

TERMS OF REFERENCE (ToR)

MULTI-SECTORAL NEEDS ASSESSMENT (MSNA) IN SELECTED LGAs OF BORNO STATE

Core Activity	Multi-Sectoral Needs Assessment (MSNA) covering Protection, Education in Emergencies (EiE), Livelihoods, Water, Sanitation and Hygiene (WASH), and Mental Health and Psychosocial Support (MHPSS) needs in North-East Nigeria.
Country/Region	Borno State North-East Nigeria
Purpose of MSNA	To generate current, evidence-based overview of the humanitarian situation of IDPs, returnees, refugees and host communities including persons with disabilities in Borno State and to inform sector prioritisation, programme.
Study Period	1 - 31 October 2026
Methodology	Mixed methods: Desk Review, Quantitative Household Survey, and Qualitative (KIIs, FGDs, Observation)
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Anticipated MSNA Report Release Date	31 October 2026
Recipient of Final Needs Assessment Report	CBM International

BACKGROUND AND CONTEXT

CBM: CBM is an international Christian development organization committed to improve the quality of life of persons with disabilities in the poorest countries of the world with over 118 years of experience. In Nigeria, CBM works with local partners to implement programmes in health for the prevention and management of disabilities, inclusive education, livelihoods, water, sanitation and hygiene (WASH) and inclusive humanitarian response. Through Inclusive Humanitarian Action (IHA), CBM has been working to ensure that all persons affected by natural and manmade disasters have access to inclusive humanitarian assistance. CBM is also a certified partner of DG-ECHO since 2021. Our Humanitarian activities aim to equally reach all persons and actively involve persons with disabilities with specific needs while promoting and facilitating full inclusion in mainstream services.

NE Nigeria Context: More than sixteen years on, the crisis in Borno, Adamawa and Yobe (the BAY states) in North-East Nigeria continues unabated, characterised by conflict, insecurity and widespread displacement driven largely by the Boko Haram/ISWAP insurgency. Escalating insecurity across Borno and Yobe has continued to disrupt markets, restrict movement to farmlands, and trigger fresh displacement¹, while large-scale civilian displacement continues to be

¹OCHA, "Nigeria: Borno, Adamawa, and Yobe (BAY) states – Situation Report," 3 April 2026 (Food Security Sector projections on deteriorating food insecurity, March-May 2026). Available at: [unocha.org](https://www.unocha.org).

reported from Gwoza, Pulka, Abadam and Kukawa LGAs in Borno². Humanitarian access across the region remains highly constrained by military operations, the presence of mines and unexploded ordnance, and illegal checkpoints along main and secondary supply routes³.

The 2026 Humanitarian Needs and Response Plan (HNRP) for the BAY states estimates that some 5.9 million people face severe to extreme humanitarian needs (severity levels 3 to 5)⁴, and the Government of Nigeria and humanitarian partners have appealed for US\$516 million to deliver life-saving assistance to 2.5 million of the most severely affected people across Borno, Adamawa and Yobe States, with women and children comprising eight in every ten people targeted⁵. This follows a sharp funding shortfall in 2025, when the HNRP received only US\$282 million, about half the funding secured in 2024, resulting in a marked reduction in humanitarian assistance across the three states⁶.

Food insecurity across the BAY states is projected to deteriorate further, with the Food Security Sector warning of rising severe malnutrition, escalating protection risks, further displacement, and the possibility of localised famine-like conditions in areas already showing pockets of catastrophic (CH Phase 5) food insecurity⁷. Funding cuts have left more than 900,000 displaced people across Borno, Adamawa and Yobe exposed to overcrowding, deteriorating shelter conditions and heightened fire risk in displacement sites⁸. Children represent an estimated 60 per cent of people in need, equivalent to roughly 5 million children requiring humanitarian assistance across the BAY states in 2026⁹.

PURPOSE AND OBJECTIVES OF THE ASSIGNMENT

The general objective of this multi-sectoral needs assessment is to provide an updated, evidence-based overview of the situation of IDPs, refugees, returnees and host populations including persons with disabilities in Borno State, by assessing their needs and generating disaggregated data relating to protection, MHPSS, livelihoods, education in emergencies, disability inclusion and water, sanitation and hygiene (WASH), to inform response planning, prioritisation.

Specific Objectives of the MSNA

- To assess variations in MHPSS, protection, Education, livelihood and WASH humanitarian needs in Borno state, geographic areas, population groups, and vulnerability profiles, to inform response, prioritisation and strategic planning.
- To assess the severity of needs and identify gaps in service provision for persons with disabilities, IDPs, refugees, returnees and host communities (with particular attention to girls and women across age groups), relating to protection, Education, MHPSS, WASH and livelihoods.

²OCHA, "North-East Nigeria: Borno, Adamawa, and Yobe states (BAY) – First Quarter Humanitarian Access Snapshot," 29 April 2026 (on displacement from Gwoza, Pulka, Abadam and Kukawa LGAs). Available at: [unocha.org](https://www.unocha.org).

