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Original article

THE EFFECT OF GOAL SETTING ON SERVICE DELIVERY IN JUBA CITY COUNCIL. A CASE STUDY OF JUBA CITY COUNCIL.

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Abstract

Background

Effective service delivery is a cornerstone of good governance, especially at the local government level, where public institutions are directly responsible for meeting citizens' needs. This study examined the effect of Goal setting on service delivery in the Juba City Council.

Methodology

For the case study of Juba City Council, quantitative methods were adopted for data collection, and analysis was done using SPSS version 16. The sample size was 300, determined using the Kjrecie and Morgan table.

Results

300 respondents participated in this study; the majority of respondents were between 31-40, males were the majority of respondents, 68%, and females were only 37%. The majority of respondents were at the post-secondary 46 (38.7%), and the postgraduate level of education 40 (33.6%). The respondents were asked whether the goals set were responsive to the community needs; 77.3 percent disagreed, 21.8 percent agreed, and 0.8 percent were undecided. Asked whether the guidelines used had any influence on goal setting, 81.5 percent agreed that it had influence, 15.2 percent disagreed, and 3.4 percent were undecided. 53.8 percent disagreed that goals and strategy were not clearly understood inside and outside the organization, 41.2 percent agreed, and only 5 percent were undecided. Findings indicate that planning for services is done without setting targets/ goals, which are a primary guide for effective service delivery.

Conclusion

The study concludes that setting goals and reviewing them periodically is a comprehensive and efficient way of improving service delivery in local governments.

Recommendation

Plans should be made more relevant to local needs through needs assessment and resource allocation. Local governments should reach out to the community and solicit a dialogue concerning major decisions and actions for local service delivery.

Keywords: *Effect of Goal Setting, Service Delivery, Local Governments, Juba City Council, South Sudan.*
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Background of the study

Historical Background

During the past quarter century, the decentralization of government has been underway in all parts of the world. Renewed interest in decentralization in developing countries was brought about mainly by the spread of market and democratic principles (Brixiova, 2008). There was also consensus that decentralized planning creates conditions for sustainable development and poverty reduction, (World Bank, 2001), It is further increasingly understood that achieving the Millennium Development Goals (MDGs) and eradicating poverty needs to be done at the local level and thus, requires the involvement of the local authorities, (Robinson,2002). In developed countries such as the Netherlands, local governments have been increasingly accepted as full partners in the process of plan formulation and not as mere agents of plan execution (Allen, 1990). The formulation of a National budget within the framework of the development plan is a priority of the Korean government. Tacoi (2006) argues that states would have increased involvement in the development of the economy and the society if the formulation of plans and supervision of their implementation were integrated. In India, the planning process is being increasingly decentralized, and this has given rise to the concept of a barefoot planner, who is conversant with the economic conditions and needs of people for whom the whole planning exercise is undertaken. In Bangladesh, two innovations being piloted are participatory local government planning and budgeting, and performance-based block grant funding of union councils, providing initiatives for local institutions to change and accountability.

The Mozambique Government has a long-term objective of decentralized planning: improving access by rural

communities, especially those most marginalized, to basic infrastructures and public services, through sustainable and replicable forms of decentralized participatory planning, financing, and capacity building at the district level (Robinson, 2003). Integrated plans in South Africa have served to ensure the effective use of scarce resources in local governments, speed up the delivery of services, attract additional funding, strengthen participatory democracy, and promote coordination between local, provincial, and national governments (Cheema & Rondinelli, 2007). Despite these initiatives, poor quality and inefficient delivery of public services still exist (Singh, 2007).

The essence of participatory decentralized planning is poverty reduction. Whereas the economic growth in 1990 was associated with poverty reduction (Deininger & Okidi, 2003), around 1990/2002, poverty slightly increased despite continued growth (Kappel et al., 2005). Statistics show that absolute poverty declined from 56% in 1992 to 35% in 2002, but rose slightly to 38% in 2004 (UNDP, 2005). Almost 20% of the population suffered from chronic poverty in the last decade. Some of the factors associated with this are poor planning and insecurity in other areas. It's from this historical background that the study of decentralized planning and its effects on service delivery in local government systems is conceived.

Theoretical Background

By defining the ultimate aim of social and societal progress, the rational comprehensive theory advances the notion of public interest. Public interest means planning solutions that are of common benefit, (Comte, 1857), Gunton and Hodge (1960) argued that rational actors make decisions through a purely rational process that defines the problem, objectively ranks the goals, analyses competing alternatives conducts cost-benefit analysis and makes the decisions that accrue to the maximum net benefit. Rational comprehensive planning theory corresponds closely to what is termed as policy making. Discussions on planning often attempt to draw a sharp distinction between formulations of policy and planning. The former is frequently viewed as a political activity, while the latter is considered technical and administrative. Planning is, therefore, an effort to express this rationality and relate it to the purposiveness of development (Myrdal, 1960).

This theory guides the study since it applies rational decision-making to planning. How planning is to be done and how the same can be best implemented through effective decision-making from the bottom to the top level- village, parish, sub-county, district, and the national level. Gunton and Hodge (1960) note that rational comprehensive planning theory rose in response to problems brought on by urban growth when scientific methods were applied to find solutions to urban problems. The parameters of such solutions were to be defined: - wide roads without traffic jams, and equal access to services, among others. In the study, public services such as roads, water and sanitation, Education, and Health were analyzed using quantifiable factors such as the sizes and distances of public services to their user base.

The rational comprehensive planning theory links to the conceptual framework based on four typical elements: goal setting, identification of policy alternatives, evaluation of means against ends, and implementation of decisions with feedback. Using this method requires exhaustive information gathering and analysis. It stresses objectivity, the public interest, information, and analysis, which allow planners to identify the best possible course of action.

Conceptual Background.

