

Call for Expression of Interest

MPOX RESPONSE THROUGH IPC-WASH STRENGTHENING

CEF/LBR/2026/001

1 **Timeline**

Posted	Feb 18, 2026
Clarification Request Deadline	Feb 24, 2026
Application Deadline	Feb 28, 2026
Notification of Results	Mar 9, 2026
Start Date	Mar 23, 2026
End Date	Oct 15, 2026

2 **Locations**

- A Liberia
 - a Montserrado

3 **Sector(s) and area(s) of specialization**

- A Protection
 - a Child protection
 - b Protection in emergencies
- B WASH and Environment
 - a Basic sanitation
 - b Hygiene
 - c WASH in emergencies
 - d Water

4 **Issuing Agency**

UNICEF

5 **Project Background**

Children in Liberia face immense vulnerabilities that are now exacerbated by the growing Mpox outbreak. Pre-existing challenges like widespread malnutrition and the prevalence of preventable diseases, such as diarrhea, pneumonia, malaria, and measles, contribute to high child mortality rates. These issues are deeply rooted in limited access to safe water, sanitation, and quality healthcare, driven by pervasive poverty and the impact of past conflicts, making children particularly susceptible to the ripple effects of any new health crisis. The current Mpox outbreak is directly compounding these vulnerabilities, placing immense pressure on fragile healthcare systems. In the last month, a significant increase in Mpox cases has been reported, particularly in Montserrado county. This surge diverts vital resources and attention, potentially undermining ongoing efforts to address other critical child health issues and further disrupting essential

services. This surge diverts crucial resources and attention, potentially undermining ongoing efforts to address other critical child health issues and further disrupting essential services. Response actions, including active case finding and public awareness campaigns, are underway, led by the County Health Teams (CHT) with support from the central Ministry of Health (MoH), the National Public Health Institute of Liberia (NPHIL), and partners. Liberia urgently requires reinforcing safe water, sanitation and hygiene (WASH) and infection, prevention, and control (IPC) measures to contain and prevent further internal spread of Mpox. Since the virus can remain infectious for over 15 days, core IPC WASH practices are foundational to the prevention and response. Given the current limited WASH coverage in healthcare facilities (HCFs), these facilities can turn into transmission hotspots anytime without effective IPC WASH services. In addition to preventing further transmission, protecting frontline workers is equally urgent. Handwashing with soap reduces the transmission risk by up to 50 percent, but access to soap is limited in affected communities. Delayed IPC WASH support can lead to uncontrolled outbreaks, overloading the fragile health system, and causing preventable deaths. Vulnerable groups including children, pregnant women, and immunocompromised individuals remain at heightened risk. Children account for nearly half of confirmed cases, with those under five years old representing about 14%. High rates of stunting, poor or limited access to hygiene facilities, and low immunization coverage further exacerbate children's vulnerability to Mpox in Liberia. Immediate, coordinated efforts are critical to containment. Priorities include vaccinating high-risk groups, boosting testing, securing personal protective equipment (PPE) and treatments, and enhancing community engagement to counter misinformation. UNICEF seeks to engage a qualified Civil Society Organization (CSO) to support reduce Mpox transmission and protect over 105,000 vulnerable people in Liberia especially children, women and the frontline workers. This will be achieved through strengthened IPC-WASH interventions in close collaboration with the Government and communities alongside some psychosocial and GBV measures to support affected persons and households.

