



Promoting Accountability of Public Resources

AUDITOR GENERAL'S REPORT

On the Financial Statements Audit of the
Institutional Foundations to Improve
Services for Health Project (IFISHP)-ID:
P169641 - (IDA 66460); IDA 72070;
TFB9398

For the Fiscal Year Ended December 31, 2025



P. Garswa Jackson Sr. FCCA, CFIP, CFC
Auditor General, R. L.

June 2026

Table of Contents

Opinion.....	3
Basis for Opinion	3
Management's Responsibility	4
Auditor's Responsibility	4
Statement of Project Management Responsibility.....	5
Approval of the Project Financial Statements.....	5
FINANCIAL STATEMENTS	7
Statement of Receipts and Payments	7
Statement of Comparison of Budget and Actual Amounts	8
Statement of Fund Balance and Cash Status	9
Statement of Financial Position	10
NOTE TO FINANCIAL STATEMENTS	11

ACRONYMS USED

Acronyms/Abbreviations/Symbol	Meaning
AFP	Audit Focal Person
AG	Auditor General
FCCA	Fellow Member of the Chartered Certified Accountant
FS	Financial Statements
GAC	General Auditing Commission
GoL	Government of Liberia
IBRD	International Bank for Reconstruction And Development
IDA	International Development Association
IFISH	Institutional Foundation to Improve Services for Health
INTOSAI	International Organization of Supreme Audit Institutions
IPSAS	International Public Sector Accounting Standards
ISSAI	International Standards of Supreme Audit Institutions
MOH	Ministry of Health
PDO	Project Development Objective
PFMU	Project Financial Management Unit
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PMT	Project Management Team
SPA	Senior Project Accountant



AUDITOR GENERAL'S REPORT

June 26, 2025

Hon. Louise M. Kpoto, MD

Minister

Ministry of Health

Republic of Liberia

AUDITOR GENERAL'S REPORT ON THE FINANCIAL STATEMENT AUDIT OF THE INSTITUTIONAL FOUNDATIONS TO IMPROVE SERVICES FOR HEALTH PROJECT (IFISHP) FOR THE FISCAL YEAR ENDED DECEMBER 31, 2025

Opinion

We have audited the accompanying financial statements of the Institutional Foundations to Improve Services for Health Project (IFISHP) for the Year ended December 31, 2025 financed by IDA 66460; IDA 72070 and TF B9398 which comprises the Statement of Receipts and Payments, Statement of Comparison of Budget and Actual Amounts and a summary of other accounting policies and explanatory notes.

In our opinion, the accompanying financial statements (IDA 66460; IDA 72070 and TF B9398) present fairly, in all material respects, the Statement of Receipts and Payments for the year ended December 31, 2025, Statement of Comparison of Budget and Actual Amounts and a summary of other accounting policies and other explanatory notes for the year then ended December 31, 2025 in accordance with International Public Sector Accounting Standards (IPSAS) Cash Basis of Accounting.

Basis for Opinion

We conducted our audit in accordance with International Standards of Supreme Audit Institutions (ISSAIs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements Section of our report. We are independent of the entity in accordance with the Code of Ethics for Supreme Audit Institutions together with the ethical requirements that are relevant to our audit of the financial statements in accordance with the World Bank guideline and we have fulfilled our other ethical responsibilities in accordance with these requirements.

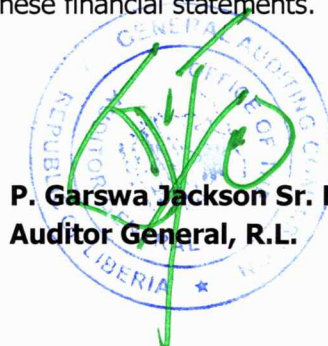
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Management's Responsibility

Management is responsible for the preparation and fair presentation of the financial statements in accordance with IPSAS Cash Basis, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, management is responsible for assessing its ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to cease operations, or has no realistic alternative but to do so. The IFISHP Management is responsible for overseeing the Project's financial reporting process.

Auditor's Responsibility

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISSAIs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.



P. Garswa Jackson Sr. FCCA, CFIP, CFC
Auditor General, R.L.

Monrovia, Liberia

June 2026

Statement of Project Management Responsibility

The Project Financial Management Unit (PFMU) of the Ministry of Finance and Development Planning and the Project Coordinator for Institutional Foundations to Improve Services for Health (IFISH) project are responsible for the preparation and presentation of the Project's financial statements, which give a true and fair view of the state of affairs of the Project for and as at the end of the financial year ended on December 31, 2025.

