

Republic of the Philippines

Department of Education

27 NOV 2017

DepEd ORDER No. **59**, s. 2017

GUIDELINES ON THE WEEKLY IRON FOLIC ACID SUPPLEMENTATION FOR FEMALE ADOLESCENT LEARNERS IN PUBLIC HIGH SCHOOLS

To:

Undersecretaries

Assistant Secretaries

Bureau and Service Directors

Regional Directors

Schools Division Superintendents Public Secondary Schools Heads

All Others Concerned

- 1. The Department of Education (DepEd) issues the enclosed Guidelines on the Weekly Iron Folic Acid (WIFA) Supplementation for Female Adolescent Learners in Public High Schools, for the information and guidance of all concerned.
- 2. Immediate dissemination of and strict compliance with this Order is directed.

LEONOR MAGTOLIS BRIONES

Secretary

Encl.:

As stated

Reference:

None

To be indicated in the Perpetual Index under the following subjects:

> HEALTH EDUCATION POLICY **SCHOOLS** STUDENTS

MCDJ/ R DO <u>Guidelines on the WIFA for Female in Public High Schools</u> 0862/September 15, 2017





GUIDELINES ON THE WEEKLY IRON FOLIC ACID (WIFA) SUPPLEMENTATION FOR FEMALE ADOLESCENT LEARNERS IN PUBLIC HIGH SCHOOLS

I. RATIONALE

The 2013 National Nutrition Survey (NNS) conducted by the Food and Nutrition Research Institute (FNRI) reveal that 1 out 10 adolescents aged 13–19 years old suffer from anemia. Learners, especially female adolescents, are vulnerable to anemia because of their menstruation, rapid growth, increased iron requirement and high prevalence of parasitic infection resulting to loss of iron in the blood.

The Department of Health's AO No. 2010-0010 entitled "Revised Policy on Micronutrient Supplementation to Support Achievement of 2015 MDG Targets to Reduce Under-Five and Maternal Deaths and Address Micronutrient Needs of Other Population Groups" issued in 2010 has identified iron and folic acid supplementation for women of reproductive age, including adolescents, as one of the interventions to address IDA and folate deficiency among women.

Considering also that most adolescents are in school and do not usually go to the health center to access health services, the Department of Health (DOH) partnered with the Department of Education (DepEd) to implement a school-based Weekly Iron Folic Acid (WIFA) Supplementation for grades 7 - 10 female school children. Prevention of iron deficiency anemia among female adolescents will improve the adolescents' school performance and reduce absenteeism due to ill health thus, contributing to the reduction of about 200-500 million school days lost due to absenteeism.

WIFA will be a component of the Menstrual Health Management Project of DepEd to address knowledge gaps and support learners many of whom do not have the means for self-care and do not get the support they need when they face problems related to menstruation, including anemia. Such problems, if not addressed, hinder the female learner's ability to carry on with everyday activities and may also establish a foundation for life-long disempowerment.

II. POLICY STATEMENT

This policy shall provide guidance to DepED personnel in administering the Weekly Iron Folic Acid (WIFA) supplementation among female adolescents enrolled in grades 7 to 10 in public high schools and those adolescents enrolled in the Alternative Learning System of the Department of Education.

III. SCOPE AND COVERAGE

The Weekly Iron Folic Acid (WIFA) supplementation is a nationwide routine activity in all public high schools targeting Grades 7 to 10 female adolescent learners and those in the Alternative Learning System (ALS).

IV. DEFINITION OF TERMS

Iron	Iron is an essential trace mineral that is needed for hemoglobin formation. Hemoglobin is part of the red blood cells and gives blood its red color.
Folate	Folate is a water-soluble B vitamin. Folate is the form found in foods while folic acid is a synthetic compound of folate and is the form available as supplement. Folic acid helps the body make healthy new cells, helps form red blood cells and helps produce DNA, the building block of the human body, which carries genetic information.
Folate Deficiency	Folate deficiency is usually linked or coupled with iron deficiency anemia. Folate deficiency is also a known factor to cause certain neural tube defects
Iron Deficiency Anemia	It is a disorder resulting from the decrease in the number of red blood cells due to lack of iron and/or folate. It is the most common nutritional deficiency in the world and occurs if the amount of iron and/or folate absorbed is too little to meet the body's needs.
Micronutrient	A dietary element essential only in small quantities.
Micronutrient Supplement	Vitamins and minerals in concentrated form alone or in combinations taken to supplement the intake from the normal diet.
Micronutrient Supplementation	A short to medium term intervention intended to prevent and/or correct high levels of micronutrient deficiencies by providing large doses of micronutrients immediately until more sustainable food-based approaches (e.g. food fortification and diet diversification) are put in place and become effective.
Full Stomach	Having just recently eaten to the point of being full
Gastric discomfort	Any kind of discomfort in the stomach or other organs in the upper abdomen
Alternative Learning System	A parallel learning system that provides a practical option to the existing formal instruction. When one does not have or cannot access formal education in schools, ALS is an alternate or substitute. ALS includes both the non-formal and informal sources of knowledge and skills.

