



IMPLEMENTATION OF SCHOOL-BASED MANAGEMENT – WASH IN SCHOOL PROGRAM: AN ASSESSMENT

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ABSTRACT

The School-Based Management—Water, Sanitation, and Hygiene (SBM-WinS) program addresses critical needs within schools. This program plays a vital role in supporting parents. By ensuring schools to provide clean water, proper sanitation, and hygiene education, the program directly contributes to a healthier student population, meaning fewer illnesses and less disruption for both children and parents. The program also empowers parents through education. This study determined the level of awareness and the extent of implementation of SBM-WinS in the District of Hinabangan II, Schools Division of Samar, during the School Year 2023-2024. The study utilized a quantitative approach to research. In the main data gathering tool, the researcher employed a survey questionnaire. The findings of the study affirmed that looking into the relationship between the level of implementation of the parent-respondents relative to the SBM-WinS program and their level of awareness of the SBM-WinS program; it was revealed to have a very strong correlation. Moreover, their correlations were determined to be statistically significant. Thus, parents who were more aware of the program tend to perceive it as being implemented more effectively. This emphasized the need for parents to be aware of the program so they could properly assess the implementation of this program in school and appropriately guide their children toward proper sanitation and hygiene practices. Moreover, it was also revealed in this study that there were no profile variables (age, sex, civil status, highest educational attainment, occupation, gross monthly income, attitude toward the SBM WinS-program) having a significant correlation with the perceived level of awareness and level of implementation of the parent-

respondents relative to the SBM-WinS program. This could signify a positive achievement for the program, suggesting a broadly successful effort in reaching parents across various backgrounds. Additionally, it was highlighted in this study that the null hypothesis, which states that there is no significant difference in the level of awareness and level of implementation of the SBM-WinS program along with water access, sanitation, and hygiene, was accepted. The null hypothesis, which states that there is no significant difference in the level of awareness and level of implementation of the SBM-WinS program along with deworming and health education, was rejected. Furthermore, the issues and concerns that emerged in the study regarding the SBM-WinS program implementation were: 1) Insufficient water supply: Multiple mentions of not enough water in the schools for drinking, toilets, and handwashing facilities; 2) Non-functional or insufficient toilets and handwashing facilities: toilets being locked and a lack of overall facilities were mentioned; and 3) Unclear Management of Water and Sanitation: The division between who should provide free drinking water (school vs. program) and who is responsible for repairs (school vs. barangay) suggests a lack of clarity.

Keywords: *SBM-WinS, Water Access, Sanitation, Hygiene, Awareness, Deworming, Health Education, Implementation, Intervention Program, School-Based Management*

INTRODUCTION

Children of school age should take great care of their health because it significantly affects their ability to learn. Maintaining children's health throughout school hours can improve school attendance and academic achievement, as healthy children are more likely to participate actively in classroom activities and sustain concentration during lessons. Conversely, children who experience health problems often face substantial barriers to education, including absenteeism, reduced cognitive performance, and poor academic outcomes (Glewwe & Miguel, 2007). This situation is particularly evident in developing countries, such as the Philippines, where preventable illnesses related to poor water, sanitation, and hygiene (WASH) conditions remain prevalent among school-aged children. Poor hygiene and sanitation practices contribute to communicable diseases that negatively affect children's health, thereby disrupting their school participation and learning processes (Curtis et al., 2009). This challenge underscores the need for school-based health intervention programs, with strong emphasis on water, sanitation, and hygiene, to support learners' well-being and promote improved educational outcomes.

Quality education is a human right that every child should have. However, its attainment may also depend on the provision of safe drinking water, sanitation, and hygiene in schools. This focus on school-level sanitation and hygienic behaviors is based on the idea that schools are places that can potentially affect the health of students inasmuch as they spend more time every day at school than at home. There are numerous activities at school in a given day, and consequently should be fulfillment of the requirements of hygiene and sanitation to support the students' health. For this

idea, school sanitation should be a concern of the global community (Moelyaningrum et al., 2023).

