutions are offering conventional approaches to teacher education concurrently with Open and Distance Learning (ODL) in order to meet the ever-increasing demand for teachers across the country – but still more, primary and secondary school teachers in the Malawian schools are needed (GoM, 2009). This challenge has been compounded by the presence of the HIV & AIDS pandemic in Malawi since the year 1985 when the pandemic was first identified in the country.

The expansion of the teacher education system has taken place simultaneously with meeting the demands from various reform lobbies such as HIV & Aids imperative which the study focuses on. The onset of the HIV & AIDS pandemic in Malawi in 1985 compelled the Malawian teacher education system to review its curriculum in order to include HIV &

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AIDS messages. As one way of complementing the efforts made by the teacher education system in working towards the attainment of an HIV & AIDS free nation, the Network of Teacher Educators Responding to AIDS (NTERA) Malawi Chapter has since 2006 been implementing HIV & AIDS Education and other related activities in the teacher education system, achieving desirable provisional contributions to the system such as capacity building of teachers in integration approaches to the teaching of HIV & AIDS Education, improved use of teaching materials; equipping teacher educators with knowledge of the heart for the creation of an atmosphere of openness and providing love, care and support; added knowledge on HIV & Aids issues; improved teaching methodologies, and improvement of the teaching and learning process in general.

Adopting a synthesised definition by Reigeluth and Garfinkle (1994) as an operational definition of system reform for this study, system reform refers to a process by which a system devises ways of modifying the culture and operations of a multifaceted and dynamic social system in order to achieve state-of-the-art HIV & AIDS Education, a vital step towards the achievement of an improved teaching and learning process. In the context of the HIV pandemic, system reform is a process by which strategies are developed and implemented aimed at modifying the behaviour of a complex and dynamic social system for standards-based HIV & AIDS Education, an effort worth taking towards the achievement of an HIV free system.

In the modern world, both private and public sectors have Realised the importance of managing change in order to maximise productivity using minimal human and material resources. According to Balach and Williams (2007), any change (reform) in teacher education systems aims at improving the desirability, accessibility, and 'completability' of teacher education programmes. The educational system has used managing change as a tool for improving its subsystems and goals such as equal opportunity, increase in access to education and improved education quality. With the world faced with HIV & AIDS, the educational system needs to use change management as a key in the prevention, care and support strategies.

Comparative studies in the SADC region identified failure to combat HIV & AIDS as a result of not having proper change management strategies. The report on evaluation of the impact of HIV & AIDS in the SADC region (2002) highlighted the following change management related issues: failure to have a clear definition of managing change; lack of systematic implementation of change management; lack of solid and effective appraisal systems in managing change; lack of sustainability in managing change; and unreliable monitoring and evaluation system in managing change (GCYDCA, 2002; UN Update, March 1999).

The Malawian teacher education system has been grappling with the HIV & AIDS pandemic, 27 years down the line since the nation recorded its first infected person in 1985. The system has put up a number of prevention interventions to offset the effects of the pandemic. As a social vaccine, education in a form of sensitization and awareness campaigns have been a common tool used to address the gaps in knowledge and to provide ways and means of ensuring safe and protected sex and other vital information for people to stay uninfected or to manage the infection. Some effort has also been made to review the curricula in the various teacher education institutions in Malawi. Notably, the primary school teacher education system's curriculum was reviewed to incorporate issues of HIV & AIDS in the Life skills subject. Secondary school teacher training institutions have also taken broad steps to incorporate issues of HIV & AIDS into their curricula.

The HIV prevention strategies and interventions that have been put in place in the Malawian teacher education system as a whole have had very little effect on reducing the impact of the pandemic. Where has the system gone wrong? What has not been done by the system? 27 years down the line, why does the HI virus continue to spread among the systems' staff members and learners despite the interventions that have been put in place? Why has the system failed to manage the effects of the pandemic? It is against this background that this study was initiated. The study looked at how the Malawian teacher education system can best manage change in the context of the HIV & AIDS pandemic. The study highlighted the contextual meaning of change and attempted to describe and review the current understanding of the change management trends with the view of providing some change management principles which would be a springboard for managing change.

