



Republic of the Philippines
Department of Education
Region XII
Schools Division Office of Tacurong City

November 04, 2025

DIVISION MEMORANDUM

SGOD-2025- 188;

**WEEKLY IRON AND FOLIC ACID SUPPLEMENTATION FOR GRADE 7 TO 12
FEMALE LEARNERS AND FEMALE LEARNERS ENROLLED IN
ALTERNATIVE LEARNING SYSTEM**

TO: Assistant Schools Division Superintendent
Chiefs, Curriculum Implementation and
Schools Governance and Operations Division
ALS Supervisor
Cluster Head
School Head
Secondary Schools (Public)
Alternative Learning System
This Division

1. Pursuant to DepEd Order No. 059, s. 2017 titled "*National Guidelines on the Weekly Iron and Folic Acid Supplementation for Female Adolescent Learners in Public High School*", the Schools Division Office of Tacurong City in collaboration with the Department of Health – City Health Office of Tacurong City shall conduct the **Weekly Iron and Folic Acid Supplementation (WIFAS)** among all **female learners in Grades 7 to 12 and female learners enrolled in the Alternative Learning System (ALS)**.
2. The program aims to prevent iron deficiency anemia and promote better health and nutrition among adolescent girls. School clinic coordinators, in coordination with school heads, shall ensure the proper administration of iron and folic acid tablets **once a week** every **Monday morning**.
3. Implementation shall start on **November 10, 2025** and will continue for 8 weeks. Proper recording, reporting, and monitoring tools prescribed by the Department of Health and the Department of Education shall be used. The program will be launched at Tacurong National High School after the flag ceremony.
4. School Heads are directed to support and facilitate the conduct of the activity ensure learner participation, and promote awareness among parents and guardians regarding the importance of this supplementation. They are also advised to secure parents' or guardians' consent and prepare the master list of participating learners.
5. ALS implementers and school clinic coordinators shall also coordinate with their nearby rural health facilities for the administration and monitoring of WIFAS among secondary and female ALS learners.



Address: Alunan Highway, Poblacion, Tacurong City 9800
Telephone Numbers: (064)-200-6316; 0919-065-6425
Email: tacurong.city@depd.gov.ph
Website: depdtacurong.org



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6. For monitoring and technical assistance, the School Health Section shall visit their assigned schools and ALS learning centers during the implementation period.
7. To ensure safety and effectiveness of the Iron and Folic Acid. Here are the key points:
- Take it after a meal
 - Take with water only
 - Take only one tablet per week
 - Avoid taking with other iron supplements
 - Eat iron rich foods
 - Watch out for adverse effects (dark stool is a normal effect, if severe symptoms occur (e.g. vomiting, dizziness, abdominal pain, allergic reaction) **report immediately** to the school clinic coordinator or health worker
8. For queries/ clarifications you may contact Ms. Jonalee Y. Arquiza, RN, Division Adolescent Reproductive Health Program Coordinator, through email at jonalee.yturalde@deped.gov.ph or at 09691882995.
9. For information and compliance of all concerned.


GILDO G. MOSQUEDA, CEO VI
Schools Division Superintendent

JYA/SGOD-SHS/DM/CONDUCT OF WEEKLY IRON AND FOLIC ACID SUPPLEMENTATION TO ALL GRADE 7 TO 12 FEMALE LEARNERS AND FEMALE LEARNERS ENROLLED IN THE ALTERNATIVE LEARNING SYSTEM/ November 04, 2025



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Enclosure to SGOD-2025- 188.

PAHINTULOT NG MAGULANG

Lingguhang Pag-inom ng Iron at Folic Acid (WIFA) para sa mga Mag-aaral

Mahal na Magulang/Tagapag-alaga,

Bilang bahagi ng programa sa kalusugan ng Kagawaran ng Edukasyon, ipatutupad sa ating paaralan ang **Lingguhang Pag-inom ng Iron at Folic Acid (WIFA) Supplementation** para sa mga babaeng mag-aaral sa Baitang 7-12 at Alternative Learning System, katuwang ang Kagawaran ng Kalusugan (DOH). Layunin nitong maiwasan ang **iron deficiency anemia** at mapangalagaan ang kalusugan at kagalingan ng ating mga kabataan.

Ang pagbibigay ng suplemento ay gagawin isang beses kada linggo sa loob ng buong taong pampaaralan sa ilalim ng pangangasiwa ng mga health personnel/guro.

Kami po ay humihiling ng inyong pahintulot upang makasali ang inyong anak sa programang ito.

IMPORMASYON NG MAG-AARAL

- Pangalan ng Mag-aaral: _____
- Baitang at Seksyon: _____
- Edad: _____ Kasarian: _____

PAHINTULOT NG MAGULANG

- ☐ **OO, pinahihintulutan ko** ang aking anak na makilahok sa Lingguhang Pag-inom ng Iron at Folic Acid (WIFA) Program.
- ☐ **HINDI, hindi ko pinahihintulutan** ang aking anak na makilahok sa programa.

IMPORMASYON NG MAGULANG/TAGAPAG-ALAGA

- Pangalan ng Magulang/Tagapag-alaga: _____
- Ugnayan sa Mag-aaral: _____
- Lagda: _____ Petsa: _____
- Contact Number: _____

Para sa Gamit ng Paaralan

Tinatanggap ni: _____ (Nars/Guro ng Paaralan)

Petsa: _____



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