Decentralization is an act through which a central government formally transfers power to actors and institutions at lower levels in a political, administrative, and territorial hierarchy (Stein, 2000). This means local governments act on behalf of the central government, strengthening state capacity in service delivery to the people (Lwedo, 2008). Rondinelli (1981) defines decentralization as the transfer or delegation of legal and political authority to plan, make decisions, and manage public functions from the central government and its agencies to field organizations.

Decentralized planning of governments and service delivery are rapidly becoming key features in popular strategies to remedy problems of governance in both developed and developing countries (Virmani, A. 2007). The need and relevance of planning in social development are extremely important from the standpoint of initiating a sustainable process of change for the community in the operational area.

Singh (2003) noted that a slight shift in focus from planning may lead to disastrous consequences for the target community. Decentralized planning is used in the study to mean plans that are made by those who are going to be directly affected by them and not by absentee bureaucracy.

South Sudan has implemented decentralization both as a system and process of devolution of power from the central to local authorities (MoLG, 2016). Decentralized planning focuses on a bottom-up approach as opposed to a top-down approach. It gives people at lower levels of administrative units the opportunity to participate in problem identification, prioritization, searching for solutions, implementation, monitoring, and evaluation of development programs in their areas. Article 176 (c) of the Constitution of the Republic of South Sudan gives powers to local government units to plan, initiate, and execute policies in respect of all matters affecting the people within their jurisdiction. Decentralized planning, however, is a concept that has been more talked about than practiced; most countries in the world have not made adequate efforts to engage stakeholders in the development of local governance, and this affects service delivery (Robinson, 2006). Commins (2004) asserts that services are failing poor people in quality, quantity, and access. This study, therefore, was aimed at examining the effect of Goal setting on service delivery in local governments.

Contextual Background

Local governments are mandated to provide permissive and mandatory services to the people (Local Government Act 2000). In line with this mandate, Juba City has an overall goal, which is to contribute to poverty reduction among the population of Juba City by improving service delivery to the population. Despite this goal, the delivery of services is still inadequate. According to the South Sudan participatory poverty assessment study, 2016, carried out in Juba City, inadequate and poor access to service delivery were identified as major causes of community household poverty. In the water sub-sector, where the coverage is at 76%, the average supply is inadequate and poorly distributed. In hygiene and sanitation, the coverage is poor, with some communities standing at 37%, and the district coverage is still at 55%, and it has registered little or no improvement in this area in the last 4 years (City Status Report 2008). In the Health sector, the infrastructure gap still exists, particularly in distant locations in remote sub-counties. The population living within a 5km radius of a Health Unit is approximately 26.1%, which is lower than the national coverage of 49% (MOH: Health Facility Inventory 2022).

In spite of the massive government intervention in the education sector, the school infrastructure in the city is still low, given the total enrolment of 122,993, the city requires a total of 1.760 classrooms to accommodate all the pupils comfortably.

The Juba City Planning Unit, which facilitates the participatory formulation of comprehensive 3-year plans both for the district and the sub-counties, uses secondary data, especially from the national data collection exercises.

Some of the factors responsible for this low coverage of service delivery are poor community participation and inadequate awareness, especially in the planning process (Juba City Status Report, 2018). There are also concerns that planning is poorly done, does not involve the beneficiaries of services, lacks vision, does not reflect the real needs and priorities of the local people, and implementation of the planned activities is unsatisfactory. It's on this contextual background that the study was conceived, and it hopes to address some of the factors responsible for inadequate/poor service delivery in Juba City as manifested in decentralized planning.

Methodology

Research Design.

The case study approach was used because it provided an opportunity for intensive and holistic descriptions and analysis of decentralized planning and its effects on service delivery as suggested by Yin (1994).

The case study approach called for the researcher to make choices from among several possible events, people, and organizations (Denscombe, 2000). The choice for the case study design was to enable the researcher to understand the study in detail, to get solutions to the problems in the area of study. Secondly, the design could be used for theory testing as well as theory building. Layder (1993) points out that; '' *the rationale for choosing a specific case can be that it contains crucial elements that are especially significant and that the researcher should be able to predict certain outcomes if the theory holds.*''

A quantitative approach was used because it complements the other. A quantitative approach that uses statistics to explain numerical values (Mugenda & Mugenda, 1999). The choice of these approaches was qualitative helped in exploring the application of the theory, and the quantitative approach helped in testing of theory through the testing of the hypothesis.

Study population

The study population included the population of Juba City, estimated at 525,953, according to the housing census of 2017.

Sample size and selection.

A sample is the collection of some (a subset) of elements of a population. (Denscombe, 2000). The size of the sample is the number of items to be selected from the universe to constitute a sample. The size of the sample should be optimum. An optimum sample fulfills the requirements of efficiency, representativeness, reliability, and flexibility (Kothari, 1990).

The aim was to be able to generalize the results of the data from the sample to the entire population. Probability sampling was used; this is where elements in the population have some known chance/probability of being selected as sample subjects. (Sekaran, 2000).

Sampling procedure.

Random sampling was used to select parishes and villages. To establish a higher degree of reliability and generalization of the results obtained, the researcher examined the basic characteristics of the respondents in the Juba City district. These included civil servants, councilors, and members of the PDCs, NGOs/CBOs workers, and representatives of the interest groups. The assessment of these characteristics was carried out to ascertain whether the subject under study has the basic knowledge to respond to the inquiry. It had also been assumed that basic knowledge would help to obtain reliable information regarding the study of decentralized planning and its effects on service delivery. Secondly, knowledge about the respondents' designation, occupation (management position), and the period served would help the researcher to assess the degree of influence and experience attained by the employees to give explanations to some questions that appeared technical in the field of local governments. Thirdly, the period served would also help the researcher to establish the level of manpower experience in the organization and to know whether the respondents have stayed for enough periods in their respective organizations to give reliable information to the study. The Sample size was determined using Kjrecie and Morgan tables (1970).

