

FROM POLICY TO PRACTICE: HOW LOCAL GOVERNANCE STRUCTURES IMPACT SERVICE DELIVERY FOR CHILDREN WITH DISABILITIES IN THE PHILIPPINES

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Abstract

Local governance structures critically influence disability service delivery effectiveness in the Philippines. This study examines how local government units bridge policy-practice gaps through a case study of Center for Children with Special Needs (CSN) in Parañaque City, Philippines. Analysis reveals that successful implementation depends on political commitment, strategic resource allocation, and community engagement. The CSN model transformed accessibility by serving 955 children with special needs across 16 communities with free comprehensive services. While national policies provide frameworks, local governance determines service quality and sustainability. This research identifies key mechanisms linking governance structures to outcomes, offering insights for scaling disability services nationwide.

Keywords: local governance, disability services, children with disabilities, Philippines, service delivery, policy implementation

Introduction

The Philippines faces significant challenges in providing adequate services for children with disabilities, with current data revealing substantial gaps in access and quality of care. While the 2020 Census of Population and Housing documented the country's commitment to data collection on functional difficulties, implementation of comprehensive services remains inconsistent across different regions and localities (Philippine Statistics Authority, 2020). Despite comprehensive national legislation including the Magna Carta for Persons with Disabilities (Republic Act No. 7277, 1992) and the Bayanihan to Heal as One Act (Republic Act No. 11469, 2020), the translation of policy into practice highlights the critical role of local governance structures in determining service delivery outcomes for vulnerable populations.

The Asia Foundation's comprehensive 2024 sector analysis reveals alarming disparities in service access for children with disabilities in the Philippines. According to their systematic research, children with disabilities are 24% less likely to receive early stimulation and responsive care, 42% less likely to have foundational reading and numeracy skills, and 49% more likely to have never attended school compared to their peers (The Asia Foundation, 2024, p. 15). These statistics underscore systemic challenges in service provision that disproportionately affect the most vulnerable populations. Business Mirror's analysis of this research notes that for the Philippines' current population of 110 million, approximately 13.2 million Filipinos would have some form of disability based on World Health Organization prevalence estimates of 12-15% (Business Mirror, 2021).

Local government units (LGUs) in the Philippines operate within a decentralized system that grants them significant autonomy in service provision and resource allocation under the Local Government Code of 1991 (Republic Act No. 7160, 1991). This decentralization creates

opportunities for innovative approaches to disability services while simultaneously presenting challenges related to capacity, resources, and political prioritization (Adriano et al., 2025). The recent implementation of the Mandanas-Garcia Supreme Court ruling represents a transformative shift in fiscal decentralization. As documented by the United Nations Development Programme Philippines (2023), this ruling increased the National Tax Allotment by 37.89% in 2022, creating unprecedented opportunities for enhanced service delivery while simultaneously raising concerns about local capacity to effectively utilize these resources.

The quality and accessibility of services for children with disabilities often depend more on local governance structures and leadership commitment than on national policy frameworks alone. This relationship becomes particularly evident when examining successful local implementations that exceed national averages in service quality and accessibility.

The Center for Children with Special Needs (CSN) in Parañaque City represents an exemplary model of how effective local governance can transform service delivery for children with disabilities. Established in 2017 during Mayor Edwin Olivarez's tenure and championed by City Councilor Marvin A. Santos, whose personal connection to autism spectrum disorders provided both motivation and understanding of service needs (Metro News Central, 2023), the center demonstrates how political will, strategic planning, and community engagement can create sustainable, comprehensive services that reach previously underserved populations.

This paper examines the mechanisms through which local governance structures impact service delivery for children with disabilities in the Philippines, analyzing both theoretical frameworks and practical applications. Through the lens of the Center for CSN Parañaque City model, this research explores how governance structures facilitate or constrain service accessibility, quality, and sustainability. The analysis contributes to broader understanding of governance-service delivery relationships in developing country contexts and offers insights for improving disability services across the Philippines.