This responsibility includes (i) maintaining adequate financial management arrangement and ensuring that these continue to be effective throughout the reporting period, (ii) maintaining proper accounting records, which disclose with reasonable accuracy at any time the financial position of the project, (iii) designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial statement, and ensuring that they are free from material misstatements, whether due to error or fraud, (iv) safeguarding the assets of the project, (v) selecting and applying appropriate accounting policies and (v) making accounting estimates that are reasonable in the circumstances.

The PFMU and the Project Coordinator for Institutional Foundations to Improve Services for Health (IFISH) project accept responsibility for the Project's financial statements, which have been prepared on the Cash Basis Method of Financial Reporting, using appropriate accounting policies in accordance with International Public Sector Accounting Standards.

The PFMU and the Project Coordinator for Institutional Foundations to Improve Services for Health (IFISH) project are of the opinion that the Project's financial statements give a true and fair view of the state of Project's transactions during the financial year ended December 31, 2025, and of the Project's financial position as at that date. The PFMU and the Project Coordinator for Institutional Foundations to Improve Services for Health (IFISH) project further confirm the completeness of the accounting records maintained for the Project, which have been relied upon in the preparation of the Project financial statements as well as the adequacy of the systems of internal financial control. The PFMU and the Project Coordinator for Institutional Foundations to Improve Services for Health (IFISH) project confirm that the Project has complied fully with applicable Government Regulations and the terms of external financing covenants, and that Project funds received during the financial year under audit were used for the eligible purposes for which they were intended and were properly accounted for.

Approval of the Project Financial Statements

The Project financial statements were approved by the Project Financial Management Unit and the Project Coordinator for Institutional Foundations to Improve Services for Health Project (IFISHP) on

February 24, — 2026

GENERAL INFORMATION

PROJECT MANAGEMENT TEAM

Project Financial Management Unit: Papin Daniels, CA, CPA
Unit Director
Project Financial Management Unit (PFMU)

Leroy N. Fendor, CA, CPA
Deputy Director

Subozu Kollie, CFE, CA, CPA
Project Internal Auditor

Registered Office: Project Financial Management Unit (PFMU)
Ministry of Finance
Broad and Mechlin Street
Monrovia - Liberia

Project Implementation Unit: Harry F. Neufville
Acting Project Manager
Institutional Foundation to Improve Services for
Health
Project (IFISHP)
Ministry of Health
Monrovia - Liberia

Project Location: Ministry of Health
Tubman Boulevard
Monrovia, Liberia

Bankers: Central Bank of Liberia & GT Bank Liberia Limited
Monrovia

FINANCIAL STATEMENTS

GRANT NO: IDA 66460; IDA 72070 & TF B9398

Institutional Foundations to Improve Services for Health Project (IFISHP)

Project Financial Management Unit (PFMU)

Statement of Receipts and Payments

For the Fiscal Year Ended December 31, 2025

	Notes	December 31, 2025	December 31, 2024	Cumulative
IDA Funds Received	4	14,518,369	7,989,827	31,393,100
Total Receipt		14,518,369	7,989,827	31,393,100
Payment:				
Improve Health Infrastructure	5	1,662,693	557,394	2,289,865
Improve Service Delivery	6	3,672,073	2,026,445	8,233,196
Strategic Purchasing and Equity in				
Health Financing	7	4,914,139	4,976,979	12,102,874
Project Management	8	1,377,639	1,316,039	4,351,310
Total Payments		11,626,544	8,876,857	26,977,245
Excess of receipts over payments/ (payments over receipts)		2,891,825	(887,030)	4,415,855
Fund Balance as at the beginning of the year		1,520,890	2,407,918	-
Cumulative fund balance		4,412,715	1,520,888	4,415,855

GRANT NO: IDA 66460; IDA 72070 & TFB9398

Institutional Foundations to Improve Services
for Health Project (IFISH)

Statement of Comparison of Budget and Actual Amounts

For the Fiscal Year Ended December 31, 2025

Activities Within Components	Project Allocation US\$	Annual Budget US\$	Actual Expenditure US\$	Variance US\$
Improve Health Infrastructure	38,000,000	23,404,620	1,662,693	21,741,927
Improve Service Delivery	23,000,000	6,900,897	3,672,073	3,228,824
Strategic Purchasing and Equity in Health Financing	18,500,000	5,215,226	4,914,139	301,087
Project Management	5,500,000	1,906,995	1,377,639	529,356
Total	85,000,000	37,427,738	11,626,544	25,801,194

Variance Explanation

Component 1: The total positive variance represents delays in the contract award for the 2.4km access road to the New Redemption Hospital, delays in the procurement process for assorted medical equipment including CT scan and MRI for New Redemption Hospital. Procurement process for some activities at the New Redemption Hospital like the housing units, teaching facility and the MRI building did not start up on time. The variance is also attributed to the delay by some contractors for the rehabilitation of primary health facilities in four of the six counties due to the rainy season and bad road conditions to access those facilities.