The above-mentioned discussions reflect the symbiotic relationship between quality education and school sanitation. Indeed, the Sustainable Development Goals (SDGs) of the United Nations present the interrelatedness of these two aspects in the attainment of specific SDGs by 2030. The vision for drinking water, sanitation, and hygiene in schools is shown in SDG 3, which envisions “to ensure healthy lives and promote well-being for all at all ages”; and SDG 6, which envisions “to ensure universal access to safe and affordable drinking water, sanitation, and hygiene, and ending open defecation”. In contrast, SDG 4 aims “to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”. On the basis of these goals, it is evident that sanitation and hygiene are considered rights of all school-age children because they support their health and satisfaction while they learn at school (Karon et al., 2017).

In response to the crucial role played by sanitation and hygiene to the aims of quality and inclusive education, the United Nations Children’s Fund (UNICEF) has created the Water, Sanitation and Hygiene (WASH) in Schools (WinS) program as a component of the Child-Friendly, Equitable and Quality Basic Education program. The said program provides safe drinking water, improves access and maintenance of clean, gender-friendly and inclusive sanitation facilities, and promotes hygienic behaviors and lifelong good health. Moreover, the said program enhances the well-being of children and their families, and contributes to healthy and secure school environments that can protect children from illness, abuse, and exclusion. Also, the said program is a realization of the importance of school sanitation to support the sustainability of school activity. More importantly, the WASH-WinS program is in support of Sections 1 and 2 of Article 6 of the Convention on the Rights of the Child, which states that “every child has the inherent right to life, and State parties shall ensure to the maximum extent possible the survival and development of the child” (UNICEF, 2024, p.1).

The creation of the WASH in Schools (WinS) program is therefore an effort to address the global scenario of 2.4 billion people lacking improved sanitation facilities and 663 million people still using unimproved drinking water sources. Specifically, it aims to respond to poor school sanitation, with only three-quarters of secondary schools, or approximately 74 percent, and two-thirds of primary schools, or about 66 percent, globally had basic water services in 2019, and only 57 percent of schools had a basic hygiene service, while 25 percent neither had hand hygiene facilities nor water at the school premises. Furthermore, this program is a reform effort to reduce hygiene-related diseases to increase school attendance and promote children’s dignity and inclusion, with global evidence of the implementation of the WASH in schools (WinS) program showing small victories in the attainment of its objective. In China, for example, the program reduced the number of missed school days by 54 percent per year and reduced absenteeism by 42 percent. In addition, Kenya has shown that a WASH strategy led to a 50 percent reduction in diarrhea illness, and a sanitation program in India helped increase girls’ enrolment in Alwar District by one third and improved academic

performance for boys and girls by 25 percent (Munn et al., 2020).

The Philippines has committed itself to the advocacy of correct hygiene and sanitation practices among school children, which has, in fact, gained priority through the Department of Education (DepEd) to keep the learners safe and healthy, excel academically, and develop into productive members of the country. The earliest attention given to this advocacy was through DepEd Order Number 65, Series of 2009, which focused on the “Implementation of the Essential Health Care Program (EHCP) for the School Children” by institutionalizing good health and hygiene practices among students. It was based on the fact that the most common hygiene deficiency-related infectious diseases in public schools are due to inadequate water and functional sanitary facilities. This was one of the programs that propelled the efforts of the country toward achieving the 2015 Millennium Development Goal (MDG) on the reduction of infectious diseases and improving sanitation coverage. By 2016, the DepEd acknowledged the need for a comprehensive approach to the promotion of hygiene and sanitation practices among school children and a clean environment within the school premises to keep the learners safe and healthy by the enactment of the Wash in Schools Policy through DepEd Order Number 10, Series of 2016 (DepEd, 2024).

Consequently, through a set of guidelines for appropriate and right health practices in schools, the WinS program is intended to be a comprehensive program for environmental sanitation and personal health care. Nonetheless, it is beyond the practices of handwashing, toothbrushing, and deworming, which were the goals of the previous DepEd orders on health, sanitation, and hygiene. In essence, the WinS program is expansive as it encompasses water, sanitation, like food preparation and handling, hygiene, like menstrual hygiene management (MHM), deworming, health education, and capacity building. Hence, it is designed to achieve learning and health outcomes and improve school attendance of students through a comprehensive and sustainable school-based water, hygiene, sanitation, and deworming program. This program is based on the 1987 Philippine Constitution, which mandates that it protect and promote people’s rights and instill health consciousness in them, and to defend the children’s rights to assistance, including proper care and nutrition and special protection from conditions detrimental to their development (Llego, 2024).