The findings of the study on 'Managing Systems Change in the Malawi Teacher Education System in the Context of HIV & AIDS' revealed that the Malawian teacher education system has not succeeded in managing change in the context of the pandemic, which might explain why the nation continues to grapple with the pandemic after 27 years of its existence and has highlighted the importance of managing change in the teacher education system in the context of the pandemic as one sure way of contributing towards this effort. It was against this background that this study was instigated in order to find out how best the teacher education system can manage the pandemic.

The study therefore proposes a system reform process and the Chazema Systems Change Management (CSCM) reform model and process for managing the Malawian teacher education systems' change in the context of the HIV &

AIDS pandemic. The model is centered on teacher education systems adopting an inclusive strategy of reform in which they firstly involve themselves in identifying a core team of players in HIV & AIDS Education for managing the pandemic, followed by benchmarking an existing curriculum against best practices to inform the reform process, sharing the results of the curriculum analysis with stakeholders to develop awareness, developing and implementing a contextualised broad curriculum that addresses the shortfalls in the existing curriculum, developing and implementing other related services and activities to support the new approach, and monitoring and evaluating the reform process to identify the provisional contributions and impact of the new approach. The systems reform process and model are presented as follows:

2. A Responsive Reform Process Proposed for the Malawian Teacher Education System to Shape its HIV & AIDS Education

To ease implementation, the study proposes a four-component standards-based HIV & AIDS Education reform process.

2.1 Stage 1: Recall and Realise (RR)

This is an initial stage of the reform process aimed at identifying key stakeholders and main players in the field of HIV & Aids Education to form a core team for reforming the Malawian teacher education system. The idea is to come up with a collaborative response to HIV & AIDS Education. This should be followed by a SWOT analysis of the HIV & AIDS Education curriculum content. This process should facilitate a review of the HIV & AIDS Education blueprint in the Malawian teacher education system for purposes of documenting its Strengths, Weaknesses, Opportunities and Threats, benchmarking the current practice against the best practices in the field, notably the University of Western Cape's (UWC) model and the NTERA approach. The results of the SWOT analysis must subsequently inform the reform process. The final step in the initial stage of the reform process should be to develop awareness for reform in the stakeholders. This should involve sharing of the results of the SWOT analysis and the new desired approach in the intended reform process with all the relevant and key stakeholders for appreciation of the need for the reform process. The process is also intended to provide a forum to secure community support and their active involvement.

2.2 Stage 2: Advance Ahead (AA)

This is a second stage in the reform process which should facilitate consultations with other change agents and change managers in similar reform processes.

2.3 Stage 3: Get Going (GG)

This stage of the reform process is for developing and implementing the reform. For the Malawian teacher education system, this stage should involve developing a content standards generic curriculum framework for the teacher education system (for both public and private institutions) which outlines specific, concrete, and measurable content (knowledge and skills) which the student teachers are expected to acquire, regardless of whether an integrated or standalone curriculum framework is adopted. One requirement is that the new curriculum should apply to all public and private teacher training colleges in the country. There should be a deliberate effort made to ascertain that the standards of the content (knowledge and skills) are higher for the new curriculum than for the current/existing curriculum.

Benchmarking the results of the SWOT analysis with the best practices in HIV & AIDS Education in the UWC Programme and the NTERA approach, this stage should involve the development of a contextualised broad and thorough HIV & AIDS Education curriculum for all teacher educators, a curriculum that will address the shortfalls in current blueprints and approaches to the teaching of HIV & Aids in the Malawian teacher education system. The process should also involve developing and implementing strategies for building the capacity of teacher educators in HIV & AIDS Education using the *ubuntu* approach to advocate 'knowledge of the heart' that touches people's feelings and emotions. The capacity building package should include key HIV & AIDS Education methodologies, namely; 1) integration of issues of HIV & AIDS across the curriculum, 2) knowledge transfer, 3) use of icebreakers for the creation of an atmosphere of openness and for facilitating love, care and support, and 4) use of participatory methods. This will ensure that the teacher educators are empowered to offer the expected type of instruction.

Apart from developing the curriculum and implementing strategies, this stage should also involve the development of other related services and documents needed to provide the teacher educators with the technical assistance required to implement the new approach. Such services and events include piloting the curriculum, reviewing the curriculum after

piloting, rolling out the training, development of programmes for integrating aspects of the curriculum into the existing learning areas in teacher education, and provision of on-going technical assistance for sustaining the efforts.