Component 2: The total variance represents outstanding incentive for CHAs in Grand Gedeh, Grand Cape Mount and Gbarpolu Counties. The variance also represents the temporary suspension of printing related activities as well as some delay for field activities for the Family Health Division. Additionally, payment to UNICEF for 2026 traditional vaccine was not completed in 2025. Procurement of essential medicines and RMNCAH product also delayed.

Component 3: The variance under this component is mainly attributable to CHT, hospitals and primary health facilities not earning all their estimated performance incentives for the period.

Component 4: The variance represents outstanding activities under Project Management and M & E, HIS, and RMNCHA activities that were not completed during the period. Those activities that were completed during the period were not paid during the period.

GRANT NO: IDA 66460; IDA 72070 & TFB9398
**Institutional Foundations to Improve Services
for Health Project (IFISH)**

Project Financial Management Unit (PFMU)
Statement of Fund Balance and Cash Status
For the Fiscal Year Ended December 31, 2025

A	Fund Balance	December 31,	December 31,
		2025	2024
	Balance of Project Fund	1,520,890	2,407,918
	Add: Total Receipts during the period	14,518,369	7,989,827
	Total Fund available for operations	16,039,259	10,397,745
	Less: Total Payments during the period	11,626,544	8,876,857
	Balance of project fund at the end of the year	4,412,715	1,520,888
B	Cash Status:		
	Cash at Bank	4,411,539	1,520,305
	DLI a/c – Ecobank	10	10
	Petty Cash	1,166	573
	Total Cash on hand and in bank	4,412,715	1,520,888
	Difference between A and B	-	-

GRANT NO: IDA 66460; IDA 72070 & TFB9398
**Institutional Foundations to Improve Services
for Health Project (IFISH)**

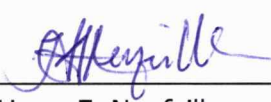
Project Financial Management Unit (PFMU)

Statement of Financial Position

For the Fiscal Year Ended December 31, 2025

	December 31, 2025 US\$	December 31, 2024 US\$
Assets		
Cash and Cash Equivalent	4,412,715	1,520,888
Total Assets	4,412,715	1,520,888
Fund Balance:		
Grants	4,412,715	1,520,888
Accumulation Fund Balance	4,412,715	1,520,888

 27/06/26
Papin Daniels, Jr
**Director, Donor Financed
Projects
PFMU, MFDP**

 June 27, 2026
Harry F. Neufville
**Acting Project Manager
MOH**

NOTE TO FINANCIAL STATEMENTS

1. Background and Information of the Project

With support from the International Development Association, the Institutional Foundation to Improve Services for Health Project the project (IFISHP) was approved by the World Bank on May 21, 2020 and signed on June 14, 2020 in the amount of USD 54,000,000. The project was restructured with additional financing of US\$31,000,000 approved on September 28, 2022 and signed on October 14, 2022, making the project total allocation of US\$85,000,000.

COMPONENT 1 Improve health infrastructure:

Subcomponent 1.1: Construction and equipping of the New Redemption Hospital.

The restructured Project will finance an integrated design of the New Redemption Hospital by integrating Phases 1 and 2 into one multi-purpose unit. This means that all the departments, utilities, staff accommodation and other amenities envisaged under Phases 1 and 2 will be undertaken at the same time. Depending on the available resources, integrated design, and bills of quantities; the civil work will include the following departments: obstetrics and gynecology; pediatric; internal medicine; general surgery; ear, nose and throat; trauma and emergencies; ophthalmology; and dental. The civil works will also include accompanying wards, kitchen, and laundry rooms, and apartments for staff accommodation. In an event that some funds remain after the hospital is constructed and equipped, such funds will be used to meet the initial operational costs for running the hospital. This includes purchase of drugs and medical commodities, salaries for critical health workers not on the government payroll, office equipment and supplies, water and electricity connectivity, and other logistics. To facilitate the operationalization of the new hospital, Project funds will be used to engage an international consultant to undertake a rigorous evaluation of the needs to run the hospital. The evaluation will look at the required human resources, maintenance, drugs and medical supplies, kitchen and laundry, and other recurrent operational costs. The main deliverable of this evaluation will be an investment plan highlighting the total and specific costs to run each department at the hospital; total and specific human resource needs for each department; available funds; and resource mobilization activities. Considering that the hospital provides an opportunity for training and professional development of medical personnel, the evaluation will also highlight linkages to the nursing and medical schools in the country and required investments. This evaluation will be undertaken immediately after the consolidated design is finalized. This will allow the Ministry of Health (MoH) to use the investment plan to start mobilizing human and financial resources to operationalize the hospital way before the construction and equipping of the hospital is completed in 2025.