V. GENERAL GUIDELINES

- 1. WIFA Supplementation is a collaborative activity between the Department of Health and the Department of Education. It shall be a nationwide routine activity to be done simultaneously for all Grades 7-10 female learners in public high schools and in the Alternative Learning System (ALS)
- 2. The Department of Health shall provide the required iron and folic acid (IFA) tablets to cover all eligible female learners
- 3. The Department of Education shall implement the WIFA supplementation in all public high schools and in the Alternative Learning System

- 4. All public high schools and ALS shall secure consent from parents/guardians for WIFA Supplementation; learners with no consent will still be included in the masterlist but will not be provided with IFA tablets until a consent has been secured
- 5. All records and reports generated by DepEd for this activity shall be shared with concerned local health offices and the Department of Health regional and central offices

VI. SPECIFIC GUIDELINES

1. Target Population

All Grades 7 to 10 female adolescent learners in public high schools and in the Alternative Learning System shall be the recipients of the intermittent WIFA supplementation every July to September (first round) and January to March (2nd round) of each school year.

- 2. Drug, Dose and Schedule of Administration
 - 2.1. Iron folic acid (IFA) tablet preparation

Iron folic acid (IFA) tablets contains 60 mg elemental iron and 400 ug folic acid with film coating

- 2.2. Iron folic acid (IFA) tablet administration
 - 2.2.1. Intermittent WIFA supplementation based on the World Health Organization (WHO) recommendation shall be given as follows:

# of Implementation Rounds	Schedule	Dose per Learner
I	July to September	1 tablet per week
II	January to March	1 tablet per week

The IFA tablet shall be administered on a full stomach to avoid gastric discomfort

- 2.2.2. Prior to administration of IFA supplement:
 - Female learners shall be screened by the school nurse/classroom adviser if they have been dewormed within the last six months
 - If yes, give the IFA tablet
 - If not, deworm first then administer the IFA tablet after 2-3 days
- 2.2.3. 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 nurse/classroom teacher to likewise give consent for deworming as the benefits of WIFA supplementation will be maximized only if the learner has been dewormed first.

- 2.2.4. The school nurse/classroom teacher shall administer IFA tablet every Monday or the next school day if it falls on a holiday or declared no school day and shall observe that the learner swallows the tablet.
- 2.2.5. 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.
- 2.2.6. In case the learner is absent for 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.
- 2.2.7. If the learner is currently taking multiple vitamins, WIFA can still be administered while taking the multivitamin.
- 2.2.8. 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, WIFA supplementation shall be started to prevent recurrence of anemia.
- 2.2.9. 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
- 2.2.10. For ALS, administration of iron folic acid shall be as per agreed schedule between the ALS coordinator and the learners.

2.3. Expected Drug Reaction

- 2.3.1. Iron folic acid tablet has only minor side effects such as gastric discomfort, constipation and blackening of stool.
- 2.3.2. These side effects, if experienced by the learner, may be reported to the classroom teacher and/or the school nurse for management and provision of appropriate counselling.
- 2.3.3. If the learner's symptoms persist, the school nurse may refer the learner to the Rural Health Unit or Barangay Health Center for further evaluation and management.

2.4. Drug Storage

- 2.4.1. Iron folic acid tablets are sensitive to heat and shall be stored in a cool dry place at all times
- 2.4.2. Once opened, the iron tablets should not be removed from the High Density Polyethylene (HDPE) bottle to preserve its potency
- 2.4.3. If possible, opened bottles should be used immediately.