Table 1: Categories of respondents sampled for the study

Category	Accessible population (Juba city council information desk).	Sample Size (dp=0.681).	Sampling technique
Juba City Technical staff	25	17	Purposive
councilors	33	22	Simple Random sampling
Sub-county technical staff.	25	17	Purposive
PDC members	35	24	Simple Random
Representatives of the interest groups	10	7	Simple Random
CBO leaders	15	10	Simple Random
Community/Beneficiaries	300	203	Simple Random
TOTAL	**440**	**300**	

Source: by Morgan and Krejcie as cited by Amin (2005).

The respondents were sampled according to the categories specified in the table. 1 table to get a fair representation of the study. Saunders et al (2003) have recommended that with all probability samples, it is important that the sample size should be large enough to provide the necessary confidence. A sample size of 300 respondents as a representative sample was used.

Sampling methods and procedure.

Having selected the acceptable sample size of 440 subjects for the study (Table 1), the researcher considered the appropriate techniques that depended on the research questions and objectives. Purposive and random sampling were therefore used. Purposive sampling is where the researcher selected only those observations that meet her defined parameters and this was applied at the district level, random sampling is the process of selecting a sample in such a way that all individuals in the defined population have an equal chance of being selected, (Mugenda & Mugenda, 1999).

Data collection methods

The task of data collection begins after a research problem has been defined and the research design spelled out (Kothari, 1990). While deciding about the method of data collection to be used for the study, the researcher kept in mind two types of data, viz, primary and secondary. Primary data are those that are collected afresh and for the first time, and thus happen to be original. While secondary data, on the other hand, are those that have already been collected by someone else and that have already been passed through the statistical process (Kothari, 1990: 117).

The data collection methods for this study were: interviewing, administering questionnaires, and focus group discussions. Interview for structured interviews-face-to-face interviews were conducted, questionnaires for quantitative data that was personally administered, focused group discussions at the village level, and documentation review.

Data Collection Instruments.

The data collection instruments are tools that the researcher used to collect data from the respondents. A combination of instruments was used as appropriate to make use of their different strengths, because none of the methods, when used exclusively, may collect sufficient data.

The following instruments were used: a questionnaire interview Guide with structured questions, and focus group discussion checklist, and a document review.

Questionnaire

The choice of a questionnaire is justified by the fact that it is the best tool for collecting quantitative data from a large number of respondents. A questionnaire provides information based on facts and opinions. These were self-constructed with a semi-structured set of questions, open and closed-ended.

Semi semi-structured questionnaire was used because large samples can be made of use and thus, the results can be made more dependable, offer the greatest assurance of unanimity, be cheaper than other methods, and be free from bias. A total of 132 questionnaires were distributed to the selected respondents. To find out the views of the respondents on the relationship between decentralized planning and service delivery, the independent variable was grouped into 4 (four) variables namely; goal setting (10 items), identification of priorities (10 items), stakeholder participation (10 items), implementation (10 items), efficiency (10 items) and effectiveness (5 items). The self-administered questionnaire was used at the county, town division, and district levels.

Validity and reliability.

Validity

The validity of the instrument was determined by content validity, which refers to the degree to which the test actually measures or is specifically related to the traits for which it was designed (Amin, 2005). An important question then was ‘’how do we establish a Content Validity Index (CVI)? Therefore, the coefficient of validity is calculated as the number of respondents who agreed / Total number of respondents issued with questionnaires.

The agreed respondents = 17, Total number = 20. To determine whether the instrument was valid, the results were computed using the following formula: - CVI = n-N /N

n = Number of respondents who agreed

N = Total number of respondents

20/2 = 10.

17-10 =7

7/10 = 0.7

For the instrument to be accepted as valid, the average index should be 0.7 or above. (Amin, 2005).

Reliability

The reliability of research instruments was pre-tested in two (2) villages, one (1) parish to get the rural experience, and one (1) ward in the division to get the urban experience. The results of the pre-testing led to adjustments to the questionnaire, interview guide, and focus group discussion guide to make them more focused and elicit more data from the respondents. Furthermore, the questionnaire was adjusted by adding more closed-ended questions to make the study more focused and to elicit relevant data from the respondents.

Table 2: Reliability results table

Variable	Cronbach’s Alpha	No. of Items
Goal setting	0.61	10
Identification of priorities	0.38	10
Stakeholder participation	0.40	10
Implementation	0.72	10
Service delivery	0.72	15

From the reliability results in Table 2, it’s clear that implementation items were the most reliable, followed by goal setting, and the least stakeholder participation. Service delivery as a dependent variable was also reliable up to 71.8%. In a research study, a reliability coefficient can be computed to indicate how reliable the data are. The Cronbach’s Alpha for all the variables was .814, implying that the results are reliable up to 81.4%. Cronbach’s Alpha is an index of reliability associated with the variation accounted for by the true score of the ‘’underlying construct’’, (Hatcher, 1994). If an instrument were perfectly reliable, the coefficient would be 1.00, meaning that the respondent’s true score is perfectly reflected in her or his true status concerning the variable being measured. If the coefficient is .00, it indicates no reliability (Amin, 2005).

Nunnaly, (1978), has indicated 0.7 to be an acceptable reliability coefficient but lower thresholds like the ones in this study (0.378 and 0.399) of identification of priorities and stakeholder participation respectively are sometimes used/ accepted and since the overall Cronbach alpha is 0.814, I presume that the results collected are reliable.

Data analysis.