³OCHA, "North-East Nigeria: Borno, Adamawa, and Yobe states (BAY) – First Quarter Humanitarian Access Snapshot," 29 April 2026 (on access constraints). Available at: [unocha.org](https://www.unocha.org).

⁴OCHA, "Nigeria: 2026 Humanitarian Needs and Response Plan," January 2026. Available at: [unocha.org](https://www.unocha.org).

⁵OCHA, "Press Release: Government of Nigeria, humanitarian partners launch urgent appeal for US\$516 million to provide lifesaving support to 2.5 million people in north-east Nigeria in 2026," 22 January 2026. Available at: [unocha.org](https://www.unocha.org).

⁶OCHA, "Nigeria: Borno, Adamawa, and Yobe (BAY) states – Situation Report," 5 February 2026 (on 2025 HNRP funding levels). Available at: [unocha.org](https://www.unocha.org).

⁷OCHA, "Nigeria: Borno, Adamawa, and Yobe (BAY) states – Situation Report," 3 April 2026 (Food Security Sector warning on malnutrition, protection and displacement risks). Available at: [unocha.org](https://www.unocha.org).

⁸OCHA, "Nigeria: Borno, Adamawa, and Yobe (BAY) states – Situation Report," 3 April 2026 (on displaced people exposed to overcrowding and fire risk). Available at: [unocha.org](https://www.unocha.org).

⁹UNICEF, "2026 Humanitarian Action for Children – Nigeria," 2026. Available at: [unicef.org/appeals/nigeria](https://www.unicef.org/appeals/nigeria).

- To map humanitarian actors in selected LGAs implementing MHPSS, protection, livelihood and WASH interventions in Borno, including their activities, disability-inclusion approaches, intervention sites, and existing service gaps not currently covered.
- To identify key lessons learned from prior interventions and to highlight least-served locations and at-risk groups across all three states.
- To assess potential risks including security, access and climate-related risks that could impact programme implementation and access to target communities.
- To assess community coping capacities and existing humanitarian interventions, including disability inclusion, across Borno state.
- To produce state-level comparative analysis.

In general, the consultant will be tasked with identifying and mapping the population groups affected by the crises in Borno state, with a focus on their specific health (MHPSS), protection, livelihoods, education in emergencies, disability inclusion and WASH needs. This analysis will encompass the following areas:

1. Protection

Protection Risks: Assess and document the protection risks faced by individuals target locations in Borno. This includes:

- Sexual and Gender-Based Violence (SGBV): Examine the prevalence of SGBV and associated risks, and evaluate support systems in place for survivors.
- Child Protection: Focus on children who have been separated from their parents due to conflict, or who have stopped attending school, particularly in the areas targeted.
- Civil Documentation: Explore challenges related to access to civil documentation (including disability cards for persons with disabilities), which can affect individuals' ability to receive services and protection.

2. WASH

- Investigate the availability, accessibility for persons with disabilities, and functionality of water infrastructure in target locations (schools and communities).
- Examine the distance from residential areas to water fetching points and average water-fetching time; identify any protection issues related to WASH.
- Assess common hygiene practices and the level of awareness of good personal and communal hygiene practices, including handwashing and latrine ownership/usage.
- Investigate common water-related health issues such as cholera and diarrhoea in the communities.
- Investigate the availability and functionality of community structures for the operation and maintenance of water infrastructure, including community practices around maintenance and repair.
- Examine community waste management processes to inform the potential provision of incinerators and waste-management infrastructure.

3. Livelihoods

Impact on Livelihoods: Assess how the crisis has impacted the livelihoods of affected populations across the three states. This will include:

- Economic Disruption: Evaluate the extent to which livelihoods have been disrupted, including loss of income, employment and access to resources.

- **Community Resilience:** Analyse community resilience and the availability of support systems to help individuals regain or sustain their livelihoods.
- **Assess the most appropriate livelihood activities** for these populations in the target areas, including for persons with disabilities.
- **Gender Disparities:** Analyse disparities in access to livelihood opportunities between boys and girls, especially where cultural or safety concerns limit girls' participation. Identify specific barriers girls face, including early marriage, domestic responsibilities, or lack of sanitary facilities in schools, and analyse whether livelihood impacts contribute to a rise in protection-related issues.

4. Education in Emergencies (EiE)

Education Needs: Assess how the crisis has affected access to safe, inclusive, and quality education for children and adolescents across the three states. This will include:

- **Access to Education:** Evaluate disruptions to education services, including school closures, damaged learning facilities, displacement, and barriers preventing children from attending school.
- **Learning Continuity:** Assess the availability and effectiveness of alternative learning opportunities, including temporary learning spaces, non-formal education, and remote learning mechanisms where applicable.
- **Protection and Well-being:** Analyse the extent to which the crisis has increased education-related protection risks, including child labour, child marriage, recruitment into armed groups, psychosocial distress, and school-related gender-based violence.
- **Barriers to Participation:** Examine disparities in access to education among boys and girls, including factors such as safety concerns, household responsibilities, economic pressures, menstrual hygiene management challenges, and cultural norms affecting school attendance and retention.
- **Education Needs and Priorities:** Identify the most critical education needs of crisis-affected populations, including access to learning materials, trained teachers, safe learning environments, psychosocial support, and inclusive education services for children with disabilities.