Understanding how it works in schools, the DepEd has used the Three Star Approach (TSA) for monitoring and evaluation (M&E). As a stepwise approach, it allows schools to reach the national standards for WinS by defining national priorities and setting benchmarks, and incentivizing and recognizing achievements. Over the three-year monitoring period, from School Years 2017-2018 to 2018-2019 to 2019-2020, participation in WinS has increased substantially with a 10 percent increase or about 5,000 schools each year. It increased from 65.6 percent in SY 2017-2018 to 74.4 percent in 2018-2019 to 87.9 percent in 2019-2020. Elementary schools had a noticeably higher participation rate at five percent than secondary schools, but the latter schools were able to narrow and close this gap in the succeeding monitoring rounds. Moreover, Region IV-A and Region VI have the highest participation, where nearly all schools participated in the SY 2019-2020 monitoring round (DepEd, 2024).

Additionally, the latest SY 2019-2020 WinS monitoring showed that almost all schools address the learners' need for safe drinking water either by having it on the school grounds or arranging for children to bring their own drinking water from home. Yet, only 61 percent of schools reported availability of safe drinking water on school premises; nearly two out of three schools have gender-segregated toilets; two in five schools perform supervised daily group handwashing; over half of the schools have group handwashing facilities with soap; and four out of five schools have access to sanitary pads available to students. Furthermore, more than a quarter or about 26.5 percent, of the participating schools have reached a star level by complying with all five crucial indicators. Of those schools that have met the crucial indicators, 5.0 percent reached a one-star level, while 19.1 percent achieved the two-star level. Finally, Region VI remains with the highest percentage of schools that reached the national WinS standards, where one in every ten schools in this region is a three-star school.

The implementation of the School-Based Management (SBM) Wash in School (WinS) is an approach to carry out the different components of the WinS program through increased independence, responsibility, and accountability at the school level. The Schools Division of Samar has been implementing SBM-WinS since the School Year 2015. Based on the data gathered from the SBM coordinator of DepEd Samar, out of 664 elementary schools, including those in the District of Hinabangan II 16 or 2.41 percent are accredited as Division SBM Level III, and 13 or 1.96 percent are recognized as Regional SBM Level III. Nonetheless, only Zumarraga Central Elementary School in the District of Zumarraga, Schools Division of Samar, which had satisfied all components of SBM to move toward an advanced level of SBM accreditation using the Philippine Accreditation System for Basic Education (PASBE) for the last five years since the School Year 2018. This reflected a low level of practice of the different components of SBM, including the WinS program in the different elementary schools compared to those schools in other divisions in the region (Casilla, 2022).

The District of Hinabangan II, Schools Division of Samar, has received a 1-star rating for the SBM-WinS program for the past three years, covering the School Year 2020-2021, 2021-2022, and 2022-2023. This rating suggests that the said district has remarkable gaps in the implementation of the WinS program and that it lacks the sustainability dimension to keep a higher level of interest in applying for validation for the advanced level. This concern for the sustainability of SBM-WinS' implementation in the various schools in the District of Hinabangan II, Schools Division of Samar, has prompted the researcher to conduct this study. Hence, this study determined the level of awareness and the extent of implementation of SBM-WinS in the District of Hinabangan II, Schools Division of Samar.

Research Questions

This study determined the level of awareness among parents and the extent of implementation of SBM-WinS in the different public elementary schools in the District of Hinabangan II, Schools Division of Samar, during the School Year 2023-2024.