Literature Review

Theoretical Frameworks of Governance and Service Delivery

Governance structures fundamentally shape service delivery outcomes through multiple pathways. Rhodes (2007) conceptualizes governance as "the management of the course of events in a social system" involving networks of public, private, and civil society actors (p. 1243). In the context of disability services, governance encompasses policy formulation, resource allocation, service coordination, and accountability mechanisms that collectively determine service quality and accessibility (Hriberšek et al., 2024).

The concept of "responsive governance" emphasizes the importance of government responsiveness to citizen needs and preferences (Local Governance Summit, 2024). For children with disabilities, responsive governance requires specialized understanding of complex needs, intersectoral coordination, and sustained commitment to inclusive service provision. This theoretical framework helps explain why some local governments excel in disability service provision while others struggle despite similar resource constraints (The Asia Foundation, 2024). New Public Management theory suggests that decentralized service delivery can improve efficiency and responsiveness by bringing decision-making closer to service users (Hood, 1991; Osborne & Gaebler, 1992). However, critics argue that decentralization may also create inequities when local capacity varies significantly (Manasan et al., 2024). In the Philippine context, this tension manifests as substantial variations in disability service quality across

different LGUs, with some excelling while others provide minimal services (Dahis & Szerman, 2024).

Decentralization and Local Governance in the Philippines

The Philippines' decentralization framework, established through the Local Government Code of 1991, transferred significant responsibilities from national to local governments. This devolution includes health services, social services, and education support, all critical areas for children with disabilities. The transformative impact of the Mandanas-Garcia Supreme Court ruling has fundamentally altered the fiscal landscape for local governments, as documented in the United Nations Development Programme's 2023 flagship report on decentralization, digitalization, and development.

However, this fiscal empowerment comes with significant challenges. The World Bank's 2021 comprehensive analysis of the Mandanas ruling implementation warns that "the government faces a significant risk that the transition process could lead to a large gap in service delivery, as a lack of coordination between the national and local government and weak implementation capacity could delay the transition towards increased decentralization" (World Bank, 2021, para. 4). Historical data reveals concerning utilization patterns: between 2015 to 2018, LGUs utilized only about 80% of their budgets on average, with cities demonstrating the lowest utilization rate at 72.7% (World Bank, 2021), raising concerns about capacity to effectively use increased resources.

The Philippine Institute for Development Studies' 2024 comprehensive assessment provides empirical evidence of these challenges. Manasan, Maddawin, and Juco (2024) demonstrate that despite over three decades of implementation, devolution has remained incomplete, resulting in "blurred accountability between national government and LGUs and inefficient delivery of basic devolved services" (p. 2). Their research reveals significant gaps between de jure and de facto functional assignments, as well as disparities in assumed devolved functions across LGUs. Critically, their analysis shows that none of the devolved functions are expected to be fully performed by end-2024 (Manasan et al., 2024, p. 45), indicating substantial implementation deficits.

Disability Services in Philippine Context

Children with disabilities in the Philippines face multiple barriers to accessing appropriate services, as comprehensively documented in recent sector analysis. The Asia Foundation's 2024 research provides the most current assessment of the disability sector, noting that "while comprehensive legislation exists, including the Magna Carta for Persons with Disabilities and various implementing rules, actual service availability remains limited, particularly in rural areas and for families with limited resources" (The Asia Foundation, 2024, p. 23).

The Social Development Direct's 2023 analysis of disability inclusion in the Philippines identifies persistent systemic barriers despite legislative frameworks. Their report emphasizes that "service gaps disproportionately affect children from low-income families and those in geographically isolated areas" (Social Development Direct, 2023, p. 12), underscoring the critical importance of local governance responses that can address these contextual challenges.

The financial burden on families remains substantial. Research indicates that children with disabilities require 40-80% extra expenditure to reach the same living standard as other children, with health expenses constituting the leading source of additional costs (Arcinas, 2025). These economic pressures demonstrate why effective local governance that provides free or subsidized services can have transformative impacts on families, as evidenced by successful models like the CSN Parañaque center.