Quantitative data analysis

After data collection and cleaning, the quantitative data were subjected to analysis. The analysis was done using SPSS version 16.0 due to its comprehensive, user-friendly, and statistical compatibility despite its simplicity. Data was analyzed taking into account the unit of analysis and five levels of measurement. To apply the correlation and inferential techniques, reliability analysis was first computed, and emerging results were examined. The dependent variable (service delivery) and the independent variable (goal setting, priority identification, stakeholder participation, and implementation) were analyzed using a statistical technique of correlation, which gives relationships and the magnitude of the relationship between variables.

Regression is a technique used to predict the value of a dependent variable using one or more independent variables. For example, in this case, there were different measures of decentralized planning, and those regressed against each other. There are two types of regression analysis, namely simple and multiple regressions. Simple regression involves two variables: the dependent variable and one independent variable. Multiple regressions involve many variables: one dependent variable and many independent variables. It must be noted that in this case, multiple regression was used since service delivery was tested from other independent variables (Efficiency and effectiveness).

Analysis of variance (ANOVA) was also used to determine the sum of squares and the statistics with the rule of significance (0.05) to determine the ideal model to measure variation. Analysis of variance is a data analysis procedure that is used to determine whether there are significant differences between two or more groups or samples at a selected probability level. The questions to be answered by analysis of variance include;

Results

Response rate

In the study, data were collected from a representative sample of 300 subjects, and all were selected using the table by Morgan and Krejcie adopted from Amin (2005)

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Table 3: Analysis of the response rate

Category of the respondent	Targeted sample	Response received	Percentage
DTPC members	24	24	100%
L.CV councilors	28	28	100%
STPC members	24	24	100%
PDC members	32	19	59%
Interest groups	10	10	100%
CBO leaders	14	14	100%
Community/ beneficiaries	168	168	100%

Source: *primary data.*

There was a total of 300 subjects that including both males and females, selected to be appropriate for this study. Of these sampled respondents, 132 were issued with questionnaires, but only 119 returned the instrument that was fully completed, implying a response of 90%. Response rate gives perspective to the data and results, and consequently, the framework in which conclusions can be made.

Social Demographic Indicators

In this section, the background characteristics of respondents are presented. The section presents the gender distribution, age, level of education, management position, and duration of service. A self-administered questionnaire that included a section on the demographic characteristics of respondents was administered. Data was collected on age, sex, level of education, duration of service, and management position held as background information to the study. It was intended to guide the researcher in respondent behavior about the later findings.

Age of respondents

Respondents were asked about their ages in categories of intervals of ten. The pie chart below shows that a majority of respondents were between 31-40. It shows the distributed response age group with those below 20 years and above 61 years contributing the fewest responses, which gives a view of the experienced/ knowledgeable age group sampled. The individual's age was included in the study because age is considered important in many communities and aspects of life. Some obligations and responsibilities are assigned to an individual according to one's age. In many societies, someone below the age of 18 years is considered a minor and therefore not capable of making decisions. The age category of 31-40 years has attained better education, more exposure, and the skills necessary for planning. The age category of 60 years and above commands respect in society, which is an asset when mobilizing communities to plan for services.

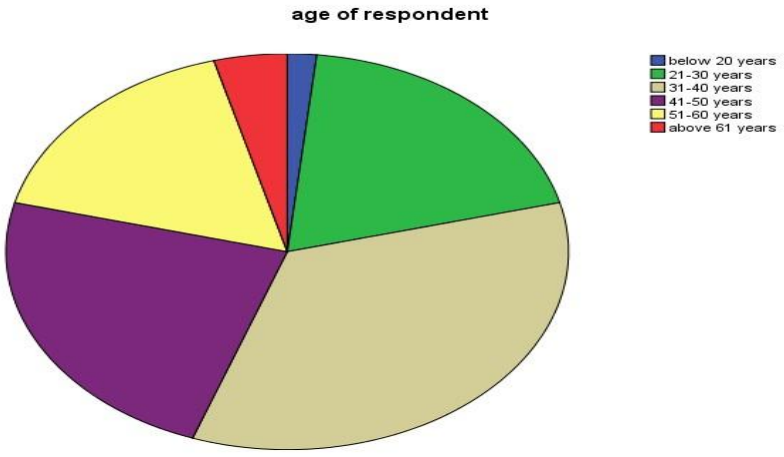
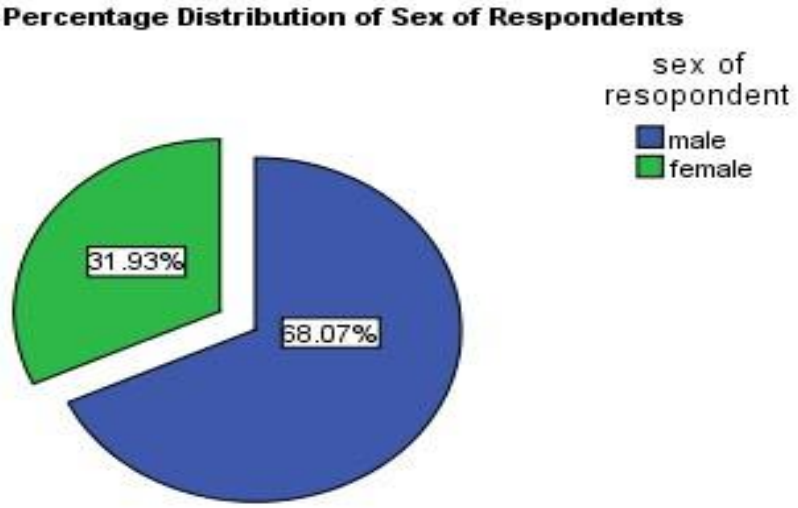


Figure 1: Age Distribution of Respondents

The pie chart (Fig.1) shows that a majority of respondents were in the 31-40 age bracket, with an average age of 3.47 and a standard deviation of 1.156. It shows the distributed response age group with those below 20 years and above 61 years contributing the fewest responses, which gives a view of the experienced/ knowledgeable age group sampled.