Subcomponent 1.2: Rehabilitation and extension of infrastructure at primary health facilities

This subcomponent aims to improve functionality and physical access to healthcare by supporting the rehabilitation and extension of health infrastructure at existing primary health facilities. The support will be targeted at the six counties implementing PBF under the Project, namely: Gbarpolu, Rivercess, Sinoe, Bomi, Grand Kru, and Maryland. The number of primary health facilities which will be supported will depend on the need, available resources, scope of work, and bills of quantities.

Depending on the availability of funds, the Project will also finance the procurement and installation of basic equipment at the rehabilitated primary health facilities. Equally, some basic houses for health workers could be constructed at the targeted clinics. The eligible number of facilities, list and value of equipment to be bought will be provided by the MoH after undertaking an assessment. To improve the functionality of service delivery institutions, the Project will also finance logistical needs of county health teams, hospitals and clinics.

COMPONENT 2 (REVISED): Improve health service delivery

Subcomponent 2.1: Community and adolescent health care

This subcomponent will finance costs on community health, adolescent health, and citizen engagement with a view of improving the quality of RMNCAH-N services in the country. On community health, the activities that will be implemented will be guided by the community health strategy and the revised RMNCAH-N IC. Furthermore, considering the critical role of PBF in fostering public financial management (FM) and functionality of the referral system, community health programs which will be supported under the Project will be aligned with the PBF. As such, a large part of the support towards the Community Health Assistant (CHA) program under the Project will be undertaken in counties where the Project will be implementing PBF. Nonetheless, consideration will be made for support in counties with no funding for community health programs from other partners and/or areas where funding from partners will cease during the life of the Project. Given the erratic supply of commodities for the community health services program, the Project will also procure the commodities in Project areas. Targeted trainings for CHAs on climate emergency preparedness and response will also be provided. This subcomponent will also finance interventions on adolescent health for both in-school and out-of-school youths. To achieve this, a package of evidence-based interventions will be implemented at schools and in the communities with an aim to contribute to the reduction of the adolescent fertility rate (births per 1,000 women ages 15-19), early marriages, malnutrition, stillbirths, and maternal and neonatal mortality. The Project will support various units at the MoH, an experienced non-governmental organization (NGO), community and traditional leaders, and viable women empowerment programs to implement behavioral change activities in the communities. The Project will also finance activities to improve sexual and reproductive health that will be undertaken jointly by the MoH; Ministry of Education; and the Ministry of Gender, Children, and Social Protection. These activities will be targeted at institutions and programs which harbor adolescents such as health facilities, schools, universities, churches, mosques, youth clubs; and through programs and interventions at community level. The activities on adolescent health that will be undertaken under the proposed Project are also expected to complement activities under the Liberia Women Empowerment Project (P173677), the Liberia Social Safety Net Project (P155293), and Ministry of Education programs on adolescent girls and women empowerment.

This subcomponent will also support activities to strengthen citizen and stakeholder engagement by improving access to information and capturing the voice and feedback of the citizenry. Activities on citizen engagement under this subcomponent will be complemented by activities under subcomponents 3.1 (PBF), and Component 4 (project management and monitoring and evaluation). The first set of activities will focus on information sharing and awareness-raising through household visits. The household visits will also provide an opportunity to obtain, act, and deliver feedback to

the communities during subsequent visits. In this regard, the Project will finance the printing and dissemination of critical information on RMNCAH-N, household visits, and consolidation of data from the household visits for review and action during country platform meetings. Resolutions from the country platform meetings will be provided to the communities so that they are aware of action taken and progress made.