Family-Centered Care and Maternal Advocacy

Recent research emphasizes the central role of mothers in advocating for and coordinating services for children with disabilities. Burke's (2004) seminal study found that 73% of mothers engage in advocacy work, becoming experts in disability law and educational policy. This maternal expertise represents a crucial resource that effective governance structures must recognize and leverage (Cheng & Lai, 2023).

Family-centered care approaches, recognized as essential for quality healthcare, emphasize partnerships between families and healthcare providers (Mestre et al., 2024). Recent systematic reviews have identified nine core components of family-centered care: shared decision-making, family education, respect for culture, family engagement, recognition of family needs and characteristics, specialized care support, social and emotional support, family functionality, and viewing the family as a unit (Santos et al., 2024, p. 7).

Empirical studies demonstrate significant family burden in disability care coordination. Research shows that mothers of children with disabilities spend 2.5 hours daily on care coordination activities alone (Resch et al., 2010, p. 145), while families incur substantial additional healthcare costs leading to significant financial hardship (Kuo et al., 2011). Contemporary research by Öztürk and Küçük Alemdar (2024) confirms these findings, emphasizing that governance structures must reduce rather than increase family burden while maximizing service effectiveness. Bourke-Taylor et al.'s (2024) intervention study provides evidence that targeted support for mothers can significantly improve family outcomes, suggesting governance approaches incorporating family support yield measurably better results.

Methodology

This article employs a mixed-methods approach combining literature review, policy analysis, and case study methodology to examine the relationship between local governance structures and disability service delivery in the Philippines. The primary case study focuses on the Center for Children with Special Needs (CSN) in Parañaque City, selected for its innovative approach and documented outcomes (Yin, 2018).

Data sources include academic literature, government reports, policy documents, and institutional publications. The CSN Parañaque case study draws from organizational documents, media reports, published research, and official government announcements regarding the center's operations and outcomes (Stake, 1995). Secondary analysis of national statistics and regional data provides contextual background on disability service needs and delivery patterns across the Philippines.

The analytical framework examines governance structures across multiple dimensions: institutional arrangements, resource allocation mechanisms, service delivery models, accountability systems, and stakeholder engagement processes (March & Olsen, 1995). This comprehensive approach enables identification of key factors that distinguish effective from ineffective governance structures in disability service provision.

Case Study: Center for CSN Parañaque City as a Model of Responsive Governance Background and Establishment

The Center for Children with Special Needs (CSN) in Parañaque City was established during the 2017-2022 tenure of Mayor Edwin Olivarez, responding directly to citizen demands for appropriate treatment of children with special needs. The initiative was championed by City

Councilor Marvin A. Santos, whose personal connection to autism spectrum disorders provided both motivation and understanding of service needs. Located at Col. E. de Leon Street, Barangay Sto. Niño, the center represents the first specialized facility of its kind in Metro South and the second in the greater Manila area (CSN Center Parañaque City, 2024). This positioning reflects strategic governance decisions that prioritized filling service gaps rather than duplicating existing resources.

The governance structure underlying the Center for CSN Parañaque City reflects principles of responsive, inclusive governance. The center operates as a government-funded facility that provides completely free services, eliminating financial barriers that typically exclude many Filipino families from accessing quality disability services. This policy decision represents a fundamental commitment to equity and accessibility that distinguishes effective governance from conventional approaches.

According to GovMedia's 2024 recognition of the center's achievements, the CSN Center Parañaque City has successfully addressed significant barriers facing children with special needs in the Philippines, including "limited availability of public facilities, exorbitant therapy costs, and a shortage of professionals and resources to provide interventions and behavioral health support" (GovMedia, 2024, para. 3).

Service Delivery Model

The Center for CSN Parañaque operates a comprehensive service delivery model that integrates direct services, family support, and community engagement. Within its operational period, the center has demonstrated remarkable reach, serving 955 children with autism, down syndrome, cerebral palsy, global developmental delay, and related conditions across all 16 barangays or communities in Parañaque City (CSN Center Parañaque City, 2024). This coverage represents truly universal accessibility within the local government unit's jurisdiction, a significant achievement given the typical geographic and economic barriers to disability services in the Philippines.

