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Resources as Dynamic Capabilities and Their Impact on Health Strategy Implementation: Case of Vungu Rural District Council Clinics

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Abstract:
This research examines the impact of resource constraints on implementing Zimbabwe's National Health Strategy from 2009 to 2013. Dynamic capabilities are said to be critical to an organization's success. Resource management is one such critical dynamic capability. In developing countries such as Zimbabwe, health measures are critical to achieving the developmental state's objectives. This concept, however, is not entirely realized. The interpretivist-qualitative method was used in conjunction with a case study strategy in this study. The study enlisted 38 voluntary participants who worked in the Vungu District as health workers. Two significant findings emerged from the thematic data analysis. The first criterion for success was the availability of resources throughout the strategy's implementation and execution stages. Second, the data indicated that health workers face challenges in providing care due to inadequate resources. The study might help improve health policy execution in local government, especially in rural areas. The study's findings indicate that implementing the Zimbabwe National Health Strategy was an ambitious undertaking that failed due to Zimbabwe's public health sector's resource constraints. Based on these findings, recommendations are made, emphasizing promoting limited resource concerns.

Keywords: strategy implementation, health care, resources, primary health care, dynamic capabilities.

作为动态能力的资源及其对卫生战略实施的影响：文古农村区议会诊所的案例

摘要：
本研究考察了资源限制对2009年至2013年津巴布韦国家卫生战略实施的影响。据说动态能力对组织的成功至关重要。资源管理就是这样一种关键的动态能力。在津巴布韦等发展中国家，卫生措施对于实现发展型

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国家的目标至关重要。然而，这个概念并没有完全实现。在本研究中，解释主义-
定性方法与案例研究策略结合使用。该研究招募了38名在文古区作为卫生工作者工作的自愿参与者。主题数据分析得出了两个重要发现。成功的第一个标准是整个战略实施和执行阶段的资源可用性。其次，数据表明，由于资源不足，卫生工作者在提供护理方面面临挑战。该研究可能有助于改善地方政府的卫生政策执行，特别是在农村地区。研究结果表明，实施津巴布韦国家卫生战略是一项雄心勃勃的事业，但由于津巴布韦公共卫生部门的资源限制而失败。基于这些发现，提出建议，强调促进有限资源的关注。

关键词：战略实施、卫生保健、资源、初级卫生保健、动态能力。

1. Introduction

The ability to mobilize resources is critical to the success of any organization, which includes strategic management as well (Strikwerda, 2017). However, despite its importance, resource mobilization might be hampered by problems in strategy execution. Furthermore, the success of an organization is contingent on the availability of sufficient resources (Rajasekar, 2014). In essence, proper resource allocation can assist governments in prioritizing the rectification of imbalances in healthcare access. This can be accomplished by maintaining consistency in pursuing goals and applying a need-based approach to resource allocation decisions.

The Zimbabwean context serves as the study's backdrop. Despite Zimbabwe's strong local government, there remains a noticeable reliance on resources from international aid agencies (Dewa et al., 2014). In addition, most district clinics in Zimbabwe and Vungu Rural District Council (VRDC) suffered due to the country's economic woes (Samusodza, 2016). Zimbabwe implemented several health programs to address the country's health issues, including the Equity in Health Policy for Women (1980–1989) and the National Health Strategy, first implemented in 1997 and amended in 2009 (Mlambo, 2014). These health policies focused on resolving healthcare inequities and advocating for primary care. However, the prevalence of infectious diseases such as diarrhea, measles, tetanus, tuberculosis (TB), malnutrition, and malaria left the underprivileged at risk of exposure. With the increase in needless deaths, the Zimbabwean government was prompted to adopt the Primary Health Care (PHC) approach in 2009 by formulating the National Health Strategy (NHS) in order to address the primary health care imbalances in the country (Ministry of Health and Child Care, 2009). The Local Government served as the strategy's executor in this regard (operational implementers). Its mandate was to ensure that the strategy's goals and objectives were met, including providing effective and efficient health care.