The Project will also support activities to enhance consultation and collaboration with community members (including trained traditional midwives) through Health Facility Development Committee (HFDC) meetings. These activities are expected to empower citizens, especially women and young girls, to make informed decisions on RMNCAH-N. The Project will also facilitate independent or third-party monitoring by partnering with local organizations in undertaking community health surveys, focus group discussions, and client satisfaction surveys.

Subcomponent 2.2: Improve availability of essential medicines and RMNCAH-N products, routine vaccines, equipment, and logistics

This subcomponent will finance costs for the procurement and supply of essential medicines, RMNCAH-N products, routine vaccines, non-drug consumables, and basic equipment for primary health facilities. The aim is to increase the availability for essential medicines, traditional childhood vaccines, and reproductive health commodities at all primary health facilities so as to save the lives of women, children and adolescents. This will include antimalarials, oxytocin, misoprostol, magnesium sulfate, antibiotics, intravenous fluids, oxygen, blood, among others. The annual drug replenishment to facilities will be linked to drug consumption patterns. The Project will also provide funding to the National Blood Services and Transfusion Program to ensure availability of safe blood and blood products in the country. This will include technical assistance to develop, update, and/or operationalize policies and plans on safe blood and blood products. To enhance management of the supply chain, the Project will support activities that strengthen forecasting and quantification, procurement, logistics management, and resource mobilization for essential medicines, supplies and commodities. Technical assistance on climate sensitive distribution planning will also be provided.

The procurement and shipment of routine childhood vaccines will only include the following vaccines: BCG, measles, tetanus and diphtheria, and bivalent oral polio vaccine. These vaccines will be procured through UNICEF's supply division. The Project will also provide funds for ancillary supplies, customs clearing and handling, and deployment of the vaccines. To ensure sustainability in childhood vaccine financing, the GoL will commit to an annual increase in the government budget for childhood vaccines as highlighted in the Project's results framework.

Subcomponent 2.3: Improve knowledge and skills in training and management of Human Resources

This subcomponent will support costs related to the implementation of Liberia's Health Workforce Program Strategy. Creating and implementing effective strategies for human resource for health management will facilitate equitable distribution and retention of health workers at all levels of the health system. This will also address disparities in staffing levels, skills-mix, and workloads by geographic location. Through this subcomponent, funds will be provided to develop staffing norms which will then be used to map existing health workers and to identify vacancies. Based on the vacancies, the MoH is expected to deploy qualified health professionals to the most deprived and

climate-vulnerable areas. Furthermore, the Project will support the GoL in increasing the proportion of female health workers in-post. This will help to reduce the gender gap, increase demand for health services by women and girls, and address underlying barriers to access.

The Project will also enhance management and service delivery skills at health facilities by funding programs for equitable distribution of health workforce and efficient delivery of services. Special emphasis will be placed on providing technical assistance towards the development/revision of training curricula and improving the quality of pre-service and in-service training at nursing and midwifery schools. This will include the provision of specialized training in pediatrics, obstetrics, gynecology, and other critical areas. The Project will also consider support for medical education, mentorship, and continuous professional development. The health workers will also be trained in climate emergency preparedness and response. The training will include actions to take at health facilities and in communities in preparation and response to climate shocks. To achieve value for money, the trainees will be required to accept posting to remote and climate-vulnerable areas. The Project will also support interventions to upgrade skills laboratories and libraries at some of the nursing and midwifery training facilities.

COMPONENT 3 (REVISED): Strategic purchasing and equity in health financing

Subcomponent 3.1: Expand coverage of PBF

The Project is currently supporting the implementation of PBF at clinics and hospitals with a focus on RMNCAH-N services. USAID is also implementing PBF in eight out of the 15 counties in the country but is using a different model. The MoH has been working with the World Bank, USAID and other partners in developing a harmonized national PBF manual that is expected to be used for the implementation of PBF in the country. In line with the PBF harmonization process, PBF activities under the Project will be drawn from the national PBF manual. Further, the Project will expand PBF coverage at clinics, hospitals, and county health teams from three to six counties and sustain its implementation at the Old Redemption Hospital in Montserrado County. On the other hand, USAID is expected to implement PBF in counties where it is currently operating, including taking over the World Bank-supported PBF at four hospitals. USAID is also expected to finance the costs for hiring a national verification agency (NVA) which will serve the needs of all PBF activities in the country, including the ones supported by the World Bank. Project funds will be used to support the revision of the national PBF manual (if need arises), and to review working arrangements with the NVA. In an event that the NVA is not functional at any period of project implementation, project funds could be used to hire a separate verification entity to serve the needs of the Project.

