





## Republika ng Pilipinas

# Kagawaran ng Edukasyon

Tanggapan ng Pangalawang Kalihim

# OUA MEMO 00-0321-0153 MEMORANDUM

12 March 2021

For: Regional Directors and BARMM Education Minister

**Schools Division Superintendents** 

Subject: **DESIGNATION OF WINS COORDINATORS IN** 

**REGIONAL AND SCHOOLS DIVISION OFFICES** 

In line with the implementation of Department of Education (DepEd) Order No. 10, s. 2016, titled *Policy and Guidelines for the Comprehensive Water, Sanitation, and Hygiene in Schools (WinS) Program,* all Regional Directors (RDs) and Schools Division Superintendents (SDSes) are hereby instructed to officially identify and designate one of their school health personnel as a **WinS coordinator**. Part of the coordinators' role is to ensure that all provisions in the said DepEd Order are properly and effectively fulfilled by their respective offices.

In this connection, Regional Offices (ROs) may submit the list of their identified regional and division WinS coordinators to the Bureau of Learner Support Services - School Health Division (BLSS-SHD) through email at blss.shd@deped.gov.ph (Subject: List of WinS Coordinators) or fax at (02) 632-9935. Kindly use the attached template for this requirement (Annex A) and submit it not later than 22 March 2021.

To ensure the Program's sustainability, the designated WinS coordinator shall perform duties related to the role until the end of 2023, unless the designation is terminated by the RD or SDS. Please note that any change in designation must be communicated to the BLSS-SHD immediately.

For more information, questions or concerns on this matter, kindly contact Dr. Maria Corazon C. Dumlao (Chief Health Program Officer) and Mr. Vonerich B. Berba (Education Program Specialist II) of BLSS-SHD through (+632) 8632-9935 and email at blss.shd@deped.gov.ph .

For immediate and appropriate action.

ALAIN DEL B. PASCUA Undersecretary





#### Office of the Undersecretary for Administration (OUA)

## Annex A

(Date)

# LIST OF DESIGNATED REGIONAL AND DIVISION WINS COORDINATORS

| Office<br>(RO/SDO) | Complete Name of the Coordinator | Position<br>Title  | E-mail<br>Address(es)                                      | Contact<br>Number(s)                         |
|--------------------|----------------------------------|--------------------|--|--|
| Example:<br>NCR    | Jose P. Dela Cruz, MD            | Medical Officer IV | jose.delacruz@deped.gov.ph<br>jose_delacruz@yahoo.com.ph   | Mobile: 09115628761<br>Office: (02) 870-8183 |
| 1. SDO-Valenzuela  | Joanna P. Dela Cruz, RN          | Nurse II           | joanna.delacruz@deped.gov.ph<br>joanna_031388@yahoo.com.ph | Mobile: 09113428761<br>Office: (02) 870-8183 |
|                    |                                  | Regional Off       | fice   |  |
|                    |                                  |                    |  |  |
| Schools Divisi     | ion Offices                      |                    |  |  |
| 1.                 |                                  |                    |  |  |
| 2.                 |                                  |                    |  |  |
| 3.                 |                                  |                    |  |  |
| 4.                 |                                  |                    |  |  |
| 5.                 |                                  |                    |  |  |
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| 8.                 |                                  |                    |  |  |
| 9.                 |                                  |                    |  |  |
| 10.                |                                  |                    |  |  |

| 4.                       |                                      |     |  |   |  |
|--------------------------|--------------------------------------|-----|--|---|--|
| 5.                       |                                      |     |  |   |  |
| 6.                       |                                      |     |  |   |  |
| 7.                       |                                      |     |  |   |  |
| 8.                       |                                      |     |  |   |  |
| 9.                       |                                      |     |  |   |  |
| 10.                      |                                      |     |  |   |  |
|                          | est that the ab<br>the Regional Offi |     |  | _ |  |
| Submitted by:            |                                      |     |  |   |  |
| (Regional Director's Com | iplete Name and Signatur             | re) |  |   |  |