



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION
REGION XI
DIVISION OF TAGUM CITY



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DIVISION MEMORANDUM

TO: **All Public Secondary School Heads
ALS Coordinator**

FROM: The Schools Division Superintendent

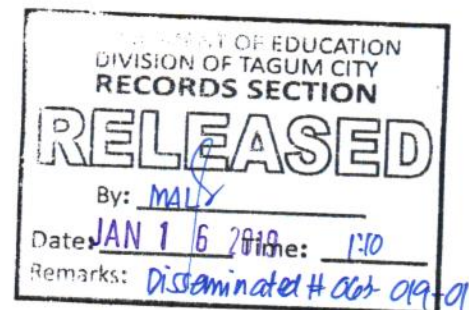
DATE: JANUARY 16, 2019

SUBJECT: **Weekly Iron Folic Acid (WIFA) Supplementation in All Public Secondary Schools
and in the Alternative learning System (ALS)**

1. Please be informed that the Weekly Iron Folic Acid (WIFA) Supplementation for Female Learners in Public High Schools from Grade 7 to Grade 10 and in the Alternative learning System (ALS) female learners will start on January 21, 2019.
2. The 2nd round of WIFA implementation which is Scheduled on January to March will follow the Recommended dose of 1 tablet per week per learner.
3. As per guidelines, consent from parents/guardians shall be secured and learners shall be dewormed first prior to Iron Folic Acid (IFA) administration.
4. Further, it is advised that the Iron Folic Acid tablet should be taken in full stomach, to avoid gastric discomfort.
5. Furthermore, the Iron Folic Acid (IFA) tablets are available in the Health and Nutrition Office.
6. Submission of Accomplishment report will be on or before April 15, 2019 following the Reporting Form 2B-School level to SGOD-Health & Nutrition Section.
7. Immediate dissemination of this memorandm is required.

For and in the absence of Schools Division Superintendent


LILIA J. ORTILLANO, MAED
EPS-SGOD
In-charge of the Division



Form 2b – School Level



School-based Weekly Iron Folic Acid (WIFA) Supplementation

Round Round

Reporting Month: _____

Region: _____ Division: _____ District: _____ Date: _____
 School ID: _____ Name of School: _____ Address: _____

Grade Level	Total No. of Sections / Classrooms	Enrollment			Given WIFA Supplements		Not Given WIFA Supp.		Total No. of WIFA is not given (based in codes)			Remarks
		Total No. of Enrolled Learners	Total No. of Female Learners	Total no. of Female Learners with Consent	Number	%	Number	%	1	2	3	
7												
8												
9												
10												
ALS												
TOTAL												

Submitted by: _____

Validated By: _____

Noted by: _____

WIFA Supplemental Point Person _____ Date: _____
 School Nurse _____ Date: _____
 Principal _____ Date: _____