Memorandum

TO: OIC, Asst. Schools Division Superintendent
    OIC, Chief Curriculum and Implementation Division
    OIC, Chief School Governance and Operations Division
    Public Schools Division Supervisors
    School Health and Nutrition Unit
    Junior and Senior High School Heads / TIC/ OIC
    ALS Coordinators
    All Others Concerned

FROM: DR. ROMMEL C. BAUTISTA, CESO V
      Schools Division Superintendent

SUBJECT: WEEKLY IRON FOLIC SUPPLEMENTATION FOR FEMALE ADOLESCENT LEARNERS IN PUBLIC HIGH SCHOOLS AND ALS

Date: JULY 2, 2018

In reference to the Enclosure to Deped Order No. 59, s. 2017, GUIDELINES ON THE WEEKLY IRON FOLIC ACID (WIFA) SUPPLEMENTATION FOR FEMALE ADOLESCENT LEARNERS IN PUBLIC SCHOOLS AND ALS, this office announces the weekly implementation of Iron Folic Acid to all Grades 7-12 Female students, including female students of Alternative Learning System (ALS). WIFA supplementation follows the first and second round implementation. The first round covers the months of July, August and September 2018. While the second round covers the months of January, February and March. The following guidelines are hereby set for proper implementation, viz:

1. All school heads of secondary schools and ALS coordinators shall ensure if they have sufficient supply of Iron Folic Acid,

2. All class advisers of secondary school and ALS mobile teachers shall prepare a masterlist of all female students, and shall facilitate the student to secure parent consent from the parents. Learners with no parent consent will still be included in the masterlist but will not be provided with Iron Folic Acid (IFA) tablets until a consent has been secured,

3. The IFA tablets shall be administered on a full stomach to avoid gastric discomfort, preferably 6:30 AM to 8:30 AM. Prior to the administration of IFA supplement, the female learners shall be screened by the school nurse, clinic teachers or class advisers if they have been dewormed within the last six months. If Yes, give the tablet. If not, deworm first then administer the IFA tablet after a week,

4. In the event that the learner was given consent only for WIFA supplementation but not for deworming, the parents of the female learner shall be encouraged by the class adviser to likewise give consent for deworming,

5. The school nurse, clinic teachers or class advisers shall administer one (IFA) tablet every Monday for three months, a total of 12 tablets in the first round. If Monday falls on a holiday or declared no school today, IFA tablet supplementation shall be administered in the following day and shall observe that the learner swallowed the tablet,

6. In case the learner is absent on the day of WIFA administration, the supplement for the week shall be given on the day she returns to school,

7. In case the learner is absent the whole week, the supplement for the previous week shall be given on the day she returns and the current week’s supplement 1-2 days after.

8. If the learner is currently taking multiple vitamin, IFA can still be administered while taking the multivitamin.

"Edukasyong Tapat at Sapat: Dapat Para sa Lahat"
9. In case the learner has been previously diagnosed with anemia and receiving therapeutic doses of iron, IFA shall no longer be given. Once the therapeutic treatment has been completed, IFA supplementation shall be started to prevent recurrence of anemia.

10. In case the learner has been screened positive for G6PD, the learner shall be given IFA tablet as it is not a contraindication for iron supplementation.

11. For ALS, administration of iron folate acid shall be as per agreed schedule between the ALS coordinators and the learners.

12. **EXPECTED DRUG REACTION**

   12.1 Iron folate acid tablet has only minor side effects such as gastric discomfort, constipation and blackening of stool.

   12.2 These side effects, if experienced by the learner, may be reported to the classroom teacher, clinic teacher and/or school nurse for management and provision of appropriate counselling.

   12.3 If the learner’s symptoms persist, may refer to the Rural Health Unit or Baranggay Health Centers and to the Health and Nutrition Unit for further evaluation and management.

13. All school heads of secondary schools are directed to prepare and submit monthly reports to Health and Nutrition unit on the female students who received supplementation, including observations, issues and recommendations through this email add: arline.dulin@deped.gov.ph. At the end of the first round round WIFA implementation a school report shall be submitted to HNU using the attached forms.

14. For widest dissemination and compliance.
<table>
<thead>
<tr>
<th>LFN</th>
<th>NAME OF LEARNER</th>
<th>Consent*</th>
<th>1st Round</th>
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*Consent given

Class Adviser: ____________________ Date: ________________ Grade Level Teacher: ____________________ Date: ________________

Administered by: ____________________ Recorded by: ____________________

No. of Students Enrolled: ________________ No. of Female Learners: ________________

Region: ____________________ Division: ____________________ Date: ________________ School Year: ________________

School: ____________________ Name of School: ____________________ Address: ____________________
**School-based Weekly Iron Folic Acid (WIFA) Supplementation**

- Round 1
- Round 2

Grade Level:
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ ALS

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<th>Not Given WIFA Supp.</th>
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Administered by: ____________________________

Noted by: ____________________________

Class Adviser: ____________________________

Grade Level Teacher: ____________________________

Date: ____________________________

Date: ____________________________

Form 2a
Form 2b – School Level

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: __________________________

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Submitted by: __________________________ Noted by: __________________________

____________ __________________________
School Principal District Supervisor

Date: ______________ Date: ______________

Validated By: __________________________

Form School Level __________________________ School Nurse