This stage should also facilitate supporting the organisational development. This should involve developing and implementing other related services and events to support the new approach. There could be need at this point to create an HIV & Aids resource Centre, develop support activities in HIV & Aids such as in-house coaching sessions, networking, establishing outreach programmes and developing and implementing a strategy for providing training in Life skills Education as a follow up training for the teacher educators to equip them with knowledge, teaching methodologies, skills, and values in LifeSkills Education as part of HIV & AIDS Education (Rooth, 2009; 2007). This would be useful for preparing student teachers to teach LifeSkills and HIV & AIDS Education.

For purposes of capturing the provisional contributions and impact of the key aspects of the reform process, a monitoring and evaluation strategy comprising two main aspects needs to be developed and utilised. This will involve the development of criterion-referenced formative assessments aligned to the curriculum framework developed in step 3. This will involve coming up with a variety of regular assessment techniques which will provide the teacher educators with a rigorous and challenging task of reflecting on the content learnt against their own lifestyles and how to stay safe from new HIV infections or live positively with HIV. They should also reflect on the specific HIV & AIDS Education teaching methodologies and knowledge transfer, bearing in mind that the teacher educators teach teachers who are expected to transfer the knowledge and skills to their own learners. Finally there will be the need at this stage to develop high-standard summative assessments or examinations for the student teachers.

2.4 Stage 4: Delivery to Destiny (DD)

This stage is for capturing and documenting the provisional contributions of the reform process using the monitoring and evaluation tools and the criterion-referenced formative assessment tools developed in Stage 3.

3. Conclusion on the Proposed Responsive Reform Process

The study has proposed a process that the Malawian teacher education system could follow to improve its current poorly integrated HIV & AIDS Education curriculum in order to come up with a standards-based education curriculum in HIV & AIDS Education. The rationale behind the need for such a curriculum lies in the fact that the nation is at risk of the pandemic and hence, cannot afford losing lives which could otherwise have been saved if adequate knowledge (and skills) in HIV & AIDS had been provided. The idea is that the availability of a substantial standards-based education in HIV & AIDS would provide the teacher educators, student teachers and consequently the community with adequate knowledge on HIV & AIDS issues for informed decisions on issues of sexuality. The vision of the proposed standards-based education in HIV & AIDS for the Malawian teacher education system therefore, is that every student teacher will receive a meaningful and substantial base of knowledge and skills that will enable the student teachers effectively to prevent or to mitigate the impact of HIV & AIDS and they will acquire substantial working knowledge and skills in the teaching of HIV & Aids issues for effective transfer of the knowledge and skills to their own learners and the community as a whole.

The study also developed a model for the dynamics of systems change for reforming the Malawian teacher education system in the context of HIV & AIDS, as presented below. The model further highlights how change could effectively be documented and managed at each step of the proposed reform process.

4. A Model of the Dynamics of Systems Change for Developing a Standards-Based HIV & AIDS Education for the Malawian Teacher Education System

4.1 Building the model

The basic components of the proposed reform process presented in four actionable reform stages were drawn from the success stories of the UWC and NTERA HIV & AIDS Education programmes. Adopting a Systems Analysis Model, the study's conceptual framework, the study further analysed the Malawian teacher education system, benchmarking the system's HIV & AIDS Education against best practices in the Sub-Saharan African region and getting further views from teacher educators.

The rationale for developing the model was to go beyond the provision of just a process as the study also sought to come up with specified actions highlighted under each stage of the proposed reform process. Further rationale for going

beyond proposing a basic reform process was the need for triangulation of the study's data and also to propose how change could effectively be documented and managed.

Through an email survey, telephone interviews and a web-based group discussion, teacher educators identified a number of factors that promote change in a teacher education system. The factors ranged from good local leadership, capacity building for change management, change agents' commitment to adopt the change process, sharing the vision and information about an innovation with other people in the system, organisational flexibility, and devising an inclusion structure in change management. These responses were in line with the change management tenets proposed in Prosci's (2008) change management methodologies.