VII. ROLES AND RESPONSIBILITIES:

A. Department of Education (CO)

1. Bureau of Learner Support Services-School Health Division (BLSS-SHD)

- a. Develops policies and issue memoranda/orders on the concern;
- b. Prepares annual targets and documents to support request for commodities from the Department of Health

- c. Collaborates with the DOH and other local and international institutions/organizations on the development of Operational Guide for WIFA supplementation for Adolescent Girls in schools, capacity building for the implementation of the Operational Guide, complimentary school-based nutrition intervention, behaviour change communication activities, recording reporting and evaluation of the supplementation program.
- d. Coordinates with the DOH on the delivery of WIFA tablets for distribution to targeted schools.
- e. Consolidates and submits reports to DOH
- f. Monitors and provides technical assistance to ROs and SDOs in the implementation of this policy.

2. Regional Offices (ROs)

- a. Determines annual targets of the region and prepare sub-allotment to SDOs or conduct the actual procurement of iron with folic acid tablets for SY 2017-2018 only;
- b. Coordinate for Region Supply Delivery and Logistic with DOH Regional Office and DepEd CO for SY 2018 and onwards;
- c. Conducts regional orientation, to schools, division / SDOs on the activity
- d. Consolidates submitted reports from the SDOs and submit to BLSS-SHD and DOH-regional counterpart; and
- e. Monitors and provide technical assistance to SDOs/Schools on the implementation of the activity.

3. School Division Offices (SDOs)

- a. Determines annual targets of the division and submit the data to the RO;
- b. Distributes the iron with folic acid tablets to the schools
- c. Conducts information dissemination to school heads PTCA and students; and
- d. Consolidates reports of schools/district offices and submit to DepEd Regional Office
- e. Monitors and provides technical assistance to schools to ensure successful implementation of WIFA supplementation.
- f. Designates WIFA focal/point person (WIFA coordinator).

4. Schools

- a. The School Head shall develop a protocol on the following:
 - Assignment of a WIFA Supplementation point person
 - Preparation of the master list of female students in Grades 7-10 and ALS to be given weekly iron and folic acid supplements
 - Orientation and coordination with PTA and other stakeholders on the WIFA supplementation
 - Administration of IFA tablets every Monday of the week through a school nurse or a teacher
 - Storage, inventory and distribution of iron with folic acid tablets.
 - Collect parent consent together with immunization and deworming

b. Prepares and submit reports on the number of female students who received supplementation, observations, issues encountered, and recommendations.

B. Department of Health

1. Central Office (DOH-CO):

- a. Formulates guidelines and procedures on the implementation of WIFA supplementation and disseminate to Regional Offices, LGUs and other stakeholders
- b. Prepares a Memorandum of Agreement in consultation with DepEd
- c. Issues a Department Memorandum on the implementation of WIFA supplementation
- d. Prepares a Communication plan and prototype materials for WIFA supplementation advocacy and promotion in schools
- e. Procures, allocates and distributes in a timely manner all required iron with folic acid tablets to be distributed among Grades 7-10 and ALS female students

2. Regional Office (DOH-RO)

- a. The Regional Nutritionist assisted by the Regional Adolescent Health Development Program Coordinator supervised by the Office of the Regional Director and the Concerned Cluster Head shall be the focal points for the WIFA Supplementation implementation.
- b. Disseminates guidelines and procedures on the implementation of WIFA Supplementation
- c. Reproduces and disseminates communication plan and prototype of IEC
- d. Coordinates with DepEd regional counterpart during the pre during and post WIFA supplementation project implementation
- e. Monitors the implementation of WIFA supplementation and submit reports to DOH-Central Office using the prescribed forms and following the reporting schedules

3. Rural Health Units/ Barangay Health Centers

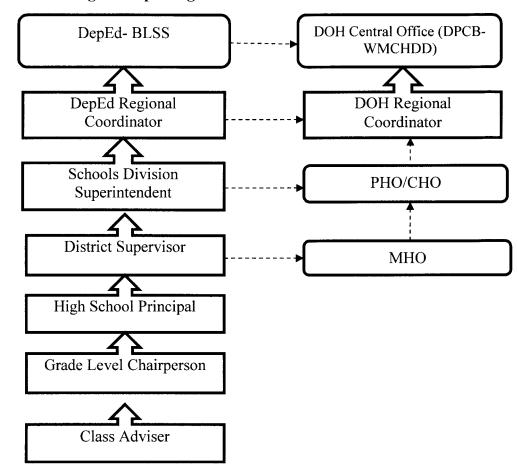
- a. Provides WIFA to Grades 7 to 10 in private high schools, out-of-school adolescents and women 10 49 years old not covered by the WIFA supplementation in public high schools
- b. Assists the school health personnel in information dissemination among parents on the benefits of WIFA Supplementation
- c. Manages referred cases of persistent minor drug reactions like constipation, gastric discomfort and blackening of stool.