Specifically, this study sought answers to the following questions:

1. What is the profile of the parent-respondents in terms of the following characteristics:
 - 1.1 age and sex;
 - 1.2 civil status;
 - 1.3 highest educational attainment;
 - 1.4 occupation; and
 - 1.5 gross monthly family income;
 - 1.6 attitude toward SBM-WinS program.
2. What is the profile of the teacher-respondents in terms of the following personal characteristics:
 - 2.1 age and sex
 - 2.2 civil status
 - 2.3 highest educational attainment
 - 2.4 teaching position
 - 2.5 number of years in teaching
 - 2.6 gross monthly family income
3. What is the level of awareness of the parent-respondents relative to the water access, sanitation, hygiene (WASH) in schools (WinS) program of the DepEd as perceived by the parents themselves and by the teachers along:
 - 3.1 water access;
 - 3.2 sanitation;
 - 3.3 hygiene;
 - 3.4 deworming; and
 - 3.5 health education?
4. Is there a significant difference in the perception between the two groups of respondents relative to the level of awareness of the parent-respondents regarding the water access, sanitation, hygiene (WASH) in schools (WinS) program of the DepEd along the foregoing areas?
5. Is there a significant relationship between the level of awareness of the parent-respondents relative to the water access, sanitation, hygiene (WASH) in schools (WinS) program of the DepEd and their characteristics?
6. What is the level of implementation of the SBM-WinS program as perceived by the two groups of respondents in terms of the operational areas?
7. Is there a significant difference in the perception of the two groups of respondents relative to the level of implementation of the SBM-WinS program in terms of the operational areas?
8. Is there a significant relationship between the level of implementation of the SBM-WinS program and the following identified variables, namely:
 - 8.1 parent-related variates;
 - 8.2 level of awareness relative to the water access, sanitation, and hygiene (WASH) in schools (WinS) program of the DepEd?
9. What issues and concerns are encountered relative to the implementation of the WinS program?
10. What intervention program may be evolved from the findings of the study?

Locale of the Study

The study was conducted in the various public elementary schools in the said district.