This article aims to analyze the impact of limited resources on the implementation of the 2009 NHS. Despite that the NHS was an unduly ambitious strategy that failed to consider resource limitations, the strategy's goals and objectives did not correspond to available resources at that time. Therefore, the strategy was extended to 2015 to redress the goals and objectives that had not been accomplished between 2009 and 2013 (Ministry of Health and Child Care, 2016).

2. Research Problem and Objectives

Since the NHS planned to rapidly revive the healthcare sector and reinvigorate Zimbabwe, though ambitious, its strategy necessitated the full use of skills or resources (Samusodza, 2016). Consequently, the strategy overlooked the economic constraints that would make accomplishing the expected goals and objectives not feasible. While resource allocation is a critical management activity that enables strategy execution, there is a disconnect between resource availability and strategy implementation in businesses (Carlos & Sergio, 2019). Most initiatives fail due to a lack of resources available to implement them. From 2009 to 2013, Zimbabwe's NHS was focused on enhancing health equity and quality for all inhabitants (Ministry of Health and Child Care, 2009). The health sector in Zimbabwe faces severe challenges due to a shortage of resources, including financial, human, and material resources (Mugambi, 2017). The efficient use of resources has been identified as a critical factor in providing relevant and vital components of health care. It is impossible to accomplish the NHS's goals and objectives without the appropriate resources. Ultimately, the primary objective of this study is to determine the influence of resources on the National Health Strategy (Ministry of Health and Child Care, 2009). As a result, the study was guided by the following specific objectives:

- To determine if access to resources can contribute to achieving the National Health Strategy's aims and objectives;
- To investigate the impact of resource scarcity in Vungu Rural District Council Clinics.

3. Theoretical Framework

3.1. Resource-Based View Theory

According to the resource-based view theory, organizations have resources to acquire a competitive advantage. They also have a subset of resources that contribute to better long-term performance. It is possible to acquire a competitive edge by using valued and uncommon resources. The benefit can be sustained over time to the extent that the firm can protect against resource imitation, transfer, or substitute (Ramon-Jeronimo et al., 2019). An economist's competitive

advantage and organizational performance served as the inspiration for the first scholarly study on the resource-based view of strategic management published in 1982 (Ramon-Jeronimo et al., 2019). The theory is a practical approach that assists in explaining value creation in the public sector organization. Since the public organizations have no competition, the Resource-Based View Theory has been used to understand value creation in the public sector organization. Therefore, the theory proposes the source of performance success (Cabrera-Moya & Reyes, 2018). Strategic planners and strategic implementers who create national plans are unfamiliar with the RBV as a theoretical foundation. The theory is essential since it serves as a guide for implementing the strategic management process, and as a result, there are a few key aspects to consider:

Resources: The strategists' resources include tangible and intangible assets that they may manage and utilize: financial, structural, organizational, physical, technological, human, innovative, and reputational resources (Symaniec-Micka, 2017). Regarding the study, it is essential to mention that these resources are crucial for implementing the National Health Strategy in Vungu District Council Clinics because they ensure that the District receives quality health care.

Capabilities: Sets, groupings, or combinations of resources that have been purposefully linked or configured to add value and complete a job or routine. For example, a specific intelligence capacity will necessitate physical, technical, and human resources, which may be integrated to gather, transmit and analyze an intelligence mission involving space-based assets (Cabrera-Moya & Reyes, 2018). According to this study, it is vital to facilitate resource connections to implement plans properly. The general public (public participation), the government, strategic implementers, and policymakers collaborate to ensure that policies are implemented and meet the general public's requirements.