VIII. MONITORING AND EVALUATION

- 1. Recording and Reporting Forms (Annex A)
 - Form 1: Recording Form This form shall be accomplished by the class adviser which lists all female learners provided and not provided with WIFA and other relevant information about them per class to be submitted to the Grade Level Chairman. This form shall be retained to the class teacher as reference.
 - Form 2a: Grade Level Report This form shall be accomplished by the Grade Level Chairman to consolidate the classroom level reports submitted by the class advisers and to be submitted to the WIFA Supplementation point person. The first round report is due every 2ndweekof October while the second round report will be due every second week of April. Filled up Form shall be retained to the classroom teacher as guide for the second round.
 - **Form 2b: School Level Report-** This form shall be accomplished by the school WIFA Supplementation point person, to be signed by the principal and the school nurse for consolidation within two weeks after the due for Grade Level Report submission.
 - **Form 3: District Level Report-** This form shall be accomplished by the district point person, to be signed by the district supervisor and to be submitted to the division point person one week after the due date for School Level Report submission. Once approved, a copy shall be furnished to the Municipal Health Office.
 - Form 4: Division Level Report This form shall be accomplished by the division point person, to be signed by the schools division superintendent and to be submitted to the regional point person one week after the due date for District Level Report submission. Once approved, a copy shall be submitted to the Provincial/City Health Office.
 - **Form 5: Regional Level Report -** This form shall be accomplished by the regional point person, to be signed by the regional director and to be submitted to the national point person one week after the due date for Division Level Report submission. Once approved a copy shall also be submitted to the Regional DOH Office for submission to DOH-CO.
 - Form 6: National Level Report This form shall be accomplished by the national point person, to be signed by the Director of the Bureau of Learner Support Services (BLSS) and to be submitted to the Office of the Undersecretary. Once approved a copy shall also be submitted to the Women, Men and Children's Health Development Division of DOH-CO

before the end of December and June for the first and second round, respectively.

Flow of recording and reporting



IX. EFFECTIVITY

This policy shall take effect immediately.

X. REFERENCES

DOH AO No. 2010-0010

Class Adviser

Date

School-based Weekly IronFolic Acid (WIFA) Supplementation

Region: Division: School ID: Name of School:							Address:												Date:										
	e Level:		Sec	tion/C	lassro	om:_										Number of Female Learners: School Year: School Year:													
T		Con	sent*			ıly				ound			Comt	ember		January				2nd Round February				<u> </u>		rch		Reason why WIFA is not	17
No.	Name of Female Learner			W1	W2	W3		W1 (Date)	W2	W3			W2	W3		W1 (Date)	W2	W3		W1	W2	W3			W2	W3	W4	given (Please indicate	Remarks
1		†:-	·•	1(2410)	(5410)	15515	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,	(Journ)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,	10000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10010)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11240,	(Dute)	11	10000	,,,,,,	(,	(15414)	(1-010)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(/	(Pate)	cedoc##1	
2		+	†	<u> </u>	†		 				 -					 		<u> </u>											
3		+	1	†	· · · · ·		<u> </u>	+			 -	 		†	 			ļ		1									
4		+	1		<u> </u>		1				 	†	†	†			 	 	 	· · · · · ·									
5		+-	1			 	†	1					<u> </u>	†		 	†												
6	····	 	 				†	T	<u> </u>							 	<u> </u>												
7			 	1	 	 	1	 	 						 	ļ —				_	 								
8		 	1	†	 	 		1			 				-			 											
9		<u> </u>	†					†							<u> </u>	†	†		1-		 								
10		+	†	 	<u> </u>			T					T			<u> </u>				1	 						1		
11		 	†	†	†		 	+		1		 	1						-	1	† 								
12		+	1	 	<u> </u>	 	 	 	 	<u> </u>	†	 	T	†	†	1		1	1-	1	 	<u> </u>		 -		-			
13		+-	 	†					 	 			İ	†	 -	 	 	 	 	†						 			
14		1	\vdash	 		 							†	1		 	 			†	 			<u> </u>	 -		†		
15		+	1	 			†	 	 	<u> </u>	†		<u> </u>	†		1	<u> </u>	1-			†		<u> </u>						
16		+		†	1			 	<u> </u>	 		ļ	 -	†	1	<u> </u>	<u> </u>	1	<u> </u>	 	 		<u> </u>		-				
17		+	 	†	1	 	 	ļ	<u> </u>		†	1			† · · · ·	1	<u> </u>	1			1								
18		+	+	†		1	1	1	1		1				T	†		1	1	1	 				<u> </u>				
19			1 -	-							1														-				
20		+	†								1	1														 			
21		\top	T -			 	1																						
22		+	1											† · · · · ·	1														
23		+	1		1	1	1		1		1														-				
24		1	1	1							1						1						1					· · · · · · · · · · · · · · · · · · ·	
25		+-			1													1		1			1					,	
	Total	1	1		1	T															1	1							
	ent Given Submitted by:		•				•	•		-	•	Note	d by:		•				-			·			1. not 2. on t	deworn herapei	ned utic trea	why WIFA is not of tment for anemic I reaction like ga	1