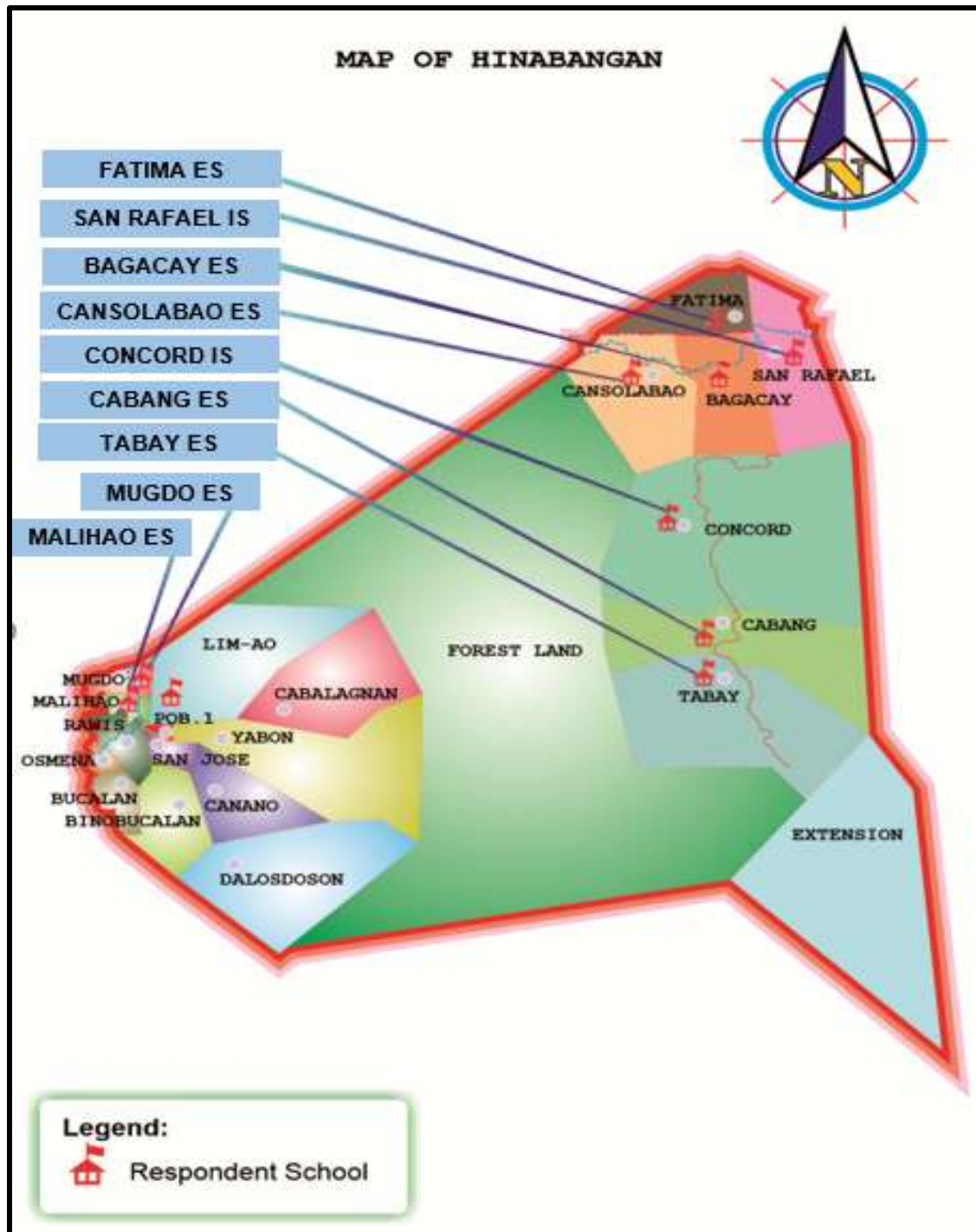


Figure 1
The Map Showing the Locale of the Study

The study was conducted in the various public elementary schools in the said district, namely, Bagacay Elementary School (ES), Cabang ES, Cansolabao ES, Concord Integrated School (IS), Fatima ES, Malihao ES, Mugdo ES, San Rafael IS, and Tabay ES.

The beginnings of the town of Hinabangan started a place of upland farmers used to trade their harvested crops during the tabo-an (market day) activity. The place was named first nahi-abangan because of the flood that claimed the lives of some farmers. In time, the name became Hinabangan and towards the end of the Spanish regime, the place was a Rancheria of the old families of the pueblo of Paranas. According to some old folks the early settlers were devoted to Senor San Jose (St. Joseph the Worker) who is until now their town's patron saint. It became a district of the municipality of Paranas in 1914. In 1922, Mr. Victor Abarquez as the alcalde pioneered the construction and organization of its township. The municipal districts of Concord and Hinabangan were converted into a regular municipality on June 15, 1948 by virtue of the Republic Act No. 263. The year 1963 shows that the diocese started assigning permanent parish priests and the date consider the parish must have been established. Fr. Rogelio Abagar was the only Hinabangnon who has entered to priesthood and was ordained in 2004. It was only in the year 1979 that the Hermandad on honor of the feast of Saint Joseph the Worker, their town's patron saint was started by Mayor Alejandro Gaspan as its first hermano mayor. The conversion of the municipal districts into a regular municipality marked a significant milestone in the town's history, paving the way for its further development and growth. The establishment of a permanent parish and the ordination of a local priest, Fr. Rogelio Abagar, demonstrate the town's commitment to its religious traditions and the importance of the Catholic faith in the community.

METHODOLOGY

The study employed a quantitative-descriptive research design to determine the level of awareness and extent of implementation of the School-Based Management–Water, Sanitation, and Hygiene in Schools (SBM-WinS) program in the District of Hinabangan II, Schools Division of Samar, during School Year 2023–2024. Respondents included Kindergarten to Grade 3 teachers and parents from selected public elementary schools, with parent-respondents identified through stratified random sampling using Slovin's formula and teacher-respondents determined through total enumeration. Data were gathered using two sets of validated survey questionnaires adapted from previous studies, covering respondents' profiles, attitudes, levels of awareness, perceptions of implementation, and issues encountered in the WinS program. The instruments underwent expert validation to ensure face, content, construct, and convergent-discriminant validity. Data collection was conducted through personal administration and facilitated distribution by class advisers, achieving a 100% retrieval rate. Descriptive and inferential statistics—including frequency, percentage, weighted mean, Mann–Whitney U test, Chi-square test, Cramer's V, and Spearman's rank correlation—were used to analyze the data at a 0.05 level of significance.