6 **Expected Results**

In line with the principle of complementarity, the recruited CSO will leverage its field expertise and community presence to support government-led efforts in the following areas to; - strengthen IPC-WASH capacity in 50 healthcare facilities through facility risk assessments, distribution of UNICEF-procured IPC/WASH supplies, and training of 330 healthcare workers on IPC-WASH standard operating procedures. - improve hygiene infrastructure in schools and public spaces by provision of UNICEF-procured 15 hygiene stations in public areas and WASH kits to 100 schools. and ensuring their proper utilization. - work alongside government and community structures to increase the adoption of safe hygiene practices at the community level through training of 500 community volunteers and delivery of hygiene promotion and community engagement activities reaching at least 105,000 people. - distribution of UNICEF-procured homecare hygiene kits to at least 200 households and provision of GBV-sensitive psychosocial support to 5,000 children and caregivers. - strengthening local systems for sustainability and knowledge retention by supporting Government led Training of Trainers (ToT) on IPC, WASH operation and maintenance and the WASH FIT approach for 30 trainers - establish and/or leverage existing 100 active peer support groups like buddy clubs, and hygiene clubs in schools and communities. - Conduct light midterm and endline assessments regular monthly monitoring visits, documentation of progress and implementation quality including but not limited by photo evidence, direct interviews and feedback sessions with beneficiaries to gather their perspectives and ensure the interventions meet their needs, and facilitation of periodic partner and stakeholder review meetings to ensure accountability, performance tracking, and adaptive learning throughout the project lifecycle. Note: - To maximize operational efficiency, all supplies and kits will be procured and provided by UNICEF. The CSO will be responsible for the logistics of distribution and supporting training on their use. - Subject to identified needs and funding availability, the partnership may be amended to incorporate additional activities over time. INDICATORS Outcome 1 Reduced disease transmission through improved infection prevention and control (IPC) and safe WASH services in institutions and communities Result 1: Strengthened IPC-WASH capacity in 50 healthcare facilities Indicators: # of HCFs assessed (target 50), # of HCFs equipped with IPC/WASH supplies (#50), # of healthcare workers trained (target: 330) Key Interventions: In collaboration with the Government 1. Risk assessments in HCFs 2. Distribution of IPC/WASH supplies 3. Support training of healthcare workers on IPC WASH SOPs Result 2: Improved hygiene infrastructure in schools and public spaces Indicators: # of hygiene stations installed (target 15), # of schools equipped with WASH kits (target 100) Key interventions: In collaboration with the Government 1. Install hygiene stations in public places including markets and slums 2. Provision of WASH supplies to schools Result 3: Increased adoption of safe hygiene practices at community level Indicators: # of community volunteers trained (target 500), # of people reached by hygiene promotion messaging (target 105,000 including at least 54,600 children) Key interventions: In collaboration with the Government 1. Hygiene promotion training 2. Community engagement sessions Result 4: Vulnerable households supported with hygiene kits and psychosocial services Indicators: # of households receiving kits (target: 200), # of beneficiaries receiving GBV-sensitive support (target 5,000 children and caregivers) Key interventions: In collaboration with the Government 1. Identification of high-risk homes and distribution of homecare

hygiene kits 2. GBV mitigation and psychosocial support Outcome 2: Enhanced Learning, Knowledge Management, and system strengthening Results 5: Local systems strengthened for sustainability and knowledge retention Indicators: # of trainers trained (target 30), Documents produced and endorsed, # of active hygiene clubs established (target 100) Key interventions: 1. Support Training of Trainers (ToT) on WASH FIT 2. Support training of healthcare workers on WASH IPC Standard Operating Procedures (SOPs) and WASH O&M.; 3. Establish peer support groups in schools and communities Result 6: Project performance monitored and evaluated for accountability and learning Indicators: Midterm and endline assessments reports available, % of recommendations implemented, # of monitoring visits conducted, # of Stakeholder meetings Key interventions: 1. Light midterm and endline assessments 2. Monthly monitoring visits 3. Regular partner review meetings

7 Indicative Budget

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8 Other Information

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9 Selection Criteria

Name	Description	Weight
Clarity of activities and expected results	This selection criterion is used to emphasize UNICEF's results-based management approach to programming and assess a CSO's RBM capacity.	10
Relevance of proposal to achieving expected results	This selection criterion is used to emphasize how directly the concept note addresses and is likely to achieve the "expected results" indicated in the CFEI.	10
Contribution of resource	This selection criterion is used to emphasize the importance of contributions—whether financial or non-financial—from the CSO.	8
Other	Team expertise: This selection criterion is used to emphasize the importance of contributions—whether financial or non-financial—from the CSO.	15
Sector expertise and experience	This selection criterion is used to emphasize the CSO's previous expertise and experience in a given community and geographic context and the sector/area of specialization to which the EOI relates.	10
Experience working with UN	Previous experience with UNICEF organization with positive references in the field of Education.	5
Innovative approach	This selection criterion is used to emphasize a programmatic approach that is different from the "traditional" way of working.	8
Realistic timelines and plans	This selection criterion is used to emphasize realistic timelines and plans, notably those that align with the "estimated start date" and "estimated end date" indicated by UNICEF in the EOI.	5
Project management	This selection criterion is used to emphasize realistic timelines and plans, notably those that align with the "estimated start date" and "estimated end date" indicated by UNICEF in the EOI.	5
Sustainability of intervention	This selection criterion is used to emphasize the sustainability of the approach proposed by the CSO.	5
Cost effectiveness	This selection criterion is used to emphasize the expectation that a given programme intervention achieve results at a lower cost compared with alternatives.	12
Local experience and presence	This selection criterion is used to emphasize the expectation that a given programme intervention achieve results at a lower cost compared with alternatives.	7

10 **Attachments**

Description	URL
The expression of interest shall consider the following documentation: •	Download the document here

11 **Concept Note Template**

[Download the document here](#)

12 **For more information on this partnership opportunity, and to apply, please visit**

[UN Partner Portal](#)