Teacher educators also expressed their views on factors that dissuade change (factors that cause resistance to change), citing factors such as tradition and culture, lack of seriousness to implement new skills and knowledge in the teaching of HIV & AIDS issues, negative attitude of individuals, the academic approach adopted in the teaching of HIV & AIDS issues, lack of resources, insufficient time and the bureaucratic nature of teacher education systems which impedes academic freedom and spontaneity in the teaching of HIV & AIDS issues. Teacher educators further expressed their views on what they could do to bring change to the teaching of HIV & AIDS Education in the teacher education system in Malawi. Their perceptions cantered on five key strategies namely; role modelling/ walking the talk in HIV & AIDS, adopting the *ubuntu'* approach in the teaching of HIV & AIDS issues, removing resistance to change, sharing the vision (the new approach) and aligning it with the system's requirements and vision and developing a specific change strategy/ innovation/ inclusion strategy in order to reform the systems HIV & AIDS Education. There were few surprises in the information provided by the teacher educators on what they could do to bring about change in the teaching of HIV & AIDS Education because these were expected results.

Synthesizing the tenets of the responsive systems reform process proposed in the study with the results of the email survey, telephone interviews and web-based group discussion presented in the study, the study developed a model of the dynamics of system change which the Malawian teacher education system could use to develop its standards-based HIV & AIDS Education.

The proposed methodology argues that a successful change management process in the Malawian teacher education system must involve the following seven steps, engaging stakeholders and local leadership at all levels. Specific to this study, the study has presented identifiable change management processes required at each and every stage of the reform process which will enable change to be managed throughout the reform process. This will help ensure that the reform process and the expected change product are aligned to the existing structures and organisational mission statement.

4.2   Guiding stages of the model

4.2.1   Stage 1: Recall and Realise (RR)

This will involve identifying/ defining the need for change, as follows.

    a. Form a core team for the reform process: This should involve identification of expertise in HIV & AIDS Education, stakeholders, main players and local leadership to lead in the reform process.
    b. Conduct a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the content of the current HIV & AIDS Education curriculum.
    c. Share the results of the SWOT analysis and the new desired approach with all the relevant and key stakeholders for ownership, sustainability and support in the reform process.
    d. Benchmark the results of SWOT analysis against the best practices in the teaching of HIV & AIDS Education. The results of the SWOT analysis must subsequently inform the reform process.
    e. Provide a clear definition of the expected change so that the expected direction and product is clearly understood.
    f. Share the vision and align it with the system's requirements and vision.

4.2.2   Stage 2: Advance Ahead (AA)

This will involve consulting others (experts and change managers) who are implementing reforms such as the Secretariat for th Network of Teacher Educators Responding to AIDS (NTERA) and the University of Western Cape '*Teaching and the Aids Pandemic'* course lecturers.

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4.2.3 Stage 3: Get Going (GG)

This will involve defining and assessing the change values to be adopted, as follows:

    a. Develop a detailed specific change strategy plan. The steps to achieving this are:

       i. Decide on the nature of the curriculum to be adopted i.e. whether to develop a standalone curriculum or to strengthen an integrated curriculum;

      ii. Develop a content standards generic curriculum, outlining specific, concrete, and measurable knowledge and skills which the student teachers are expected to acquire. The curriculum should specify strategies for building the capacity of teacher educators in HIV & AIDS Education using the *ubuntu* approach to advocate 'knowledge of the heart' that touches people's feelings and emotions. The strategy should focus on the four core elements/methodologies of the NTERA approach to the teaching of HIV & AIDS namely integration; knowledge transfer; use of icebreakers for the creation of an atmosphere of openness and providing love, care and support; and use of participatory methods;

     iii. Develop related documents needed to provide the teacher educators with the technical assistance required to implement the new approach such as documentation on icebreakers, sample lessons, etc.;

     iv. Develop an implementation schedule for both public and private teacher education institutions. This should include piloting the curriculum, reviewing the curriculum after piloting, rolling out the training, and developing other programmes for further integration of the aspects of the curriculum into the existing learning areas in teacher education after the initial training;

     v. Develop criterion-referenced formative assessments aligned to the curriculum framework developed. The assessment techniques should provide the teacher educators with a rigorous and challenging task of reflecting on the content learnt against their own lifestyles and how to stay safe from new HIV infections or to live positively with HIV. Specific HIV & AIDS Education teaching methodologies and knowledge transfer should also be assessed;

     vi. Develop a monitoring tool for monitoring teacher educators; and

     vii. Develop an evaluation tool for assessing teacher educators. Both the monitoring and evaluation tools should provide the teacher educators with a rigorous and challenging task of reflecting on the content learnt against their own lifestyles and on the specific HIV & AIDS Education teaching methodologies and knowledge transfer.

    b. To ensure that the teacher educators are empowered to offer the expected type of instruction, provide training in HIV & AIDS Education methodologies (integration strategy, use of icebreakers, use of participatory methods and knowledge transfer), LifeSkills Education, and Guidance and Counselling.