The center's service volume is substantial: it has provided 16,080 free therapy sessions, demonstrating considerable investment in addressing the treatment gap faced by many families (CSN Center Parañaque City, 2024). More significantly, the center has trained 525 parents on managing children with special needs at home (CSN Center Parañaque City, 2024; Arcinas, 2025), reflecting recognition of family-centered care principles and the crucial role of maternal expertise documented in the literature. This dual approach—direct service provision combined with family empowerment—exemplifies effective governance that leverages all available resources rather than simply replacing family roles.

The service delivery model includes multiple therapeutic modalities: occupational therapy, speech and language therapy, physical therapy, behavioral intervention, music therapy, and educational support. This comprehensive approach reflects understanding that children with disabilities require coordinated, multidisciplinary services rather than fragmented interventions. The governance structure supports this integration through unified management and coordinated service planning.

Governance Innovation and Community Impact

According to Administrator Nessie D. Baculo, the center's transformative community impact extends beyond direct service provision: "Through the programs of CSN Parañaque, it has organized a community of families of children with disabilities, actively engaged with the activities of their children. It has also created a ripple effect on other students, teachers, NGOs

and other government agencies to participate in programs and projects of children with disabilities" (as cited in CSN Center Paranaque, 2024; Arcinas, 2025).

This community-building approach represents sophisticated governance that extends beyond direct service provision to create sustainable social change. The center functions as a catalyst for broader community transformation, influencing mainstream schools to adopt inclusive practices and mobilizing multiple stakeholders around disability issues (Arcinas, 2025). This multiplier effect demonstrates how effective governance can leverage limited resources to create widespread impact, consistent with Putnam's (1993) theory of social capital creation.

The center's recognition through Project SCOPE, a European Union-funded initiative, validates its governance approach and demonstrates international recognition of its innovative practices. Similarly, recognition at the GovMedia Conference & Awards highlights how effective local governance can achieve national visibility and potentially influence policy development in other jurisdictions (GovMedia, 2024).

Institutional Partnerships and Sustainability

The Center for CSN ParañaqueCity maintains partnerships with international organizations, including collaboration with Quality Behavior Analysis Association (QABA) President Claire Hicks from the USA, connecting local practice to global best practices. These partnerships reflect governance strategies that leverage external expertise while maintaining local ownership and control of service delivery.

The center's sustainability depends on continued political commitment, adequate resource allocation, and community support. The institutional structure embeds the center within local government operations, providing stability that transcends individual leadership changes (North, 1990). However, this embedding also creates vulnerability to shifts in political priorities or fiscal constraints.

The training component of the center's operations—having trained 525 parents—creates a multiplier effect that extends service impact beyond direct provision. These trained parents become resources for other families and advocates for continued service development, creating constituencies that support program sustainability (Arcinas, 2025). This approach demonstrates sophisticated governance that builds political support through effective service delivery.

Analysis: Governance Mechanisms and Service Delivery Outcomes

Political Leadership and Commitment

The Center of CSN Parañaque City case demonstrates the critical importance of political leadership in translating policy into practice. Mayor Edwin Olivarez's decision to establish the center, supported by Councilor Marvin Santos's advocacy, reflects how individual leadership can drive institutional innovation (Kingdon, 1995). However, this personalized approach also raises questions about sustainability when leadership changes occur.

Effective governance for disability services requires institutionalization of commitments beyond individual leadership tenures. The Center of CSN ParañaqueCity model addresses this challenge by embedding the center within formal government structures and creating community constituencies that support continued operations. This institutionalization process represents sophisticated governance that balances innovation with sustainability (Peters, 2019).

Political commitment manifests through resource allocation decisions that prioritize disability services despite competing demands. The decision to provide completely free services represents a substantial financial commitment that reflects underlying values and priorities (Lasswell, 1936). This commitment distinguishes responsive governance from conventional approaches that may acknowledge needs without providing adequate resources.

