



**RELEASED**

DepEd, Division of Catanduanes  
 RECORDS SECTION  
 Date: OCT 11 2017  
 Time: 1:30 P.M.  
 Initial/Signature: [Signature]

DIVISION MEMORANDUM  
 No. 192, s. 2017

TO : SDO Chief's (CID/SGOD)  
 Public Schools District Supervisors  
 Secondary School Heads

FROM : *for: A*  
**SOCORRO V. DE LA ROSA, CESO VI**  
 Schools Division Superintendent

SUBJECT : **SCHOOL BASED WEEKLY IRON-FOLIC ACID (WIFA) SUPPLEMENTATION PROGRAM SY: 2017-2018**

DATE : **October 11, 2017**

1. The Department of Health (DOH) partnered with the Department of Education (DepEd) in implementing a **School-Based Weekly Iron-Folic acid (WIFA) Supplementation Program** among female Grade 7 to 10 students as per Unnumbered Memorandum dated **August 22, 2017 re: School-Based Health Programs to be implemented for SY: 2017-2018 onwards**. It also included in the **DOH Micronutrient Support, and Adolescent Health Development Programs**.

2. This program has the following objectives:

- a. Contribute to the reduction of the participants' absenteeism due to ill health and the eventual improvement of their school performance and ;
- b. Address knowledge gaps and support learners on self-care and other menstruation-related problems, including anemia.

3. School Nurse/ Classroom Teacher will give each female Grade 7 to 10 student with one Tablet of 60 mg. elemental iron with 400 ug Folic Acid to be given once/ twice week for a total of 24 weeks in a given school year with the following schedule:

	SCHEDULE	No. of days
1 <sup>ST</sup> ROUND	October 16 & 20, 2017	3
	November 2, 6, 10, 13, 18, 20, 27,	7
	December 4, 9 & 11, 2017	3
	<b>Total no. of days</b>	<b>12 days</b>
REST PERIOD	December 18, 2017 to January 31, 2018	
2 <sup>nd</sup> Round	February 2, 5, 12, 19, 26, 2017	5 days
	March 2, 5, 9, 12, 16, 19 & 23, 2018	7 days
	<b>Total no. of Days</b>	<b>12 days</b>



Republic of the Philippines  
Department of Education  
Region V(Bicol)

**DIVISION OF CATANDUANES**  
Virac, Catanduanes

Email Add: [catanduanes@deped.gov.ph](mailto:catanduanes@deped.gov.ph)/[catanduanesdiv154@gmail.com](mailto:catanduanesdiv154@gmail.com)  
Website: [www.depedrovcatanduanes.com](http://www.depedrovcatanduanes.com) Tel No.: (052)811-10-63



4. The School WIFA coordinators will submits the form 1, 2A, 2B to SHN c/o ERMA PAMPANGA on the following schedule:

1 <sup>st</sup> round	on or before December 13, 2017
2 <sup>nd</sup> round	on or before March 26, 2018
5. In view of this the School WIFA coordinators will have a coordination meeting on **October 12, 2017 (Thursday) at SDO Conference Hall A at 1:00 pm – 4:00 pm.**
6. Travel and other incidental expenses are chargeable against local/ School MOOE subject to the usual accounting and auditing rules and regulation.
7. For immediate dissemination and compliance.

School-based Weekly Iron Folic Acid (WIFA) Supplementation

Region: \_\_\_\_\_ Division: \_\_\_\_\_ School Year: \_\_\_\_\_  
 School ID: \_\_\_\_\_ Name of School: \_\_\_\_\_ Date: \_\_\_\_\_  
 Grade Level/Section: \_\_\_\_\_ No. of Students Enrolled: \_\_\_\_\_ No. of Female Learners: \_\_\_\_\_  
 Address: \_\_\_\_\_

LRN	NAME OF LEARNER	Consent*	Provided With Iron Folic Acid Supplements												REMARKS												
			1st Round				2nd Round				3rd Round																
			July				August				September					January				February				March			
Y	N	W1 (date)	W2 (date)	W3 (date)	W4 (date)	W1 (date)	W2 (date)	W3 (date)	W4 (date)	W1 (date)	W2 (date)	W3 (date)	W4 (date)	W1 (date)	W2 (date)	W3 (date)	W4 (date)	W1 (date)	W2 (date)	W3 (date)	W4 (date)	W1 (date)	W2 (date)	W3 (date)	W4 (date)		



School-based Weekly Iron Folic Acid (WIFA) Supplementation

Round 1     Round 2  
 Grade Level     7     8     9     10     ALS

Region: \_\_\_\_\_ Division: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_  
 School ID: \_\_\_\_\_ Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Section	Enrollment		Given WIFA Supplements		Not Given WIFA Supp.		Remarks (Reasons why WIFA is not given)
	Total No. of Enrolled Learners	Total No. of Female Learners	Number	%	Number	%	
7							
8							
9							
10							
ALS							
TOTAL							

Submitted by: \_\_\_\_\_

Noted by: \_\_\_\_\_

School Principal \_\_\_\_\_ Date: \_\_\_\_\_  
 District Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Validated By: \_\_\_\_\_  
 School Nurse \_\_\_\_\_