3.2. Resource Allocation

The term "implementation" refers to the organization's resources and their impact on the goals and objectives necessary for a strategy's effectiveness (Cabrera-Moya & Reyes, 2018). According to the Resource-Based View (RBV), competition is waged over an organization's capabilities and assets that it already possesses or seeks to acquire to obtain a competitive edge (Harrison, 2012). Organizational capabilities are defined as an organization's collective talents and capacities to plan, compose, lead, facilitate, and govern express actions. These organizational capabilities fall under human resources. Physical, financial, and human resources are tangible resources in a public sector organization. RBV emphasizes an organization's inner strengths in designing a strategy to achieve exceptional performance and sustainability in service delivery (Harrison, 2012). Capabilities-Based View uses the strategic management theory's idea of performance, i.e., the relationship between organizational capabilities and performance (Schepis et al., 2018). Dynamic capabilities coordinate and construct fast-changing settings for internal and external capabilities.

3.3. Dynamic Capabilities Approach

The Resource-Based View is supported by the Dynamic Capabilities Approach, which emphasizes the critical importance of resource availability for organizational effectiveness. This technique gained traction in strategic management (Ramon-Jeronimo et al., 2019). Dynamic capabilities were organizational and strategic routines by which organizations attained novel resource configurations. They enabled organizations to maximize the value of their resources strategically and cost-effectively. The dynamic capability leverages resources that adapt, integrate, and build abilities concurrently, the organizational context and strategy routines that adjust the resources (Vargas-Hernández & Muratalla-Bautista, 2017). As a result, the strategic implementers of the National Health Strategy required an understanding of the available resources to create realistic goals and objectives. Operational capabilities refer to an organization's continuing activities and operations, whereas dynamic capabilities enhance standard capabilities (Clausen, 2013).

Operational implementers (health workers) are in charge of the day-to-day actions, ensuring that the strategy's goals and objectives are achieved. Collaboration and partnership, technology, and policy change are examples of strategic methods based on dynamic capabilities derived from the resource-based view. They are significant in the public sector because they prioritize internal resources over competitive market behavior (Hidalgo-Peñate et al., 2019). On the other hand, dynamic capabilities are described as an organization's capacity to integrate, grow, and reconfigure internal and external skills in response to rapidly changing conditions (Schepis et al., 2018; Kay et al., 2018). Attempts to rethink RBV's applicability in today's dynamic organizational context resulted in developing theories or approaches based on dynamic organizational capabilities (Chumphong et al., 2020). Capability is defined as utilizing resources to ensure that a task or activity is completed (Kay et al., 2018). The dynamic capacity technique is predicated on the concept that the organization will strive to update resources in response to environmental changes, even though the RBV definition of resource base includes material, human, and organizational assets. Human resources adapt to environmental changes through training and acquiring new knowledge and skills (Agwunobi & Osborne, 2016). Government organizations may modify their resources and capabilities to develop dynamic capabilities (Chumphong et al., 2020). The dynamic capabilities model promises to comprehend public sector strategy (Teece, 2007).

4. General Resource Challenges in Zimbabwean Primary Healthcare

This section of the article discusses the resource constraints facing Zimbabwe's health system.

4.1. Human Resource Issues

Zimbabwe attempted to improve its health service by establishing global standards and benchmarks, such as the Millennium Development Goals. Despite these efforts, the country remained plagued by diseases, with the emergence of new tropical diseases such as tuberculosis and typhoid (Jimba et al., 2010). In order to provide effective and efficient healthcare delivery, adequate human resources were required. The healthcare system has suffered immensely due to the large number of healthcare professionals who left for greener pastures. In the 1980s, a staff retention allowance was implemented to encourage nurses and midwives to remain in the industry. However, with limited resources, the government could not wholly fund the health sector, let alone its personnel, leading to the emigration of expert skills to other countries (Kevany et al., 2012).