Sex of respondents

The respondents were a majority of males with more than 68% male compared to females constituting 32%, as shown below.



From Fig. 2, it's clear that males were the majority of respondents, 68%, and females were only 37%. The emergent results, therefore, on the gender distribution are suggestive of the existing gender discrepancy in civil service, but are also an indication of the deliberate strategies that have been taken to improve this discrepancy in public service in South Sudan.

Level of education

In a study of decentralized planning, the level of education is of key importance as it gives an informed opinion and picture. A majority of respondents interviewed were at the post-secondary 46, 38.7%) and the post-graduate level of education 40, 33.6%). The post-secondary level includes certificate and diploma holders, and the post-graduate level includes degree holders. Another level of education contributed 5 (4.2%), and this includes master's holders, as shown in Figure 3. Only 0.8% never went to school, an equivalent of one person.

The chosen sample gives a good balance of opinions from the respondents in terms of level of education. With highly educated individuals forming the bulk of the cadres who undertake decentralized planning, this should have a positive bearing on the quality of planning and better management of service delivery in the district.

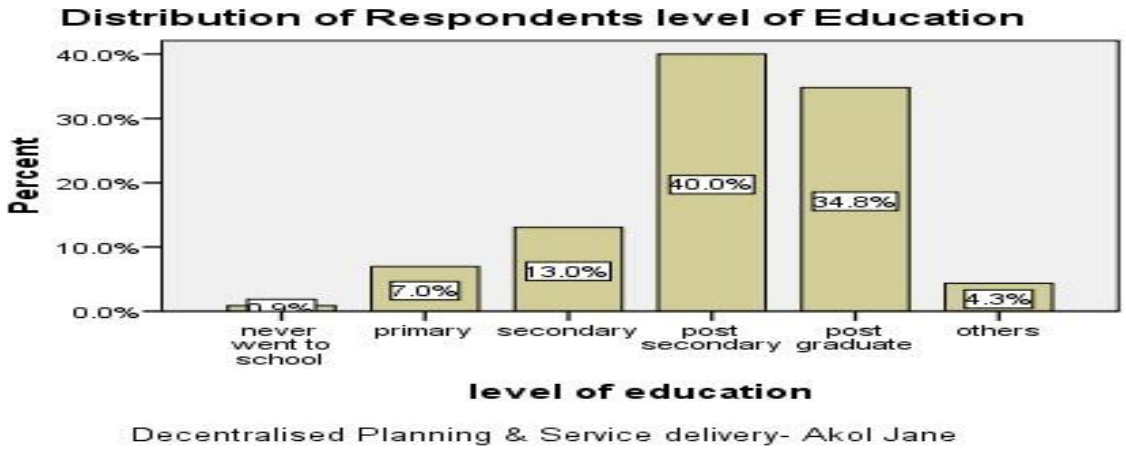


Fig. 3: Respondents' Level of Education

Management position and duration of service

To ascertain the level of experience and positions in civil service held by respondents, data was collected for this variable to give a distribution of respondents' opinions without bias to key positions. The findings revealed that civil servants, 53 (44.5%), were the main respondents, with elders contributing to only 3 (2.5%). The political leadership was also interviewed with 28 members of sub-county and district councils, and 12 chairpersons interviewed, contributing to 23.5 percent and 10.1 percent, respectively. The elders, ordinary citizens, and others are respondents who, in one way or another, contribute to decentralized planning and service delivery, though not in substantive positions. They include: opinion leaders, members of the parish development committee, and members of the civil society.

