



Republic of the Philippines
Department of Education

Region XII
Schools Division Office of Tacurong City

June 29, 2026

DIVISION MEMORANDUM

SGOD-2026- 094

**WEEKLY IRON AND FOLIC ACID SUPPLEMENTATION FOR FEMALE
ADOLESCENT LEARNERS (GRADE 7 TO 12) INCLUDING
ALTERNATIVE LEARNING SYSTEM (FIRST ROUND)**

TO: Assistant Schools Division Superintendent
Chiefs, Curriculum Implementation and
Schools Governance and Operations Division
Cluster Heads
School Heads
Secondary Schools (public)
Alternative Learning System
This Division

1. Pursuant to DepEd Order No. 059, s. 2017, titled **Guidelines to the Weekly Iron Folic Acid Supplementation for Female Adolescent Learners in Public High Schools**, all public secondary schools and Alternative Learning System (ALS) learning centers are hereby directed to implement the **Weekly Iron and Folic Acid Supplementation (WIFAS) Program** for female adolescent learners from Grades 7 to 12, including ALS female learners aged 10–19 years.
2. The program aims to:
 - a. Reduce the prevalence of iron deficiency anemia among female adolescent learners;
 - b. Improve learners' nutritional status, health, and school participation; and
 - c. Promote awareness on proper nutrition and healthy lifestyle practices.
3. The first round of WIFAS implementation will commence on **July 12, 2026**. Eligible female learners shall receive one (1) Iron and Folic Acid (IFA) tablet once every Monday for twelve weeks. School clinic coordinators, school health personnel, and designated teachers shall facilitate the administration of IFA tablets and ensure proper recording and monitoring of learners' compliance in coordination with the City Nutrition Office.
4. Parents or guardians shall be informed of the implementation of the program through appropriate communication channels. Necessary parental consent procedures shall likewise be observed.
5. School Heads shall ensure the effective implementation of the WIFAS Program in their respective schools, provide administrative support for its implementation, monitoring, and reporting and ensure that school health personnel oversee the supplementation activities.



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6. School Clinic Coordinators shall prepare the master list of recipients, and submit the accomplished reports to the School Health and Nutrition Section.
7. The master list, notification letter, and school reporting templates are enclosed as attachment to this Memorandum for guidance and compliance.
7. For queries, concerns, or verification, please directly contact **Ms. Jonalee Y. Arquiza, RN**, Division Nursing Services Focal Person through email address jonalee.yturalde@deped.gov.ph.
8. Immediate dissemination and compliance of this Memorandum is directed.

CARLOS G. SUSARNO, Ph.D., CESO VI
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent

*JYA/SGOD-SHS/WEEKLY IRON AND FOLIC ACID SUPPLEMENTATION FOR FEMALE ADOLESCENT LEARNERS (GRADE 7-12)
INCLUDING ALTERNATIVE LEARNING SYSTEM (FIRST ROUND)/JUNE 29, 2026*



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

Republic of the Philippines
Region _____

NOTIFICATION LETTER

DIVISION: _____
SCHOOL: _____
ADDRESS: _____
DATE: _____
STUDENT'S NAME: _____
STUDENT'S ADDRESS: _____
NAME OF PARENT/GUARDIAN: _____

Dear Parent/Guardian:

This school as a Public Elementary School will conduct the following health services to the children in coordination with the Department of Health (DOH) and the Local Government Unit (LGU).

- General Health Examination and appropriate intervention.
- Oral Health Examination and appropriate Intervention.
- Nutritional Status Assessment and appropriate Intervention.
- Mass Drug Administration
 - Worms
 - Schistosomiasis (only in endemic areas)
 - Filariasis (only in endemic areas)
- Iron Supplementation for School-Based Feeding
- Weekly Iron Folic Acid Supplementation for Adolescent Females
- Immunization
 - Grade 1 (MCV, Td)
 - Grade 4 (HPV)
 - Grade 7 (Td, MR)

This notification is being issued to you as information of the activity that will be conducted on SY 2017-2018. Should you have further questions/clarifications on this matter, please get in touch with the Principal/School Head.

Thank you.

Very truly yours,

Name of Principal/School Head

This is to acknowledge receipt of the Notification Letter regarding the conduct of free school based health services.

I have read and understood the information regarding the intended health services to be given to my child.
(Please check in the box provided)

- Yes, I will allow my child to be provided the health services
- Yes, I will allow but only for these services:

- I will not allow my child to receive the health service benefits. Reason

Signature of Guardian

School-based Weekly IronFolic Acid (WIFA) Supplementation

Region: _____ Division: _____ District: _____ Reporting Month: _____
 School ID: _____ Name of School: _____ Address: _____ Date: _____
 Grade Level: _____ Section/Classroom: _____ Number of Female Learners: _____ School Year: _____

No.	Name of Female Learner	Consent*		1st Round												2nd Round								Reason why WIFA is not given (Please Indicate under 23)	Remarks				
				July				August				September				January				February						March			
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2			W3	W4	W1	W2
		Y	N	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)		
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25																													
Total																													

*Consent Given

**Codes for reasons why WIFA is not given:

Submitted by: _____

Noted by: _____

1. not dewormed
2. on therapeutic treatment for anemia
3. with persistent mild reaction like gastric discomfort

Class Adviser

Date

Grade Level Chairman

Date