Resource Mobilization and Allocation

The Center for CSN Parañaque City model demonstrates how effective governance can mobilize and allocate resources to maximize service impact. The center's comprehensive service provision represents substantial resource investment that produces measurable outcomes. This scale of service delivery requires sophisticated planning, budgeting, and implementation capacity that extends beyond simple resource availability.

Resource allocation decisions reflect governance priorities and values. The choice to provide free services eliminates financial barriers that typically exclude low-income families, while the geographic coverage across all 16 barangays ensures equitable access regardless of location within the city. These decisions reflect explicit commitments to equity and inclusion that distinguish effective from conventional governance approaches (Rawls, 1971).

The center's training component—empowering 525 parents—represents resource allocation that creates multiplier effects extending beyond direct service provision. This investment in family capacity building reflects understanding that sustainable service delivery requires partnership with primary caregivers rather than replacement of family roles (Biggs et al., 2024). This approach demonstrates governance sophistication that recognizes and leverages all available resources.

Coordination and Integration

Effective disability service delivery requires coordination across multiple sectors, disciplines, and institutions. The Center for CSN ParañaqueCity model demonstrates how local governance can facilitate this coordination through unified management structures and integrated service planning. The center's comprehensive approach—combining therapy, education, family support, and community engagement—reflects coordinated governance that addresses the full spectrum of needs (O'Toole, 1997).

Coordination mechanisms include regular multidisciplinary team meetings, integrated assessment processes, and unified service planning. These structures ensure that children receive coordinated rather than fragmented services, improving both effectiveness and efficiency (Agranoff & McGuire, 2003). The governance framework supports this coordination through appropriate policies, procedures, and accountability mechanisms.

The center's community engagement approach creates coordination that extends beyond formal service systems to include families, schools, and community organizations. This broader coordination reflects governance understanding that disability issues require community-wide responses rather than isolated institutional interventions (Ostrom, 1996). The "ripple effect" described by Administrator Baculo demonstrates successful coordination that mobilizes multiple stakeholders around shared goals (Arcinas. 2025).

Accountability and Quality Assurance

The Center for CSN ParañaqueCity model incorporates multiple accountability mechanisms that ensure service quality and responsiveness. Regular data collection on service volumes, client outcomes, and family satisfaction provides information for continuous improvement (Behn, 2001). The center's recognition at national and international levels reflects external validation of service quality and governance effectiveness.

Internal accountability mechanisms include professional supervision, continuing education requirements, and systematic outcome monitoring. These structures ensure that services meet professional standards while remaining responsive to client needs (Heinrich, 2002). The

governance framework supports accountability through appropriate policies, resources, and management systems that maintain quality while enabling innovation.

Community accountability mechanisms include family participation in service planning, regular feedback opportunities, and transparent reporting on center operations. These structures ensure that services remain responsive to community needs and preferences while maintaining professional standards (Schedler, 1999). The balance between professional and community accountability reflects sophisticated governance that honors both expertise and local knowledge.

Challenges and Limitations in Local Governance

Capacity and Resource Constraints

Despite the success of the Center for CSN Parañaque City model, most Philippine LGUs face significant capacity and resource constraints that limit their ability to provide comprehensive disability services. The Philippine Institute for Development Studies' 2024 assessment by Manasan, Maddawin, and Juco reveals that many local governments lack the technical expertise, financial resources, or institutional capacity required for effective service delivery. These constraints reflect broader challenges in Philippine governance that affect service delivery across multiple sectors.

The World Bank's 2021 analysis of the Mandanas ruling implementation highlights that even with increased fiscal resources, many LGUs struggle with utilization capacity. The research indicates that "underspending by local governments may worsen, as many local governments do not have the capacity to absorb a significant increase in revenues" (World Bank, 2021, para. 6). This finding suggests that the Center for CSN Parañaque City model's reliance on substantial local government investment may not be replicable in jurisdictions with limited fiscal capacity or implementation expertise.