4.2.4 Stage 4: Delivery to Destiny (DD)

This stage will involve diffusion of the defined change into existing structures of the system and will involve the following steps:

    a. Implement the plan

      i. Identify, assign and manage required change enablement actions;

     ii. Remove resistance to change;

     iii. Establish an effective feedback loop between the stakeholder group and the individual teacher education institutions; and

     iv. Continuously revise the plan based on feedback received.

    b. Outline a sustainability plan

      i. develop high standard formative and summative assessments or examinations for the student teachers; and

     ii. provide on-going technical assistance to teacher educators for sustaining the efforts.

    c. Analyse the impact: Capture the provisional contributions and impact of the key aspects of the reform process and make changes if necessary.

5. Change Management Strategies for the Model

The model highlights change management strategies under each of the four stages of the model as follows:

5.1 Step 1: Recall and Realise (RR)

This involves defining the need for standards-based HIV & AIDS Education, defining the vision of combating HIV & AIDS to be reached, redefining the need for and vision of stakeholder awareness, and managing/ removing resistance to change.

5.2 Step 2: Advance Ahead (AA)

Change management strategies at this level shall include removing physical obstacles, creating an enabling environment, adopting concepts being promoted by other people in line with the expected change, and involving other personnel who are change agents in line with the expected change.

5.3 Step 3: Get Going (GG)

- defining technologies to effect the change and to profit from changing opportunities;
- defining strategies for managing/ removing resistance to change throughout the reform process;
- defining an effective communication/training plan;
- redefining the need for change;
- redefining the vision to be reached in the change process;
- training in HIV & AIDS Education approaches such as integration methodologies or specified methodologies for teaching a standalone curriculum, 2) use of icebreakers, 3) knowledge transfer, and 4) use of participatory methodologies;
- training in LifeSkills Education;
- training in guidance and counselling;
- improvement of communication skills;
- improvement of teacher educators' teaching skills;
- improvement of knowledge base; and
- manage/ remove resistance / threats to change management.

5.4 Step 4: Delivery to destiny (DD)

- incorporation of defined changes into the existing system through adopted strategies (integration or standalone HIV & AIDS curriculum);
- defined changes implemented and controlled by following pre-defined and achievable strategies. For teacher educators, achievable teaching strategies will be:
    i. specified integration methodologies or specified methodologies for teaching a standalone curriculum;
    ii. use of icebreakers;
    iii. knowledge transfer; and
    iv. use of participatory methodologies.
- defined changes for other staff members are also implemented and controlled by following pre-defined and achievable strategies:
    i. improve vision;
    ii. manage/ remove resistance to change;
    iii. localization of curriculum;
    iv. localization of leadership;
    v. regular in-house coaching and monitoring on adoption of change;
    vi. Regular exchange/ intra-college coaching and monitoring;
    vii. manage/ remove resistance to change; and
    viii. define and implement solid and effective appraisal systems in managing the change.
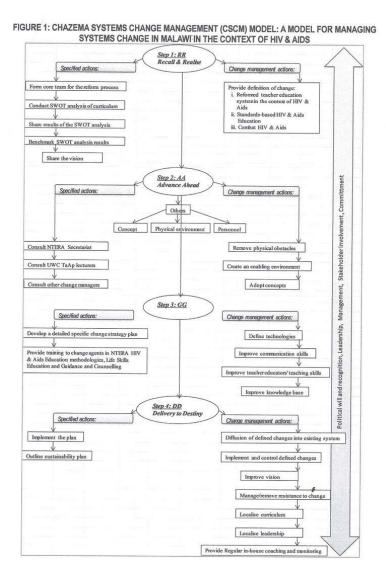
6. Responsibilities of Change Agents

In the reform process, College Principals and the management team in the reform process should:
- be committed to change and manage the change;
- provide leadership;
- provide support to change agents;
- interpret, communicate and provide an enabling environment;
- coax the staff members all the way in the change process;
- continually monitor and evaluate progress of the change process in people;
- plan strategies for dealing with resistance ; and
- manage or remove resistance to change.