RESULTS AND DISCUSSION

The following were the salient findings of the study:

1. The majority of parent-respondents fell within the age range of 32–36 years old (26.24%), and female.
2. The majority of parent-respondents were married parents, who represent over half the respondents at 58.37%.
3. The highest percentages of parent-respondents fell within the secondary level of 59 parent-respondents (26.70%).
4. The highest percentage of parent-respondents were housewives, with 148 parent-respondents (66.96%).
5. The highest percentage of parent-respondents had income within the range of Php 1,000–4,999, with 102 parent-respondents (46.15%).
6. The parent respondents' attitude toward SBM-WinS program showed an "Agree" range (4.33) grand weighted mean. This suggests that the parent respondents generally have a positive attitude toward SBM WinS program
7. The parent respondents' level of awareness of the SBM-WinS program in relation to water access resulted in a grand weighted mean of 3.62 that falls within the "highly aware" range. This suggests that the parent-respondents are highly aware of the SBM-WinS program along water access.
8. The parent respondents' level of awareness of the SBM-WinS program in relation to sanitation resulted in a grand weighted mean of 3.87 that falls within the "highly aware" range. This suggests that the parent respondents are highly aware of the SBM-WinS program along sanitation. With this high grand weighted mean, there's a promising opportunity to improve hygiene practices and student health.
9. The parent respondents' level of awareness of the SBM-WinS program in relation to hygiene resulted in a grand weighted mean of 3.58 that falls within the "highly aware" range. This suggests that the parent respondents are highly aware of the SBM-WinS program along hygiene. Thus, parents are very informed about the SBM-WinS program on hygiene.
10. The parent respondents' level of awareness of the SBM-WinS program in relation to deworming resulted in a grand weighted mean of 4.29 that falls within the "highly aware" range. This suggests that the parent respondents are highly aware of the SBM-WinS program along deworming.
11. The parent respondents' level of awareness of the SBM-WinS program in

relation to health education resulted in a grand weighted mean of 3.57 that falls within the "highly aware" range. This suggests that the parent respondents are highly aware of the SBM-WinS program along health education. It further indicates a strong level of knowledge among the parent respondents regarding the SBM-WinS program and health education.

12. The parent respondents' perceived level of implementation of the SBM-WinS program in relation to water access resulted in a grand weighted mean of 3.55 that falls within the "highly implemented" range. This suggests that parent-respondents perceived schools as having adequate clean water supplies for students and staff.

13. The parent respondents' perceived level of implementation of the SBM-WinS program in relation to sanitation resulted in a grand weighted of 3.91 that falls within the "highly implemented" range.

14. The parent respondents' perceived level of implementation of the SBM-WinS program in relation to hygiene resulted in a grand weighted of 3.61 that falls within the "highly implemented" range. This suggests that parents perceive the schools are effectively promoting good hygiene practices among the students.

15. The parent respondents' perceived level of implementation of the SBM-WinS program in relation to deworming resulted in a grand weighted of 4.26 that falls within the "highly implemented" range. This suggests a high level of program visibility and potentially strong participation rates.

16. The parent respondents' perceived level of implementation of the SBM-WinS program in relation to health education resulted in a grand weighted of 3.66 that falls within the "highly implemented" range. This indicates that parents perceive the SBM-WinS program is doing a very good job incorporating health education into the curriculum. This is a positive outcome, suggesting parents feel their children are learning valuable information about health and hygiene practices.

17. There are no profile variables (age, sex, civil status, highest educational attainment, occupation, gross monthly income, attitude toward the SBM-WinS program) having a significant correlation with the perceived level of awareness of the parent-respondents relative to the SB-WinS program.

18. There are no profile variables (age, sex, civil status, highest educational attainment, occupation, gross monthly income, attitude toward the SBM-WinS program) having a significant correlation with the perceived level of implementation of the parent-respondents relative to the SBM-WinS program.

19. There is a very strong association between the level of implementation of the parent-respondents relative to SBM-WinS program and their level of awareness of SBM-WinS program. Moreover, their correlations were determined to be statistically significant.

20. The teacher respondents' level of awareness of the SBM-WinS program in relation to water access resulted in a grand weighted of 3.41 that falls within the "moderately aware" range.