The government should have prioritized the acquisition of surplus skilled personnel. The nation believed that doing so would aid in reviving the health system and providing enough health care to the populace. However, it was challenging to absorb the workers because the country had not recovered economically from the 2008 recession (Jimba et al., 2010). As a result, employees continued to relocate to other countries (Chiremba, 2014). One of the implications of brain drain was that recruits could not obtain mentorship due to the lack of accessible mentors. This had a considerable impact on the healthcare system, as it took recruits a long time to comprehend the system, impeding the delivery of effective and efficient healthcare services. Another human resource issue was professional maldistribution, with most specialists concentrated in one location, the capital city of Harare (Chiremba, 2014). Because the majority of these professionals worked in the private sector, most individuals were left behind due to their reliance on out-of-pocket spending. As a result, the government should have taken extraordinary measures to safeguard the interests of all citizens. This was a reason for concern because the poor would suffer due to their inability to acquire, let alone afford, health care. As a result, most people lived shorter lives due to chronic illnesses since they could not afford the bare minimum and were unable to acquire adequate medical care. As a result, the National Health Strategy would need to consider such conditions and establish strategies to ensure that everyone, particularly the underprivileged, has access to health care (Ndhlovu, 2016).

4.2. Poor Resource Allocation in Zimbabwe

The distribution of health resources in developing countries is an intriguing issue, owing to the diversity of health systems and diseases. Due to limited resources and complex health circumstances, it is difficult to provide efficient and effective health and medical services to the population (Mlambo, 2014). Despite Zimbabwe's goal of universal health care, the country lacked a precise resource allocation process for transferring funds from the Ministry of Finance to the Ministry of Health and Child Care (MoHCC) (Chiremba, 2014). As a result, the country should have endeavored to implement resource allocation models to optimize resource allocation.

4.3. Lack of Financial, Human, and Material Resources

During that period, the administration of the Government of National Unity (GNU) worked to stabilize the country's economic condition, and the economy transitioned from emergency planning to the implementation of an ambitious strategy, the Zimbabwe National Health Strategy (ZNHS) (2009–2013). Due to a severe lack of resources, the NHS had a shaky start, with citizens succumbing to ailments such as HIV/AIDS, malaria, and other truancy-related diseases in 2009 that were readily preventable and curable (Kevany et al., 2012). As a result, the NHS lagged behind on most of its objectives, including the Millennium Development Goals (MDGs). The strategy required financial, human, and material resources, and considering the inadequate resources, it would fail to accomplish its objective (Chiremba, 2014). The operational implementers of the strategy were unable to carry it out properly and efficiently due to a lack of resources.

4.4. Lack of Health Resources

In 2009, shortly after forming the Government of National Unity, the economy stabilized (Ministry of Health and Child Care, 2009). However, according to the NHS, statistics from the Zimbabwe Demographic and Health Survey (ZDHS) 2005/6, the Multi-Indicator Monitoring Survey (MIMS) 2009, the Maternal and Perinatal Mortality Study, and other studies, citizens died from preventable and treatable conditions such as HIV and AIDS, malaria, pregnancy-related complications, and diarrhoeal diseases. Consequently, most health indicators were non-functional or had worsened, putting the country's health goals in jeopardy. As a result, the healthcare system that was supposed to assist in improving these figures was on the verge of imploding (Ministry of Health and Child Care, 2009; Mlambo, 2014). As a result, the Ministry of Health and Child Care (MoHCC) decided to make up for the lost time in the pursuit of its goals, with a particular emphasis on the Millennium Development Goals, referred to as Sustainable Development Goals after 2015. The MoHCC recognized that enforcing all the NHS's policies would be impossible due to a severe resource shortfall (Kevany et al., 2012; Chiremba,

2014). Given the resources shortfalls, Zimbabwe could not meet the health-related Millennium Development Goals, further exacerbating the already strained health care system (Ndhlovu, 2016).

5. Methodology

The research employed a qualitative study technique guided by interpretivism to examine the influence of a lack of resources on health care provision in Vungu Rural District Council Clinics (VRDCC). Each clinic is expected to be staffed by five health care professionals: three nurses, one environmental health technician, and one nursing aid. The target group was Vungu District Health Workers, and 38 out of 55 individuals responded to the semi-structured interviews. Each interview with a responder lasted no more than 15 minutes. The interviews were done in English, and participants signed a consent form. The interviews took place in various clinics to ensure the participants' comfort. The location and environment of the study are critical since they can affect the research's findings. For ensuring that the interviews covered all of the study objectives, the interview questions were derived from the research questions. The interviews were supplemented by secondary data from published scholarly material, the National Health Strategy, and various online searches. The researcher verified the study's credibility, reliability, confirmability, and transferability.