Grade Level Chairman

Date

	Round 1(/):			Round 2(/):_			Reporting	g Month:			
Grade Level:	:	7(/):	8(/):	9(/):	10(/):	_ ALS(/	'):	9			
Region:		Division:									
Region:School ID:	Name of Schoo	l:			Address:				Total N	lo. of Sections/Classrooms:	
		Enrollment	Given WIFA S	upplements		Not given WIFA Supplements			VIFA is sed in		
Name of Sectionn/Classroom	Total No. of Enrolled Learners	Total No. of Female Learners	Total No. of Female Learners with Consent	Number	%	Number	%	1	codes) 2	3	Remarks
								+			
								+			
	 								44.		
				 			<u> </u>				
							<u> </u>				
Total											
Submitted by:			Validated by:				Noted by	<i>r</i> :			
Grade Level Cha	iman	Date	School	Nurse	 Date			Principa	al	·	Date

Republic of the Philippines
Region

NOTIFICATION LETTER

SCHOOL: ADDRESS:	SCHOOL: SCHOOL: ADDRESS: DATE: STUDENT'S NAISTON NAME OF PARE This in coordination The Head. The head. The head the services. The health services.	T'S NAME: T'S ADDRESS: F PARENT/GUAR This school as ination with the could you have further and you. This is to acknowices. Thank you. Thank you. Thank you. Thank you.	NAME: ADDRESS: ARENT/GLARD/AN: This school as a Public Elementary School will conduct the following health services to the children it on with the Department of Health (DOH) and the Local Government Unit (LGU). General Health Examination and appropriate intervention. Oral Health Examination and appropriate intervention. Oral Health Examination and appropriate intervention. Mass Drug Administration Mass Drug Administration Mass Drug Administration Immunization Weekly Iron Folic Acid Supplementation for Adolescent Females Iron Supplementation for School-Based Feeding Weekly Iron Folic Acid Supplementation for Adolescent Females In Immunization In Immunization Weekly Iron Folic Acid Supplementation for Adolescent Females In Immunization Weekly Iron Folic Acid Supplementation of the activity that will be conducted on SY 2017- Id you have further questions/clarifications on this matter, please get in touch with the Principal/School Head This is to acknowledge receipt of the Notification Letter regarding the intended health services to be given to my chili (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 services on I will not allow my child to receive the health services on I will not allow my child to the Real Head the health services on I will not allow my child to receive the health services
E OF F Parer Shou	health se	This is to ackr invices. I have read ar (Please check	This is to acknowledge receipt of the Notification Letter regarding the conduct of free school based ces. 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:
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. Mass Drug Administration Mass Drug Administration Mass Drug Administration Filariasis (only in endemic areas) Filariasis (only in endemic areas) Filariasis (only in endemic areas) 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.		This is to ackn	Name of Principal/School Head owledge receipt of the Notification Letter regarding the conduct of free school based
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. Mass Drug Administration Mass Drug Administration Mass Drug Administration Filariasis (only in endemic areas) Filari	neau. Lean	Thank you.	Very truly yours,
NT'S OF P OF	2018. Sho	This notificati	Immunization Grade 1 (MCV, Td) Grade 7 (Td, MR) on is being issued to you as information of the activity that will be conducted on SY 2017- rther questions/clarifications on this matter, please get in touch with the Principal/School
NT'S OF P			Iron Supplementation for School-Based Feeding Weekly Iron Folic Acid Supplementation for Adolescent Females
NT'S OF P aren dina:			Mass Drug Administration Worms Schistosomiasis (only in endemic areas) Filariasis (only in endemic areas)
NT'S NT'S OF P aren dina			Nutritional Status Assessment and appropriate Intervention.
NT'S NT'S OF P aren dina			Oral Health Examination and appropriate Intervention.
NT'S NT'S OF P aren			General Health Examination and appropriate intervention.
STUDENT'S NAME: STUDENT'S ADDRESS: NAME OF PARENT/GUARDIAN:	Dear Par in coordi	rent/Guardian: This school as nation with the	is Public Elementary School will conduct the following health services to the children Department of Health (DOH) and the Local Government Unit (LGU).
	DATE: STUDENT STUDENT NAME OF	T'S NAME: L'S ADDRESS:	DIAN:
NI/ICIDINI-	NOISINIO	<u>-</u>	