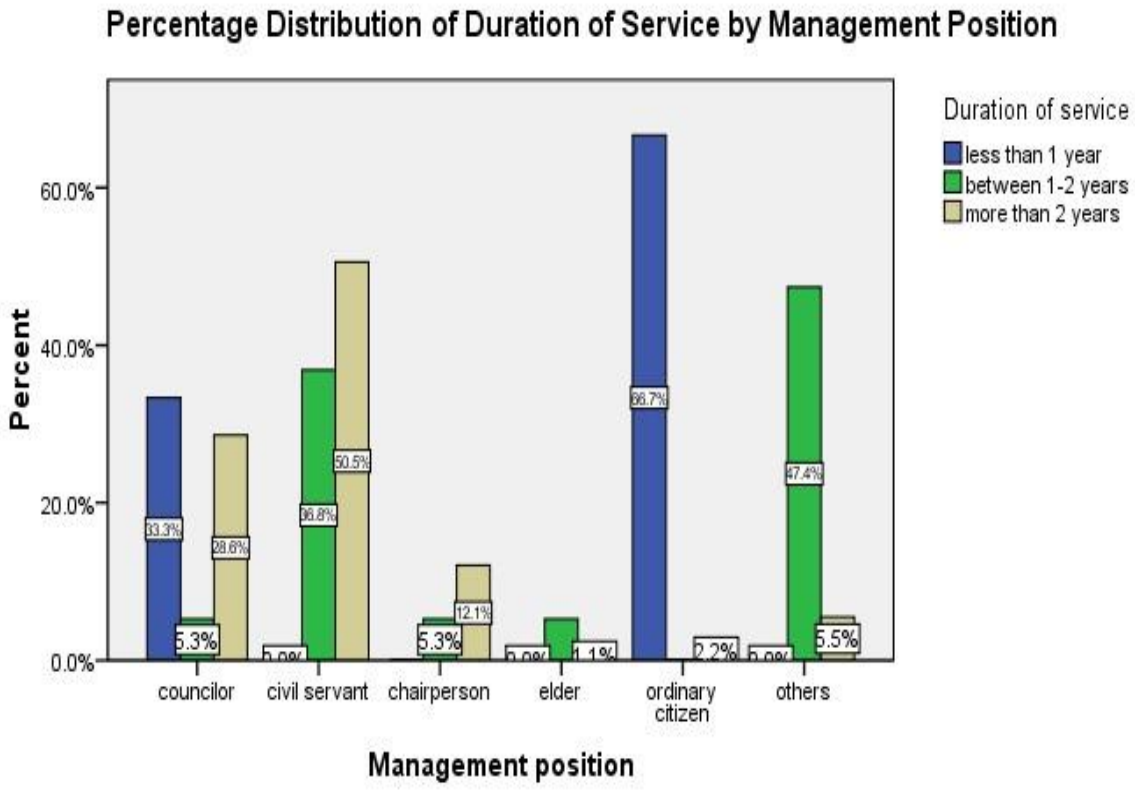


Figure 4: Duration of Service and Management Position

Regarding the duration of service as indicated in Fig. 4, the majority of civil servants interviewed more than served for more than 2 years, with very few 3 years (2.5%) less than 1 year. A majority of ordinary citizens, 66.7 percent, served for less than 1 year compared to 33.3 percent of councilors.

In totality, 96 80.5 percent of respondents, served for more than 2 years, with only 2.7 percent serving for less than 1 year; this gives experience for an informed opinion on decentralized planning and service delivery in local governments. The management and duration of service were included in the study because the study was interested in establishing the positions at which the respondents operate within the district system. This is vital in determining an individual's level of involvement in the service delivery process.

Empirical Findings

This study was designed to examine the extent to which decentralized planning affects service delivery in local governments of South Sudan. Preliminary statistical analyses explained broad perceptions of service delivery, and descriptive statistics presented general opinions regarding respondents' opinions.

A two-way ANOVA was conducted to examine the perceptions of respondents on service delivery. The relationships between the independent variable and the dependent variable were computed, presented, examined, and then interpreted. All these factors were correlated, and the results are presented.

Goal setting affects Service Delivery.

The concern of this theme was to examine the extent to which goal setting affects service delivery in local

governments. Ten variables were used to measure how goal setting affects service delivery and the findings are described below.

In the table below, the strongly agree and agree responses were added together, and the disagree and strongly disagree responses were also summed for easy interpretation. As also explained in Table 4, response number and their percentages are all included.

Table 4: Descriptive results showing responses on goal setting and service delivery

	SA No. %	A No. %	U No. %	D No. %	SD No. %
Juba City district is said to be operating on a written and clear mission statement	37(3.1%)	57(47%)	5(4.2%)	16(13.4%)	4(3.4%)
Juba City district has its mission statement known to all its stakeholders	4 (3.4%)	25(21.0)	6(5.0%)	67(56.3%)	17(14.3%)
It's easy to interpret the district's mission statement	4 (3.4%)	22(18.5)	4(3.4%)	66(55.5%)	23(19.5%)
Goals set are said to be responsive to community needs	3 (2.5%)	23(19.3)	1(0.8%)	66(55.5%)	26(21.8%)
Guidelines influence the process of goal setting	28(23.5)	69(58.0)	4(3.4%)	14(11.8%)	4 (3.4%)
Goals and strategy are clearly understood inside and outside my organization	15(12.6)	34(28.6)	6(5.0%)	47(39.5%)	17(14.3%)
Feedback to communities is important for proper goal setting	43(36.1)	56(48.7)	6(5.0%)	9(7.6%)	3 (2.5%)
Resources limit goal setting	39(32.8)	61(51.3)	3(2.5%)	12(10.1%)	4 (3.4%)
Goals are linked to situational constraints	22(18.5)	43(36.1)	2(1.7%)	48(40.3%)	4(3.4%)
The district formulates realistic plans	6(5%)	17(14.3)	4(3.4%)	72(60.5%)	19(16%)

Source: Primary data, 2025

As depicted in Table 4, 94.78 percent agreed that the district is operating on a written and clear mission statement, 20 16.8 percent disagreed, and 4.2 percent were undecided. Asked whether the mission statement was known to all her stakeholders, 70.6 percent disagreed, 24.4 percent agreed, and only 5 percent were undecided. On interpretation of the mission statement, 75 percent disagreed, 21.9 percent agreed, and 3.4 percent were undecided. The respondents were asked whether the goals set were responsive to the community needs; 77.3 percent disagreed, 21.8 percent agreed, and 0.8 percent were undecided. Asked whether the guidelines used had any influence on goal setting, 81.5 percent agreed that it had influence, 15.2 percent disagreed, and 3.4 percent were undecided. 53.8 percent disagreed that goals and strategy were not clearly understood inside and outside the organization, 41.2 percent agreed, and only 5 percent were undecided. Asked whether feedback was an important element in goal setting, 84.8 percent agreed, 10.1 percent disagreed, and 5 percent were undecided. Respondents were also asked whether resources were a constraint to goal-setting activity; 84.1 percent agreed, 13.5 percent disagreed, and 2.5 percent were undecided. On whether goals set were linked to situational constraints, 54.6 percent agreed that they were linked, 43.7 percent disagreed, and 1.7 percent were undecided.

Table 5: Correlation Results for Goal Setting and Service Delivery

		Goal setting	Service delivery
Goal Setting	Pearson Correlation	1.000	.415**
Sig. (2-tailed)			.000
	N	119.000	119
Service delivery	Pearson Correlation	.415**	1.000
Sig. (2-tailed)		.000	
	N	119	119.000

***Correlation is significant at the 0.01 level (2-tailed).*

In Table 5, there is a significant relationship between goal setting and service delivery with a correlation coefficient of (Sig . 0.000), implying the relationship is positive and moderate. This explains that strengthening or improving goal setting will, in turn, improve service delivery by 41.5%. As a rule of thumb, correlation coefficients between .00 and .03 are considered weak, those between .03 and .07 are moderate, and coefficients between .07 and 1.00 are considered high (Amin, 2005). 0.415** is moderate and therefore acceptable in determining the magnitude of the relationship between two variables. It is important to appreciate that correlation is different from cause. The connection between variables that might be demonstrated using a correlation test says nothing about which is the cause and which is the effect. It only establishes that there is a connection, with a specified closeness of fit between the variables (Denscombe, 2000:204). With the need to establish the connections in terms of cause and effect, regression analysis was also considered.