The United Nations Development Programme's 2023 comprehensive report on the Mandanas-Garcia transition emphasizes that "addressing weaknesses in planning and coordination is a first step towards managing the transition and improving decentralization" (United Nations Development Programme Philippines, 2023, p. 8). The report recommends extending the current three-year transition to a six-year span to ensure adequate institutional development, suggesting that current governance approaches may require long-term support to achieve sustainability.

Political and Institutional Sustainability

The Center for CSN Parañaque City model's success depends heavily on continued political commitment and institutional stability. Changes in local leadership could potentially affect service priorities, resource allocation, or operational approaches. This vulnerability reflects broader challenges in Philippine governance where service continuity may depend on individual leadership rather than institutionalized systems (Maningo, 2023).

Institutionalization of disability services requires governance structures that embed commitments within formal policies, budget allocations, and organizational structures. The challenge lies in creating systems that preserve innovation and responsiveness while ensuring continuity across political transitions (March & Olsen, 1995). This balance requires sophisticated governance design that anticipates leadership changes while maintaining service quality and accessibility.

Electoral politics may create pressures that affect disability service provision, particularly when services serve relatively small populations that may lack political influence. Effective governance must balance responsiveness to majority preferences with protection of minority rights and needs (Madison, 1787). This challenge requires governance structures that institutionalize commitments to vulnerable populations beyond electoral cycles.

Coordination and Integration Challenges

While the Center for CSN ParañaqueCity model demonstrates effective coordination within a single institution, broader coordination across multiple agencies, sectors, and levels of government remains challenging. Children with disabilities often require services from health, education, social services, and other sectors that may operate independently with limited coordination mechanisms (Peters, 1998).

Inter-agency coordination requires governance structures that facilitate communication, joint planning, and resource sharing across organizational boundaries. Many Philippine contexts lack these structures, resulting in fragmented service delivery that burdens families with coordination responsibilities (Pressman & Wildavsky, 1973). Creating effective coordination mechanisms requires governance innovation that transcends traditional sectoral boundaries.

Coordination between national, regional, and local levels of government presents additional challenges. National policies may not align with local priorities or capacity, while local innovations may not receive adequate support from higher levels of government (Wright, 1988). The PIDS 2024 assessment reveals that none of the devolved functions are expected to be fully performed by end-2024, emphasizing the need for better multi-level coordination.

Implications for Policy and Practice

Scaling Successful Models

The Center for CSN ParañaqueCity model offers insights for scaling successful disability service approaches across different contexts. Key elements that may be transferable include comprehensive service integration, family-centered care approaches, community engagement strategies, and commitment to equity and accessibility. However, scaling requires adaptation to local contexts, resources, and needs rather than direct replication (Rogers, 2003).

Successful scaling requires governance support at multiple levels, including national policy frameworks that enable local innovation, regional coordination mechanisms that facilitate knowledge sharing, and local political commitment that drives implementation. This multilevel support structure must balance standardization of quality with local adaptation and responsiveness (Bardach, 1977).

The World Bank's 2021 analysis of decentralization opportunities suggests that addressing inequality in financial resources among LGUs, improving local capacity, and enhancing transparency and accountability are essential for scaling successful practices. This indicates that scaling the CSN model requires simultaneous attention to governance capacity building across multiple jurisdictions.

The role of champions and advocates in driving service development suggests the importance of leadership development and capacity building. Scaling successful models requires identifying and supporting local champions while creating institutional structures that sustain efforts beyond individual leadership tenures (Kingdon, 1995). This approach balances the importance of leadership with the need for institutional sustainability.

National Policy Implications

The Center for CSN ParañaqueCity case demonstrates how effective local governance can achieve outcomes that national policies intend but often fail to realize. This suggests the need for national policy approaches that support and incentivize local innovation while establishing minimum standards and accountability mechanisms (Bardach, 1977). The balance between local autonomy and national standards requires careful policy design that enables rather than constrains local capacity.