The full design features of the PBF model that will be implemented will be articulated in the revised Project Implementation Manual (PIM). This includes: the regulator, fundholder, purchaser, service providers, contracting process, quantity and quality indicators, unit prices, verification mechanism, payment and FM, use of funds, and so forth. To enhance the effectiveness of the national PBF implementation process, project funds will be used to finance regular joint reviews of PBF implementation by the MoH in collaboration with USAID and other partners. It is anticipated that having joint reviews will encourage exchange of ideas, documentation, learning, and ownership of the PBF by the MoH. As part of this process, a roadmap for mainstreaming the PBF into the government structures will be developed. The MoH will also develop a mechanism for tracking funding flows from the government and other sources to counties implementing PBF under the

Project. This includes tracking budgetary allocations and execution at primary health facilities, county level, and hospitals. To increase community participation and citizen engagement, all the clinics implementing PBF will be required to have functional HFDCs. As part of the PBF implementation process, checklists will be used to assess the functionality of the HFDCs by looking at the frequency of having HFDC meetings, actions taken reports, and effectiveness of the feedback mechanisms.

Subcomponent 3.2: Support implementation of the health financing policy and strategy

To move towards UHC, the GoL has expressed a need to establish the Liberia Health Equity Fund aimed at enhancing mechanisms for pooling funds and purchasing health services. The Project will provide resources towards the design and establishment of the fund including the recruitment of consultants, workshops and meetings, and exchange visits. This includes a feasibility study and development of policies, regulations, and organizational arrangements. Depending on the availability of resources under the Project, funds will also be provided for identifying sources of funds (including contributions and premiums), development of eligibility criteria and/or benefit package, etc.

COMPONENT 4 (REVISED): Project management, and monitoring and evaluation

Subcomponent 4.1: Project coordination and support to implementing

This subcomponent will finance costs related to the operations of the Project Implementation Unit (PIU), the Project Financial Management Unit (PFMU), and selected units supporting implementation of project activities. This includes costs for staffing (salaries for local and international consultants), technical assistance, logistics and communication, office equipment and supplies, and utilities such as fuel for generators and vehicles. Costs for internal and external audits, training, seminar and workshops, and fiduciary management will also be financed. The PIU will also provide training and technical support to implementing agencies to enhance the quality of project implementation. This will include capacity building on key coordination functions and processes. The Project will also finance costs related to the development, revision, and monitoring of the implementation of ESS instruments. This includes the Environmental and Social Management Plan (ESMP); NHCWMP; LMP; stakeholder engagement plan (SEP); GBV, SEA/SH action plan; etc. The PIU will also ensure that the GRM is fully functional at all levels of the health system. Further, the PIU will monitor implementation of activities on climate adaptation and mitigation under the Project. To monitor progress towards achievement of the PDO, activities related to routine monitoring of the Project's result framework, supervision, and assessment visits to implementing counties, and infrastructure subprojects will be financed. Funds will also be provided for documentation of progress, lesson learned and best practices, and for the mid-term review and final evaluation of the Project.

Subcomponent 4.2: Monitoring and evaluation of the provision of essential health services

This subcomponent will support the development of standards and procedures to enhance data quality and monitoring and evaluation of the provision of essential health services particularly RMNCAH-N services. This includes support for systems improvements in routine data collection, analysis, and use. In this regard, three key data generation and management units will be supported, namely: The Health Information Systems Unit, Monitoring and Evaluation Unit, and the

Supply Chain Management Unit. On health information, support will be provided to ensure real-time collection of data from the District Health Information System 2 (DHIS-2) through an Application Programming Interface. To enhance capacity in data analysis and use, support will be provided to contextualize the data to identified needs at the MoH. This will include support towards data triangulation and development of a data use plan. To complement and/or triangulate data from the DHIS-2, the Project will support health facility phone surveys. Through the health facility phone surveys, the MoH will be able to gauge the availability of RMNCAH-N services and quality of care, stock-out of essential medicines and other medical supplies, etc. Furthermore, costs related to the production of dashboards to visualize performance on RMNCAH-N, drug supply, and PBF implementation will also be supported. Through the Family Health Division, the Project will finance costs for holding regular county platforms meetings at both central and county levels to review performance on key RMNCAH-N indicators. Apart from government officials and development partners, representatives from civil society organizations (CSOs), women groups, and the private sector will participate in the country platform meetings to provide feedback on project implementation. In addition, funds will be provided to hold focus group discussions with CSOs and women groups on the delivery of RMNCAH-N under the Project. This is expected to increase citizen engagement and accountability for performance by providing: (i) an opportunity to discuss project impacts and concerns with project beneficiaries and project affected people, and (ii) feedback on action taken. To facilitate deep engagement and consensus on key issues on RMNCAH-N, the Project will also support a series of joint technical discussions and data reviews bi-annually. The outcomes from the technical discussions will be presented for endorsement and action to the Health Partners Group meetings, and senior management of the MoH.

