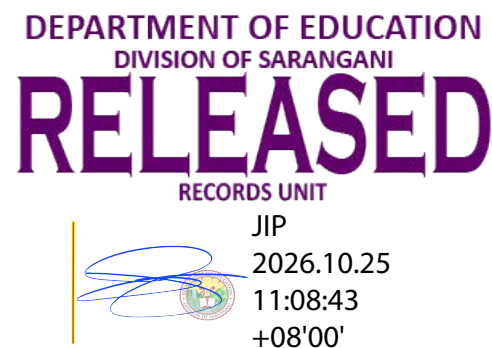




Republic of the Philippines
Department of Education
SOCCSKSARGEN REGION
SCHOOLS DIVISION OF SARANGANI



23 Oct 2026

DIVISION MEMORANDUM

SGOD-2026-304

IMPLEMENTATION OF WEEKLY IRON FOLIC ACID (WIFA) SUPPLEMENTATION
PROGRAM FOR SY 2026-2027

To: Assistant Schools Division Superintendent
All District Supervisors/ Principal In-Charge
All Public Elementary and Secondary School Heads
School Health and Nutrition Personnel
All Others Concerned

1. Pursuant to **DepEd Order No. 59, s. 2017**, dated November 27, 2017, titled Guidelines on the Weekly Iron and Folic Acid Supplementation (WIFA) Program for Female Adolescent Learners in Public High Schools, this Office shall implement the WIFA Program for identified female learners in **Grades 7 to 12** for School Year 2026-2027.
2. This activity aims to:
 - a. Prevent and reduce the prevalence of Iron Deficiency Anemia and Folic Acid Deficiency among female adolescent learners; and
 - b. Reduce absenteeism resulting from illnesses associated with iron and folic acid deficiency.
3. The administration of one (1) iron-folic acid tablet shall be conducted **every Monday for twenty-four (24) weeks**, preferably after a full meal. Distribution of iron-folic acid tablets shall prioritize beneficiaries of the **School-Based Feeding Program (SBFP)**.
4. Class Advisers shall be responsible for preparing the master list of target learners and securing parental consent using the prescribed forms attached to this memorandum.
5. The **Adolescent Reproductive Health (ARH) School Focal Person** shall consolidate and submit the accomplished reports, duly signed by the School Head, to the District Nurses after the completion of the twenty-four (24)-week supplementation period.



Address: Capitol Compound, Maribulan, Alabel, Sarangani Province
Telephone No.: (083) 508-2039
Website: www.depedsarangani.com
Email Address: sarangani@deped.gov.ph





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6. School Health Personnel shall provide the necessary technical assistance to schools to ensure the effective and successful implementation of the WIFA Program.
7. The following enclosures are attached to this Memorandum for reference and compliance:
- a. **WIFA Parental Consent Form**; and
 - b. **2026 WIFA Report Template**.
8. For inquiries and clarifications, you may contact Lyn Frances Dominique P. Gumban, MD, Medical Officer III, at her mobile phone number: 0918-227-6157 or Suzette B. Lubonting, RN, WIFA Coordinator, at 09166056897.
9. Immediate and wide dissemination of compliance with this memorandum is directed

Digitally signed by
Frinal Nelyn Botes
Adobe Acrobat version:
2023.008.20470

ATTY. NELYN B. FRINAL, CESO VI
Schools Division Superintendent

Encl.: As stated
Reference: As stated
To be indicated in the Perpetual Index
Under the following subjects:

HEALTH EDUCATION/WIFA/LEANERS/SCHOOLS/PROGRAM

LFDPG/SHOD-SHNS/DM - implementation of the 2026 school-based WIFA supplementary program.
0846/October 23, 2026





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Region XII
Division of Sarangani
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SCHOOL HEALTH SECTION

PAHINTULOT NG MAGULANG
(Parent Consent)

Petsa: _____

Pinapahintulutan ko ang aking anak na si _____
(Pangalan ng anak/mag aaral)

Na mabigyan **IRON & FOLIC ACID SUPPLEMENT** sa loob ng Paaralan para sa kabutihan ng kalusugan ng aking anak.

Aking naintindihan na ang pag inum ng **IRON AND FOLIC ACID** ay nakakatulong sa kalusugan ng aking anak.

Pangalan at Lagda ng Magulang

*Hindi ko pinapahintulutan ang aking anak na mabigyan ng **IRON AND FOLIC ACID** dahil sa mga sumusunod na dahilan:*

Pangalan at Lagda ng Magulang



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DEPARTMENT OF EDUCATION
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Pangalan at Lagda ng Magulang

*Hindi ko pinapahintulutan ang aking anak na mabigyan ng **IRON AND FOLIC ACID** dahil sa mga sumusunod na dahilan:*

Pangalan at Lagda ng Magulang





SY 2026-2027

Date Started: _____

[illegible]



SY 2026-2027

District: _____

[illegible]



SY 2026-2027

Name of Nurse Assigned: _____

[illegible]



SY 2026-2027

Name of Nurse Assigned: _____

[illegible]