The researcher received ethical clearance from the University Research Ethics Committee (UREC). Before collecting the data, the researcher obtained permission from the District Medical Officer (DMO) and Chief Executive Officer (CEO) of the Vungu Rural District Council. Participants were given consent forms to complete in order to provide informed consent. The researcher ensured the research handled issues of safety, informed consent, coercion, anonymity, confidentiality, and data protection. Vungu District has 21 clinics, including 11 council clinics, seven government clinics, and three missionary clinics. The researcher employed purposive sampling in selecting the council clinics for data collection. The health workers in Vungu District Clinics were chosen for this study because they were responsible for implementing the National Health Strategy operationally. The study concentrated on the installation of the NHS (2009–2013) in VRDCC; however, it was succeeded by the NHS (2016–2020). The operational implementers used scarce resources to ensure that clinics provided efficient and effective health care. The primary data were transcribed and organized thematically in accordance with the study's objectives. In this paper, secondary data were analyzed using thematic analysis.

6. Findings and Discussions

The next section of the article discusses the impacts of resource limitations on health strategy implementation, including findings obtained after the analysis of data collected in the Vungu District of Zimbabwe.

The study's significant findings reveal that the ZNHS was an ambitious strategy that health workers could not implement due to a lack of necessary resources. In an ideal society, one of the most critical conditions for a strategy's success would be the availability of resources throughout the implementation and execution stages. The findings revealed that health workers could not provide adequate care due to a lack of resources. The following further breaks down the lack of resources that the study revealed.

6.1. Lack of Resources

Health care resources include personnel, facilities, funding, and everything else that influences the provision of health care services. Since everyone requires health care, healthcare services must be efficient and effective to satisfy the public (Ransom & Ollson, 2017). Resources have adaptable characteristics that are crucial in achieving organizational goals. Without the appropriate resources, it is difficult for any organization to achieve its goals and objectives.

According to the Zimbabwe Health Sector Investment Case (Ministry of Health and Child Care, 2010), the implementation of the NHS was hampered by a health system resource shortage. Due to a lack of financial, material, and human resources, the health system nearly collapsed, making it difficult to operate effectively and efficiently. Respondents encountered various challenges, the most significant of which was a lack of resources, which complicated implementing the NHS in clinics. The following are some of the challenges identified by respondents:

6.1.1. Material Resources

"Vungu does not help supply resources; if we do not go to them for aid, we will have to find other alternatives. They are not there to help with the issues we are facing" (Participant, Health Worker 1).

"Due to a lack of resources, individuals with arthritis should be given diclofenac or ibuprofen instead of paracetamol, which does not relieve pain" (Participant, Health Worker 2).

"We are running out of medicine and are experiencing delays as a result of the RBF money taking so long to arrive, and medicines for chronic ailments are a significant issue" (Participant, Health Worker 3).

"Since catheters are not accessible, we cannot provide the service when a patient presents with urine retention. We had a patient who requested a catheter, but it was unavailable; therefore, we directed the patient to the hospital. Unfortunately, the patient could not afford it, and we soon found out that he or she had died" (Participant, Health Worker 4).

The researcher reveals how respondents from various clinics encountered a myriad of challenges, illustrating how a lack of material resources complicated the implementation of the NHS. While the NHS may have had goals and objectives, implementing

a successful policy without the necessary resources was not easy. According to one respondent, one patient succumbed to their ailment primarily due to a lack of resources. The NHS of 2009 aimed to reduce death rates; however, under such circumstances, reducing mortality rates in Vungu clinics and throughout Zimbabwe proved challenging.

According to Kadiri-Eneh et al. (2018), globally skilled professionals are in short supply because most of them seek greener pastures with better working conditions, which disproportionately affects the poorest areas.