21. The teacher respondents' level of awareness of the SBM-WinS program in relation to sanitation resulted in a grand weighted of 3.96 that falls within the "highly aware" range.

22. The teacher respondents' level of awareness of the SBM-WinS program in relation to hygiene resulted in a grand weighted of 3.47 that falls within the "moderately aware" range.

23. The teacher respondents' level of awareness of the SBM-WinS program in relation to deworming resulted in a grand weighted of 4.67 that falls within the "extremely aware" range.

24. The teacher respondents' level of awareness of the SBM-WinS program in relation to health education resulted in a grand weighted of 3.85 that falls within the "highly aware" range.

25. The teacher respondents' perceived level of implementation of the SBM-WinS program in relation to water access resulted in a grand weighted of 3.41 that falls within the "moderately implemented" range.

26. The teacher respondents' perceived level of implementation of the SBM-WinS program in relation to sanitation resulted in a grand weighted of 4.06 that falls within the "highly implemented" range.

27. The teacher respondents' perceived level of implementation of the SBM-WinS program in relation to hygiene resulted in a grand weighted of 3.58 that falls within the "highly implemented" range.

28. The teacher respondents' perceived level of implementation of the SBM-WinS program in relation to deworming resulted in a grand weighted of 4.69 that falls within the "extremely implemented" range.

29. The teacher respondents' perceived level of implementation of the SBM-WinS program in relation to health education resulted in a grand weighted of 3.85 that falls within the "highly implemented" range.

30. The null hypothesis, which states that there is no significant difference in the level of awareness of parent-respondents and teacher-respondents about the SBM-WinS program along with water access, was accepted. This is because the p-value obtained was 0.462, which is greater than the significance level of 0.05.

31. The null hypothesis, which states that there is no significant difference in the

level of awareness of parent-respondents and teacher-respondents about the SBM-WinS program along with sanitation, was accepted. This is because the p-value obtained was 0.675, which is greater than the significance level of 0.05.

32. The null hypothesis, which states that there is no significant difference in the level of awareness of parent-respondents and teacher-respondents about the SBM-WinS program along with hygiene, was accepted. This is because the p-value obtained was 0.530, which is greater than the significance level of 0.05.

33. The null hypothesis, which states that there is no significant difference in the level of awareness of parent-respondents and teacher-respondents about the SBM-WinS program along with deworming, was rejected. This is because the p-value obtained was 0.0139, which is lesser than the significance level of 0.05.

34. The null hypothesis, which states that there is no significant difference in the level of awareness of parent-respondents and teacher-respondents about the SBM-WinS program along with health education, was rejected. This is because the p-value obtained was 0.003, which is lesser than the significance level of 0.05.

35. The null hypothesis, which states that there is no significant difference in the level of implementation of parent-respondents and teacher-respondents about the SBM-WinS program along with water access, was accepted. This is because the p-value obtained was 0.634, which is greater than the significance level of 0.05.

36. The null hypothesis, which states that there is no significant difference in the level of implementation of parent-respondents and teacher-respondents about the SBM-WinS program along with sanitation, was accepted. This is because the p-value obtained was 0.400, which is greater than the significance level of 0.05.

37. The null hypothesis, which states that there is no significant difference in the level of implementation of parent-respondents and teacher-respondents about the SBM-WinS program along with hygiene, was accepted. This is because the p-value obtained was 0.810, which is greater than the significance level of 0.05.

38. The null hypothesis, which states that there is no significant difference in the level of implementation of parent-respondents and teacher-respondents about the SBM-WinS program along with deworming, was rejected. This is because the p-value obtained was 0.014, which is less than the significance level of 0.05.

39. The null hypothesis, which states that there is no significant difference in the level of implementation of parent-respondents and teacher-respondents about the SBM-WinS program along with health education, was rejected. This is because the p-value obtained was 0.009, which is less than the significance level of 0.05.