National support mechanisms could include technical assistance programs, professional development initiatives, resource sharing arrangements, and recognition systems that reward excellence in local service delivery. The United Nations Development Programme's 2023 recommendations for sustained technical assistance align with this approach, emphasizing the need for long-term capacity building support rather than short-term interventions. The World Bank's 2021 analysis reinforces this perspective, recommending that "addressing inequality in financial resources among LGUs, improving the capacity of LGUs, and enhancing transparency and accountability are key to improving decentralization" (World Bank, 2021, para. 8).

Policy frameworks should recognize and formalize the role of families, particularly mothers, as expert partners in service planning and delivery. The Center for CSN Parañaque City model's success in training and empowering 525 parents suggests the need for policies that systematically leverage family expertise rather than treating families as passive recipients of services (Family Voices, 2023). This approach requires policy recognition of family-centered care principles that honor multiple forms of expertise while maintaining professional standards.

Professional Development and Capacity Building

The Center for CSN Parañaque City model's effectiveness depends on qualified professionals who can deliver specialized services while working collaboratively with families and community partners. This highlights the need for professional development programs that prepare disability service providers for collaborative, community-based practice rather than traditional clinical models alone (Bourke-Taylor et al., 2024).

Capacity building must address both individual professional development and institutional capacity enhancement. Local governments need support in developing service systems, management capacity, and quality assurance mechanisms. The PIDS 2024 assessment emphasizes that capacity development interventions are necessary for successful implementation of devolved functions (Manasan et al., 2024).

The integration of professional expertise with family knowledge and community resources requires new approaches to professional education and development. Programs must prepare professionals to work as partners with families rather than as sole experts, while maintaining professional standards and effectiveness (Santos et al., 2024). This balance requires innovative approaches to professional development that honor multiple forms of expertise.

Conclusion

This analysis of local governance structures and disability service delivery in the Philippines reveals the critical importance of governance factors in translating policy into effective practice. The Center for CSN Parañaque City case demonstrates how responsive governance can transform service accessibility, quality, and sustainability through political commitment, innovative service design, family-centered approaches, and community engagement.

Key findings indicate that successful disability service delivery depends on governance structures that prioritize equity and inclusion, mobilize adequate resources, facilitate coordination across sectors and stakeholders, and maintain accountability to both professional standards and community needs. The Center for CSN Parañaque City model's success in serving 955 children with comprehensive, free services across all barangays demonstrates the potential for local governance to achieve transformative outcomes when appropriate structures and commitments exist.

The analysis reveals that effective governance extends beyond resource availability to encompass sophisticated coordination mechanisms, accountability systems, and community

engagement strategies. The center's ability to provide 16,080 therapy sessions while training 525 parents reflects governance capacity to create multiplier effects that extend impact beyond direct service provision.

However, the analysis also reveals significant challenges in scaling successful models across diverse contexts with varying capacity, resources, and political commitment. The dependence on individual leadership and local resources raises sustainability concerns that require attention from policymakers and practitioners. Recent research on the Mandanas-Garcia ruling implementation suggests that increased fiscal resources alone are insufficient without corresponding improvements in governance capacity and coordination mechanisms.

The implications for policy and practice include the need for national frameworks that support local innovation while ensuring accountability and minimum standards. Professional development and capacity building must prepare service providers for collaborative, family-centered practice that leverages all available resources and expertise. Most importantly, governance structures must recognize and formalize the crucial role of families as expert partners in service planning and delivery.

The contemporary policy environment, including the implementation of the Mandanas-Garcia ruling and ongoing devolution processes, creates both opportunities and challenges for scaling successful approaches. The Center for CSN Parañaque City model provides evidence that effective local governance can bridge policy-practice gaps, but replication requires systematic attention to governance capacity building, resource allocation mechanisms, and institutional sustainability.

As the Philippines continues to develop its disability service system within the context of enhanced decentralization, the lessons from the Center for CSN Parañaque City suggest that investing in local governance capacity, supporting family-centered care approaches, and maintaining political commitment to equity and inclusion can create sustainable improvements in service delivery. The challenge lies in scaling these approaches while preserving the innovation, responsiveness, and community engagement that enable their success.

Funding

Self-funded.

Conflicts of Interest

The author declares no conflicts of interest.

Bionote

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