Given the importance of maternal and perinatal death surveillance and response (MPDSR) reviews in identifying and addressing causes of maternal and perinatal deaths, the Project will finance a minimum of two reviews each year. Further, the Project will support activities on civil registration and vital statistics (CRVS) aimed at increasing the number of births and deaths registered in the country. Some of the activities on CRVS that could be undertaken include: (i) training on medical certification of causes of death; (ii) analysis of data on births, deaths and causes of death for data that has already been collected; (iii) dissemination and data use at the national and subnational levels; and (iv) mapping of business processes for births and deaths registration. Lastly, funds will be provided to the Family Health Division to monitor the provision of RMNCAH-N services, and to undertake technical support visits.

COMPONENT 5: Contingent emergency response component

This component is included in accordance with paragraphs 12 and 13 of the World Bank's policy on investment project financing. There is a moderate to high probability that during the life of the Project, the country could experience an epidemic or outbreak of public health importance or any other emergency with the potential to cause adverse economic and/or social impact. If this happens, the GoL could make a request to the World Bank to support mitigation, response, and recovery activities in the areas affected by the emergency. This component provides for the GoL to request for rapid reallocation of project funds to respond promptly and effectively to an emergency or crisis.

NOTES TO FINANCIAL STATEMENTS *(continued)*

2. Use of Grant Proceeds

The table below sets out the activities to be financed out of the grant proceeds, the allocation of the amounts of the grant to each activity is shown below:

Activities	Amount of grant allocated US\$
Improve Health Infrastructure	38,000,000
Improve Service Delivery	23,000,000
Strategic Purchasing and Equity in Health Financing	18,500,000
Project Management	5,500,000
	<u>85,000,000</u>

All categories of expenditure shown in these financial statements are fully financed based on the percentage below:

	% of Expenditure
IDA grant	100
Total	<u>100</u>

3. Significant Accounting Policies

Basis of accounting

The financial statements have been prepared in accordance with the Cash Basis for International Public Sector Accounting Standards (IPSAS) as adopted by the Government of Liberia and in the manner required by the Project Grant Agreement as required by the World Bank's Operating Policies and Procedures and PFMU's Financial Management manual.

Reporting currency

Financial reports have been presented in United States Dollars. Transactions denominated in other currencies are translated into United States Dollars and recorded at the rate of exchange ruling at the date of transactions. Balances denominated in other currencies are translated into United States Dollars at the rate of exchange prevailing on the reporting date.

Grant Receipts

Grant from donors for the IFISH project is recognized and reported in the Statement of Receipt and Payment as income when received and held in a bank account called designated income account for transitory purposes. Amounts approved for disbursement are transferred from the designated account into another bank account called the operational account. All payments for the IFISH project and activities are made from the designated account.

Cash and bank balances

Cash consist of cash in hand and balance at bank.

Recognition of expenditure

All expenditures are expensed whether they are revenue or capital in nature and income is recognized when funds are received from the World Bank.

Tax

The project is 100 percent inclusive of tax. Taxes are withheld on consultants and vendors.

IDA Grant

4. Funds Received in DA	December 31, 2025	December 31, 2024	Cumulative
IDA 6646-LR	7,034,431	3,612,430	18,752,230
TF B9398-GFF	4,451,064	4,122,151	9,352,750
IDA 72070	3,029,959	255,246	3,285,205
Sale of Bid Documents	2,915	-	2,915
Total funds received in DA	14,518,369	7,989,827	31,393,100
Third Party Payment			
IDA 6646-LR-Direct Payment	4,111,766	10,344,260	16,983,584
TF B9398-GFF- Direct Payment	-	393,318	1,541,503
Total Third-Party Payment	4,111,766	10,737,578	18,525,087