Table 6: Regression results for Goal Setting and Service Delivery

Model	B	Std. error	Beta	t	Sum of squares	df	Mean square	F	Sig.
Constant	1.624	.244		6.643	5.488	1	5.488	24.358	.000
Goal setting	.413	.084	.415	4.935	26.362	117	.225		

a. Dependent Variable: service delivery

Using multiple regressions, it was found that the regression coefficient (R) was 0.415. It implies that by strengthening goal setting, service delivery will be improved. From column B, the regression equation can be written as:

Service delivery = 1.624 + 41.3 goal setting

It therefore shows a positive relationship between goal setting and service delivery as a useful predictor since the t- statistic of 4.935 is greater than 2.

In the findings, the Beta reciprocal relationship was 0.415, that is, among all respondents interviewed, at least 41.5% said goal setting is important for service delivery improvement and the same findings show that goal setting accounts for a small variation in service delivery and other factors account for much of the variation as shown by a high residual sum of squares of 26.362. However, it does a good job of explaining variation in service delivery because of a high significance level of 0.000 and a favorable mean square of 5.488.

Discussion

Goal setting and service delivery

Under this research objective, the study was interested in establishing whether goal setting affects service delivery in Juba City. The results that have been presented in Chapter Four indicated that there was a significant relationship with the relevance of (R squared = 0.415, sig. = 0.000). This implies that improving goal setting will, in turn, improve service delivery by 41.5%, as Guba & Lincoln (1989) assert; thus, goal setting plays an important role in shaping the outcomes. A menu of specific goals must be drawn up to achieve the intended objectives. Detailed operational plans must be drawn up to achieve these goals. This has been the most neglected and deficient area of our planning process. A plan is not just a fine document of intent but a series of steps to implement it in a coordinated and effective manner, and it begins with goal setting (Virmani, 2007).

The findings confirm that of Kendall (2000) in his study of community-based services, when he explained that goals are a primary guide for service delivery, facilitating the planning and implementation of appropriate rehabilitation services and community supports to meet the unique needs and interests of each person in their community. And Locke (2002), when he examined the behavioral effect of goal setting, concluded that 90% of laboratory and field studies involving specific and challenging goals led to higher performance than easy or no goals. And therefore, agree with the literature reviewed.

In the findings in chapter four further, percentages or frequency of relationship was 0.415 in other wards among all respondents interviewed, at least 41.5% said goal setting is important for service delivery improvement and therefore local governments must ensure that decentralized planning moves toward meeting this objective if service delivery in districts is to be improved.

Identification of priorities and service delivery.

It was reported in chapter four that there was a significant relationship between service delivery and identification of priorities with a coefficient of .250** implying the relationship does exist. It implies that strengthening or improving the identification of priority will in turn improve service delivery by only 25%. The findings indicate that the real needs of the communities are not identified. Also, the results of the interviews indicated that half of the case respondents were not in line with the priorities of their communities.

This finding compares well with the revised PEAP (2000), which indicated that improving the planning process, both in terms of its linkages with the national budget and also in terms of how well it responds to local needs, remained a challenge because real needs are not identified. The stark reality is that what services may be delivered may not tally with what the community wants/ needs, and the community members are quick to complain about disparities in program implementation.

Stakeholder participation and service delivery.

In this study it was found that the participation of stakeholders in the service delivery process was minimal and this finding confirms well with the existing literature as; Hiroshi Kato, (2008), puts it; even if residents have a thorough knowledge of matters close to them, they do not know their broader matters outside the world around them, or of more sophisticated technical matters. He adds that impoverished residents are completely occupied with just leading their day-to-day lives, and they are either indifferent to broader distant matters, or they do not have the time to attend meetings. What the findings suggest is that although planning responsibility has shifted from the center to districts, the degree of stakeholder engagement and participation, especially L.Gs, NGO, and communities, has not changed significantly.

The interview findings indicated that, despite the existence of an operational local executive committee that handles civil cases and enforces self-help programs, the participation of the majority of the village residents in planning for services for their area is minimal. Village council meetings were reported to be held once a year and, in some cases, not at all, and where they were held, very poor turnouts of residents for those meetings were registered.

This argument is in line with nyiri' (2001) findings in his study on participation where he noted that, no consultative meetings are held at the village /cell levels to consult them on their priority programs.

Participation in service delivery is by and large through people's representatives. The findings, was evident to prove that participation had not enhanced efficient and effective service delivery in local governments because of poor involvement of the stakeholders in the process.

The Local Government Budget Framework Paper (LGBFP) also provides an opportunity for grassroots participation through the preparatory processes held at the village council levels upwards through the parish, sub-county, and district councils. At the budget conferences, individual NGOs and CSOs are eligible to attend – in practice, a high non-attendance rate is often registered due to a lack of adequate information and timely publishing of these important processes (Nyirinkindi, 2007). Participation of stakeholders was reported as sometimes being compromised by technocrats in the prioritization of development plans, who hijack the opportunity for inclusion and bottom-up planning of services. The findings indicate that there was a lack of input from all stakeholders. The process was not embraced, and a majority of the stakeholders were left out. The main challenge limiting stakeholder participation was cited to be limited funds to enable all stakeholders to participate in a decentralized planning process.