The structure of the RBV is intended to facilitate the definition of resources, capabilities, and distinct competencies. The framework comprises Value, Rarity, Imitability, and Organisation (VRIO). The framework stipulates that resources should be valuable and difficult to duplicate, ensuring that resources are prioritized, and capabilities are easily adaptable to policy frameworks and constraints. As a result, the VRIO endorses Universal Health Coverage (UHC), highlighting the importance of resources and their inherent uniqueness as a defining characteristic of success. Some respondents had this to say;

"The main problem we have in the clinic is that we do not have a general hand" (Participant, Health Worker 5).

"We do not have a night watchman or security officer on duty, and patients occasionally arrive in the middle of the night. Because there have been many incidences of thievery in the community, we are sometimes compelled to send them (the patients) back, and we are currently the only female nurses" (Participant, Health Worker 6).

"There is a need for an EHT at the clinic because there is not one. EHTs are mobile and move about easily, and when these personalities are not present, some fields fall behind" (Participant, Health Worker 7).

6.1.2. Financial Resources

"There is no ambulance in the clinic, and sometimes the district does not have an ambulance, so we are required to utilize "plan B," which is RBF funding for car rental, and there are occasions when we do not have RBF funds (results-based financing). There are others we could ask for help with their cars, but the RBF monies take a long time to process and become a significant issue" (Participant, Health Worker 8).

"We had to find our own security guard and communicate with him; at first, we had requested the community to help us raise funds, but it was challenging to do so due to the economic crunch. So, we promised to pay the guard quarterly when the RBF cash arrived" (Participant, Health Worker 9).

Financial management in the healthcare sector has imposed numerous constraints on healthcare delivery, resulting in its failure (Jimba et al., 2010). Developing countries lack the financial and technological resources necessary to oversee and supervise functions effectively and keep track of allocations, spending, and financial resource use. Financial constraints are particularly acute in health centers and rural health centers. Due to their incapacity, these facilities cannot provide health care to the general population (Ndhlovu, 2016). Usually, funds flow from top to bottom, i.e., from the national to the local government; however, political and bureaucratic leakages and corruption prevent funds from reaching their intended destination.

6.1.3. Human Resources

According to Mugambi (2017), human capital refers to an organization's, business's, or economy's workforce, including talent, labor, and staff. Human resources are distributed differently between clinical and non-clinical departments, and these distinctions have a significant impact on health workers' performance. The expertise and motivation of those responsible for ensuring service delivery affect the performance of health workers. It is worth noting that human resource expenses are the most frequently budgeted line item. Without physical capital, health equipment, and some consumables such as pharmaceuticals, health workers cannot provide services, and all of these items are critical for increasing human resource productivity. One could argue that providing human resources must be accompanied by incentives, as human resources alone will not improve the system's efficiency and effectiveness. According to one respondent, a state-certified nurse,

"Yes, I believe resources will aid in the attainment of goals and objectives, but I believe the greater the need for the NHS to be realized, the more human resources there will be" (Participant, Health Worker 10).

According to Mohammad Mosadeghrad (2014), healthcare services will never be consistent due to the diversity of producers, clients, and locations. Disparities may occur due to health care providers' varying levels of knowledge and experience; for example, nurses and physicians provide services to patients with varying needs. Due to differences in competence and experience, the quality of healthcare provided will vary.

According to the study, experience plays a role in an individual's tasks. A nurse's aide provided one of the responses to the researcher's interview, stating:

"My highest level is grade 7, and I have been a nurse aide for 37 years. I clean the clinic, wash linens, conduct observations, dispense drugs, conduct domestic visits, provide health education, and assist with childbirth" (Participant, Health Worker 11).

This is the response of a nurse aide who has only completed elementary education. As a result, the researcher asserts expertise is subjective, given that this nurse aide provides all of these services regardless of their educational background. Although some of the respondent's responsibilities should be performed by a certified nurse, midwife, or pharmacist, the clinic still offers health services to the public. In clinics, human resources contribute to enhancing healthcare quality and

patient satisfaction. When human resources are scarce, personnel on the ground become overworked and may not provide the best care at the clinic or to the patients.