5. Improved Health Infrastructure			
Construction and equipping of the NRH			
Consultant Services	620,049	300,979	921,028
Operating Costs	59,172	50,662	179,611
Works	194,516	179,766	374,282
	873,737	531,407	1,474,921
Rehabilitation and extension of Infrastructure at Primary Health Facilities			
Operating Costs	64,912	25,987	90,899
Consultant Services	(35,556)	-	(35,555)
Works	759,600		759,600
	788,956	25,987	814,944
Subtotal	1,662,693	557,394	2,289,865

6. Improve Service Delivery

Community and Adolescent Health Care

Consultant Services	839,226	177,864	1,358,361
Operating Costs	914,597	910,462	2,263,240
Goods	-	-	439,898
Training	26,550	24,206	50,756
	1,780,373	1,112,532	4,112,255
Improve availability of essential medicines and RMNCAH-N products, routine vaccines, equipment, and logistics			
Operating Costs	577,413	315,161	771,201
Consultant Services	201,355	-	201,355
Goods	-	-	1,181,790

Training	10,500	56,744	67,244
	789,268	371,905	2,221,590
Improve knowledge and skills in training and management of Human Resources			
Consultant Services	146,835	13,500	160,335
Goods	-	-	245,000
Operating Cost	835,989	421,171	1,267,744
Works	16,474	-	16,474
Training	102,461	107,337	209,798
	1,101,759	542,008	1,899,351
Sub total	3,671,400	2,026,445	8,233,196
7. Strategic Purchasing and Equity in Health Financing			
Expand Coverage of PBF			
Consultant Services	3,666,118	2,123,673	6,322,793
Operating Costs	334,002	503,519	2,056,713
Goods	-	4,752	575,682
Grants	761,293	2,286,011	2,916,644
Training	28,759	34,700	63,459
	4,790,172	4,952,655	11,935,291
Support implementation of the health financing policy and strategy			
Consultant Services	48,377	-	65,936
Operating Costs	75,590	24,324	101,646
	123,967	24,324	167,582
Subtotal	4,914,139	4,976,979	12,102,873

8. Project Management

Project coordination and support to implementing units

Consultant Services	549,809	419,972	1,382,002
Operating Costs	413,285	593,921	1,712,188
Training	6,072	806	6,878
	969,166	1,014,699	3,101,068

Monitoring and evaluation of the provision of essential health services

Operating Costs	384,999	296,674	1,222,104
Consultant Services	23,474	4,666	28,140
	408,473	301,340	1,250,244
Sub total	1,377,639	1,316,039	4,351,310

9. Contingency Emergency Response Component (CERC)

10. Cash Receipts through the Designated Account

IDA & TF Funds Received	14,518,369	7,989,827	31,393,100
11. Cash paid			
Improve Health Infrastructure	1,662,693	557,394	2,289,865
Improve Service Delivery	3,672,073	2,026,445	8,233,196
Strategic Purchasing and Equity in Health Financing	4,914,139	4,976,979	12,102,874
Project Management	1,377,639	1,316,039	4,351,310
Total Payments	11,626,544	8,876,857	26,977,245

Note:

The third-party payments amount of US\$4,111,766.31 which are direct payments have been extracted from the total funds receipt and the total payments made. These are payments made on behalf of the project by the World Bank and thus required disclosures. These payments are available for review upon request by the auditors.

Direct Payments			Amount
Consultant /Vendor	Activity	Category	US\$
Int'l Consolidated Offshore SAL	1.1. a	Works	838,460.38
UNICEF	1.2. b	Consultant Ser.	111,870.87
Int'l Constd Cont Offshore SAL	1.1. a	Works	1,188,714.82
Int'l Constd Cont Offshore SAL	1.1. a	Works	1,056,214.01
Int'l Constd Cont Offshore SAL	1.1. a	Works	633,176.63
East International Group Inc.	1.1.c	Works	283,329.60
Total			4,111,766.31

Project Designated Account Statement

Account Number: 6101762122 & 6101762112
Account Type: Current Account
Depository Bank: Eco Bank Liberia Ltd.
 11th Street,
Address: Sinkor
 Monrovia, Liberia

Currency: United States Dollar

	December 31, 2025	December 31, 2024
Total Grant Received	14,518,369	7,989,827
Total grant income reported	14,518,369	7,989,827
Amount spent	11,626,544	8,876,857
Balance as at beginning of the year	1,520,890	2,407,919
Balance as at December 31, 2025	4,412,715	1,520,890
Closing Balance Consist of:		
Petty Cash	1,166	573
DLI a/c - Ecobank	10	10
IDA Designated a/c - Eco Bank	4,411,539	1,520,305
	4,412,715	1,520,888