The responsibilities of staff members, including teacher educators will be to implement change through decisions given from the College Principals and the management team in order to make change happen and achieve the expected outcomes and to input their best for the achievement of the institutional goals.

Diagrammatically, the proposed model is presented as follows:

FIGURE 1: CHAZEMA SYSTEMS CHANGE MANAGEMENT (CSCM) MODEL: A MODEL FOR MANAGING SYSTEMS CHANGE IN MALAWI IN THE CONTEXT OF HIV & AIDS

The following diagram highlights the endogenous and exogenous driving forces of change in the Malawian teacher education system.
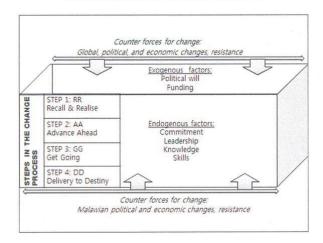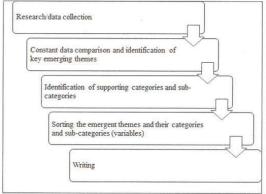
FIGURE 2: CHAZEMA SYSTEMS CHANGE MANAGEMENT (CSCM) MODEL: DRIVING FORCES OF
CHANGE IN THE MALAWIAN TEACHER EDUCATION SYSTEM

The proposed CSCM reform model is based on an emergent grounded research-led theory. The role of the researcher was to understand the strides that had been made and at the same time the gaps in HIV & AIDS Education in the Malawian teacher education system and the provisional contributions of the Network of Teacher Educators Responding to AIDS (NTERA) to the teaching of HIV & AIDS issues in the system. The researcher also had the role to understand how teacher educators and policy makers in the Malawian teacher education system manage their roles in HIV & AIDS Education. This was done through a Delphi group study which involved participant questionnaire administration, participant observation, telephone conversations ,an email survey, interviews and an analysis of secondary documents; noting key emerging issues at every stage of data collection in the Delphi group study.

There were constant comparisons made at every stage of data collection to examine congruence or conflict in the data collected. This process started with comparing the views within and between sample groups from the data which was collected through questionnaires administered to teacher educators, student teachers and policy makers in the Malawian teacher education system. Thereafter, there was constant comparison of data from the different sources of data collection and comparison of data between and within the sample groups; taking note of the key emerging themes at every stage of comparison. Each theme that emerged from the data necessitated an identification of supporting categories and sub-categories which were roughly the equivalents of each of the themes. When the themes and their categories and sub-categories saturated, these provided variables for developing the model, accessing related themes from the literature review and the study's conceptual framework whenever necessary. The variables were later sorted and sequenced so as to come up with clear themes, categories and sub-categories which led to the formation of the proposed model diagrammatically presented above. The following diagram summarises the process which was undertaken to develop the model.

FIGURE 3: THE PROCESS FOLLOWED IN DEVELOPING THE CHAZEMA SYSTEMS CHANGE
MANAGEMENT (CSCM) MODEL

As an emergent grounded research-led theory, the proposed CSCM reform model is responsive to the Malawian teacher education system since it was developed to provide a good fit to the system since the data that led to the development of the model was collected from the same system. At the heart of this model is the need for local leadership and key stakeholders, at all levels/stages of the reform process, to provide quality assurance through their input and supervision, programme ownership and sustainability.

Through the CSCM model, the study devised ways of modifying the Malawian teacher education system as a complex and dynamic social system in order to achieve a common goal of providing standards-based HIV & AIDS Education, which aligns itself well with the study's operational definition of system reform adopted from Reigeluth and Garfinkle (1994). The study used a Systems Analysis model to identify the basic tenets (emergent themes, categories and sub-categories) for the proposed model. To achieve such a desired result, the study adopted a combination of teacher education, social science and systemic change research paradigms, using multiple sources of data collection and working with the same sample at different stages, which qualified it as a Delphi group study.

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