Signature of Guardian

Point Person

	Round 1(/):)		Round 2(/):								
Region:		Division:			District:			Date:	Date:			
chool ID:	Name of Sc					Address	s:					
	Total No. of Sections/ Classrooms		Enrollmer	ollment		WIFA ments	Not given WIFA Supplements		i .	lo. of WIF	i	
Grade Level		Total No. of Enrolled Learners	Total No. of Female Learners	Total No. of Female Learners with Consent	Number	%	Number	%	1	2	3	Remarks
			1						 	 		
	+									<u> </u>		The state of the s
							<u> </u>			ļ		
	ļ	ļ								ļ	ļ	······································
												
·	 										 	
		 										
										1		
Total												
Submitted by:			Validated b	y:				Noted b	by:			
WIFA Supr	olemental	_ ——— Date		School Nurse		. ———	-		Principa	I	_ •	 Date

Region: School ID:	Grade Level: Name of School:	Round 1(/): 7(/): Division:	8(/):	Round 2(/): 9(/): District: Address:			Reporting M ALS(/):	onth:_	School Date:	ol Year:		
School ID			Enrollment	ollment			Not given Supplem		1	No. of give (b		
School ID	Name of School	Total No. of Enrolled Learners	Total No. of Female Learners	Total No. of Female Learners with Consent	Number	%	Number	%	1	2	3	Remarks
						ļ			 			
						 				-		
						 		 	<u> </u>	ļ		
							 		 			
								 	 	<u> </u>		
						 		 				
Total												
Submitted by:			Validated by:				Approved	by:				
	District WIFA Point Person	Date	Schoo	ol Nurse	Date		Distri	ct Sup	erviso	r	Date	

Region:	Grade Level:	Round 1(/): 7(/): Division:	8(/):	Round 2(/): 9(/):	10(/):	Date:_	Reporting M ALS(/):	ionth:_ _	School	Year:	stricts:	-
	Total No. of		Enrollmen	t	Given V Supplem		Not given Supplem		1	No. of Was		
Name of District	Schools	Total No. of Enrolled Learners	Total No. of Female Learners	Total No. of Female Learners with Consent	Number	%	Number	%	1	2	3	Remarks
						ļ						
									1	<u> </u>		
		<u> </u>										
										 		
						ļ				-		
						-				<u> </u>		
Total												
Submitted by:			Validated b	y:			Approved	by:				
Division WIFA Poi	nt Person	_ Date	Division N	urse-in-Charge	Date		Schools	Divisio	on Supe	erintend	dent	Date

School Division Superintendent

Region:	Grade Lev	17(/):): 8(/): ır:	9(/):	10(/): Date:	ALS(Repor /):	ting Month Total No.				-	
	Total No.	Total No.		Enrollment		Given WIFA Supplements		Not given WIFA Supplements		Total No. of WIFA in not give (based in codes)			
Name of Division	of Districts	of Schools	Total No. of Enrolled Learners	Total No. of Female Learners	Total No. of Female Learners with Consent	Number	%	Number	%	1	2	3	Remarks
	_											 	
<u></u>								 			-	1	
<u> </u>		ļ						-			<u> </u>		······································
						<u> </u>		-			 		
					 			 			<u> </u>	 	
		ļ											
		ļ					ļ	-				 	
Total		ļ						-				 	
Prepared by:			J	Checked by	:	<u> </u>	1		Appro	ved by	/:		
WIFA Focal Per	son	 Date	-		Chief, ESSD		Date			Dire	ector		Date