Conclusions

The study concludes that the parent-respondents were largely homogenous in terms of demographic characteristics, being predominantly female, married, within the early adulthood age range, with secondary-level education, low income, and largely non-working or stay-at-home parents. While this profile provided valuable insights into a specific segment of the parent population, it also limited the generalizability of the findings across more diverse family structures, educational backgrounds, employment statuses, and income levels. Despite these limitations, the results revealed a consistently positive attitude among parents toward the SBM-WinS program, accompanied by high levels of awareness across all program components—water access, sanitation, hygiene, deworming, and health education. Parents also perceived the program to be highly implemented in schools, particularly in sanitation, deworming, and health education, suggesting strong program visibility and acceptance. Notably, no significant relationships were found between parents' profile variables and their levels of awareness or perceived implementation, indicating that the SBM-WinS program has been communicated and delivered in a manner that reaches parents across varying backgrounds.

Further, the findings highlight important patterns in the alignment and divergence of parent and teacher perceptions. A very strong and statistically significant relationship was established between parents' awareness of the SBM-WinS program and their perception of its level of implementation, underscoring the importance of information dissemination in shaping stakeholder evaluation of program effectiveness. Teachers demonstrated generally high awareness and implementation levels, particularly in sanitation, deworming, and health education; however, moderate levels of awareness and implementation in water access and hygiene point to areas requiring strengthened capacity-building and resource support. While parents and teachers shared similar perceptions in several program components, significant differences emerged in deworming and health education, suggesting gaps in experience, communication, or role expectations. These findings, together with the identified issues of insufficient water supply, inadequate facilities, and unclear management responsibilities, indicate that while the SBM-WinS program is largely effective and well-received, targeted improvements in infrastructure, role clarity, and stakeholder coordination are necessary to ensure its sustained and equitable implementation.

Recommendations

To enhance the rigor and generalizability of future research on the SBM-WinS program, it is recommended that subsequent studies involve a more diverse group of respondents in terms of age, gender, marital status, educational attainment, occupation, and income level. This will allow for a more comprehensive understanding of stakeholder perceptions and experiences across varying social contexts. Further studies may also explore additional factors influencing program effectiveness and examine the long-term impact of SBM-WinS on student health, hygiene practices, and overall well-being. Such research initiatives should be context-sensitive, taking into

account budget constraints, cultural norms, and resource availability within the local setting to ensure that recommendations remain feasible and sustainable.

In terms of capacity-building and awareness enhancement, there is a need to strengthen training and communication efforts for both teachers and parents, particularly in areas where moderate awareness or significant perception gaps were identified. Focused professional development activities should be conducted for teachers on water access management and hygiene practices, while workshops, seminars, and parent–teacher conferences may be organized to increase parental engagement, especially in health education components of the SBM-WinS program. The development and dissemination of accessible educational materials—such as pamphlets, posters, infographics, and short videos in local languages—should be prioritized to reinforce key messages on water safety, boiling practices, food handling, sanitation, hygiene, and inclusive facilities. Utilizing multiple communication channels, including face-to-face sessions and digital platforms, will further ensure consistent and inclusive information dissemination.

Finally, strengthening infrastructure and governance mechanisms is essential to ensure the effective and equitable implementation of the SBM-WinS program. Schools should conduct comprehensive assessments of water and sanitation needs, followed by investments in adequate water storage systems, functional filtration and boiling equipment, accessible toilets, and sufficient handwashing facilities in accordance with prescribed standards. Clear protocols must be established to define responsibilities for water provision, facility maintenance, and repairs, supported by strong coordination among schools, local barangays, and relevant government agencies. Collaboration with organizations specializing in disability rights and public health is also encouraged to promote inclusive design and technical support. To sustain these initiatives, schools may explore alternative funding sources and aim to achieve the three-star SBM rating as a benchmark of effective program integration and high-quality implementation.

Compliance with Ethical Standards

This study was conducted in full compliance with established ethical standards in educational research. Prior approval to conduct the study was obtained from the Schools Division Office and the concerned school administrators. Participation of both parent- and teacher-respondents was voluntary, and informed consent was secured before data collection. Respondents were clearly informed of the purpose of the study, the procedures involved, and their right to withdraw at any stage without penalty. Confidentiality and anonymity were strictly observed by ensuring that no personally identifiable information was collected or disclosed, and all responses were used solely for academic and research purposes. The data gathered were handled with due care, stored securely, and analyzed in aggregate form to protect the rights, privacy, and welfare of all participants throughout the research process.

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