To bolster the study's conclusions, another study (Kamau et al., 2017) demonstrated the fundamental role of resources in implementing the health strategy. Additionally, the study demonstrates the critical role of resources in ensuring that health care services are accessible to the population they serve. Signe (2017), focusing on financial resources, concluded that access to adequate funding and resources is necessary for effective implementation. While the financial aspect alone does not guarantee success, without it, other parts of an implementation strategy are often unable to be mobilized. According to Mwendera (2019), human resources are essential components for policy implementation, as is the training and orientation of personnel to new policies. In contrast to Mwendera (2019), Amir and Anto (2018) emphasized the pivotal role of employee communication in adopting strategies. While significant human resources may exist, strategy execution may fail in the absence of effective communication among healthcare personnel.

The NHS's adoption was intended to assure the long-term viability of high-level health systems and the provision of health services, including VRDCC. However, VRDCC had numerous challenges due to a lack of material, financial, and human resources, resulting in the strategy's failure to be implemented. The current study demonstrates that both external and internal constraints contributed to the NHS's implementation shortcomings in VRDCC. The NHS was characterized by low health outcomes and a flawed public health delivery system. Additionally, the study indicated that health personnel in VRDCC were not conversant with the NHS. Thus, further study should be conducted by evaluating all health policies adopted to date to identify shortcomings that will result in improved health policies in the future.

7. Conclusion

This study aimed to evaluate the influence of resources on the implementation of the 2009 National Health Strategy. Access to resources enables the strategy to be implemented, achieving the National Health Strategy's goals and objectives. However, a lack of human, financial, and material resources hindered the strategy's implementation and execution. The resource-based view theory demonstrated the critical nature of resources for effective strategic implementation. The article focused on the resource constraints facing Zimbabwe's health system. The study found that the health strategy was unduly ambitious due to a lack of resource availability. Vungu Rural District Council was impacted by this inability of the clinics to implement the National Health Strategy. The clinics lacked human, financial, and material resources, negatively impacting the District's ability to provide effective and efficient healthcare. Finally, it is vitally important to acknowledge the critical role of resources in executing strategies.

The study's merit was that it focused on operational implementers, i.e., health care workers, rather than policy implementers. Often, research on policy implementation neglects input from front-line workers, namely health personnel, particularly in rural healthcare.

While other researchers have examined strategy implementation, most have not examined the impact of rural health strategies. Furthermore, while most studies focus on metropolises, the overwhelming of primary health care is sought after among rural communities. As a result, the failures of strategy execution are most prevalent in rural clinics and hospitals, where health strategies are rarely implemented even with limited resources.

8. Limitations and Further Studies

The study's downside is that it centered on implementing NHS 2009-2013 in VRDCC. However, the NHS was replaced by the NHS 2016-2020 after the study had been conducted. Regrettably, the study was restricted to health care workers in a single district, partly due to a lack of funding to widen the study's scope. In addition, the respondents were limited to health workers in VRDCC because the researcher wanted to obtain information from them and find out if they understood and had knowledge of the strategy and how it determined efficient and effective health care services in the clinics. For further research, it is planned to:

- Compare the impact of the implementation of the National Health Strategy in urban and rural clinics in the Midlands province. The study mainly focused on the health workers in VRDCC. There is a need to carry out research that includes the village health workers and the public; this provides public opinion;
- Assess all the health policies that have been implemented to date so that loopholes and gaps may be identified, resulting in improved future health policies in the coming years.

9. Recommendations

The financial resources available determine the personnel and material resources available. Therefore, the government should raise funds for the health sector by diversifying its revenue streams and prioritizing the health sector in its budget allocation.

Tobacco and alcohol are harmful substances that the government could tax to increase revenue. In addition, taxation may improve healthcare budgets and enable clinics to disburse funds.

Additional revenue could be used to purchase pharmaceutical supplies for clinics, which are often in short supply. The government may also seek assistance from non-governmental organizations.

Collaboration between the public and commercial sectors could also assist the government in financing

rural health systems particularly.

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