From the findings, it is important to note that when local governments neglect gathering arrange of stakeholders inputs, they put themselves at risk in several ways, one without stakeholder inputs programs will not be sensitive to emerging needs, two, communities will be under served and thirdly, local governments will risk losing community support.

Implementation and service delivery

As described in Chapter Four, the findings indicate that the implementation of public services was unsatisfactory. The major challenge raised by a number of the respondents interviewed was inadequate funds to implement the planned projects, and these finding agrees with the stated literature when Steven (2002) asserts that;

Planning and implementation remain ineffective, and the central government dictates activity through operational condition grants. Accordingly, the LGA (Local Government Act 2017) provided the framework for an implementation strategy that designated and gave effect to local authorities to become the primary service providers in their various localities. The Poverty Action Fund (PAF) began in 1997, also geared towards implementing services by the local governments in the areas of primary education, agriculture, roads, primary health care, water, and sanitation. However, the findings of this study still indicate that these services have not improved.

A majority disagreed significantly on health, education, roads, and agriculture, except water, which a majority agrees has improved, as reflected in chapter four. The interview responses rated implementation of activities as good 20.65%, fair 34.2%, and bad 39.5%, and

39.5% respectively also indicated that water services were fairly provided compared to roads, that was represented by only 7.9%.

Criticism of district implementation has been that 3-year plans exist only on paper and bear little relation to what happens on the ground. Though this criticism is exaggerated and ignores the limits that the Local Government Act (2001 amended) places on various arms and levels of government, it has an element of truth in it. This is the failure to develop, approve, and implement the operational plans before the financial allocations are made/ released/spent. Findings indicate further that out of 36 interviews conducted, 26% suggested increased funding. This finding confirms the literature reviewed; Robinson (2003) affirms that resources have not been adequate to ensure effective coverage and quality. Decentralized planning, its ideal versus service delivery, the question is how should crosssector and across–the–board participatory community development plans that emerge from the village be integrated with sector plans that are vertically formulated for each sector at the district level? Careful examination is needed as well in the harmonization of respective sector plans in the service delivery process. There is a problem of resistance from each sector against it. On the other hand, there is a more fundamental question as to whether it is feasible and effective to do so in the first place. Sectors cannot make their plans based on the wishes of the public alone, but technical analyses, as well as strategic perspectives of each sector, are indispensable even for local service delivery.

Conclusions

This research has raised a number of issues about the extent to which decentralized planning affects service delivery in local governments. Based on the research findings, the following conclusions were drawn.

Goal setting and service delivery

Goal setting plays an important role in shaping the outcomes, setting goals and reviewing them periodically is a comprehensive and efficient way of improving service delivery in local governments. Goals enhance self-regulation through their effects on motivation and self-evaluation. This was in line with a correlation index of 0.415 which illustrates a moderate and positive relationship between Goal Setting and service delivery.

Identification of priorities affects service delivery.

Local governments have been known to undertake planning in isolation of their communities and this reduces the logic of bottom-up planning and the identification of development programs by the targeted beneficiaries. Identification of priorities and the gaps that exist between what is desired and the prevailing situation is the responsibility of communities. The correlation index of 0.25 indicates a relatively weak relationship between the identification of priorities and service delivery. Emphasis should be given to other variables whose relationship is relatively strong.

Stakeholders' participation affects service delivery.

For service delivery to be successful, the participation of stakeholders is important at all levels of local government. Without their input, programs will not be sensitive to emerging needs, and ownership of such services will be lost. However, the basic problem in service delivery is achieving the maximum feasible degree of grassroots participation within the formal systems of local public sector planning. Stakeholders have a positive but relatively weak relationship to service delivery. However, the relationship is much stronger compared to the identification of priorities and lower compared to the goal-setting variable.

Recommendations.

This section presents recommendations based on the research findings of the study.

The study recommends that a national goal of improving service delivery outcomes may be achieved by increasing capacity of the lower local governments while simultaneously putting the onus on all concern to carry out their constitutional responsibilities for service provision therefore; detailed operational plans must be drawn up to achieve these goals which will subsequently improve service delivery in local governments.

Plans should be made more relevant to local needs through needs assessment and resource allocation. Local governments should reach out the community and solicit a dialogue with respect to major decisions and actions for local service delivery.

Effective citizen participation presupposes an informed citizenry of public policies and how they relate to their diversified circumstances. Appropriate strategies must be designed by local government to enable all stakeholders to participate in the planning process, the more stakeholders participate in the planning process, the more collectively they own the ultimate product of the process. Local governments need to be supported, and where needed, facilitated to organize communities for effective participation in the identification of needs and priorities to provide appropriate supportive services.

Suggestions for further research

The researcher proposes that further research should be carried out in a decentralized planning process. A comprehensive evaluation of lower local governments and their effectiveness in service delivery should be done. Its effectiveness would then be established, and gaps that exist, particularly as regards the issues highlighted in this research, such as limited funds and low capacity to plan, could be addressed. Another area of research should be the link between decentralized planning, improved local governance, and service delivery, more so on the same topic, including those factors that contributed to the higher residual value.

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List of Abbreviations

BFP – Budget Framework Paper
CSO – Civil Society Organization
HIV/AIDS –Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
LGBFP – Local Government Budget Framework Paper
LGDP – Local Government Development Program
MDG –Millennium Development Goals
MOH – Ministry of Health
MOLG – Ministry of Local Government
NGO – Non-Governmental Organization
PDF – Poverty Action Fund
PEAP – Poverty Eradication Action Program
SPSS – Statistical Package for Social Sciences
UNDP – United Nations Development Program

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The author declares no conflict of interest.

Author contributions

Kerubino Pow Gatluak is, principal investigator of the research project.
Dr. Dang George. Supervised the research.

Data availability
Data is available upon request.

Informed consent.
All the study participants consented to the study.

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