5. Disability Inclusion

Impact on Persons with Disabilities: Assess how the crisis has affected persons with disabilities and their access to humanitarian assistance, essential services, and opportunities for participation across the three states. This will include:

- **Access to Humanitarian Services:** Evaluate the accessibility of education, health, livelihoods, WASH, protection, and other humanitarian services for persons with disabilities, including physical, communication, attitudinal, and institutional barriers.
- **Participation and Representation:** Assess the extent to which persons with disabilities, including women, girls, boys, and older persons with disabilities, are consulted and actively involved in community decision-making and humanitarian response mechanisms.
- **Protection Risks:** Analyse disability-specific protection concerns, including discrimination, neglect, exclusion, violence, exploitation, and barriers to accessing reporting and referral mechanisms.
- **Assistive Devices and Support Services:** Examine the availability and adequacy of assistive devices, rehabilitation services, personal assistance, and other disability-specific support systems required to promote independence and well-being.

- **Inclusive Programming Needs:** Identify priority interventions required to ensure the meaningful inclusion of persons with disabilities in humanitarian programming, including reasonable accommodation measures, accessible infrastructure, inclusive information dissemination, and targeted support where necessary.
- **Intersectional Vulnerabilities:** Analyse how disability intersects with age, gender, displacement status, and socioeconomic factors to influence vulnerability and access to services, ensuring that the distinct needs of women, girls, boys, and older persons with disabilities are adequately captured.

In summary, the assessment requires a multi-faceted approach that integrates SGBV prevention and response, child protection, and support for civil documentation, to build a comprehensive picture of needs among vulnerable populations affected by conflict and displacement in Borno state.

Programme Evaluation: The consultant should also review current humanitarian programmes across the Borno state to determine whether they are inclusive of persons with disabilities, in line with IASC guidelines. This involves assessing how well programmes involve persons with disabilities and their organisations across the project cycle and identifying gaps and recommendations for improved disability inclusion.

Based on evidence collected in the field, the consultant will propose actionable, location specific and state-wide recommendations to improve the living conditions of affected populations, with a focus on enhancing, protection measures, EiE, WASH, livelihoods support and mental health and psychosocial support. The consultant's final deliverables will include a detailed report outlining findings and recommendations across all the target locations.

SCOPE OF WORK

Geographical Scope

The assessment will be conducted in the following Local Government Areas (LGAs) of Borno state, as summarised below. LGA selection is illustrative and should be finalised jointly with CBM following an updated access and security review, and in consultation with the relevant State Emergency Management Agencies and sector coordination groups.

S/N	Borno State
1.	Mafa
2.	Kaga
3.	Bama
4.	Magumeri

Programme Scope

The assessment will focus on Mental Health and Psychosocial Support (MHPSS); Protection, including Sexual Gender-Based Violence (SGBV), Disability Based Violence (DBV); Education in Emergencies (EiE); Disability Inclusion and Water, Sanitation and Hygiene (WASH). In addition, the assessment will investigate vocational practices and livelihoods in Borno State.

Under the direct supervision of CBM, the consultant/firm will be engaged to:

- Develop a detailed survey plan (inception report), including potential methodologies, tools and approaches to be used, with explicit consideration of the different access and security contexts in Borno state. This will be reviewed and approved by CBM before implementation.

- Conduct comprehensive literature research and extensive consultations with relevant stakeholders across the three states to understand the overall legal, regulatory and institutional framework and challenges associated with the region, facilitating a timely, quality and hitch-free data collection exercise. Provide an executive summary.
- Develop a detailed data collection tool and plan and mobilise a team of trained community/LGA-based enumerators to collect primary/secondary and quantitative/qualitative data (orienting enumerators jointly with CBM's team).
- Manage (validation, entry and cleaning) and analyse data using standard software for quantitative and qualitative data. Analysis must allow disaggregation by state, LGA, gender, age, status, disability and other relevant attributes.
- Share preliminary research findings (not more than 25 pages) with CBM as a draft report.
- Prepare separate key findings and full survey reports, structured to support state-level and cross-state comparison.
- Submit the final assessment report, addressing feedback, and datasets of the assessment with findings and recommendations backed by data collected across the three states.
- Prepare and submit the final survey report, together with a concise summary.

METHODOLOGY

This assessment should be participatory and consultative, applying a rigorous mixed-methods approach (qualitative and quantitative) involving both male and female community members, as well as persons with disabilities. The consultant should use tools developed and validated in partnership CBM, designed in line with the scope and objectives above. The assessment should be built around data collection through engagement of relevant stakeholders at community, LGA and (as necessary) state level, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and direct observation, across all three states.

Quantitative

Household survey/sampling: Selected households will be interviewed using a survey tool administered to the household head/representative. The sample size must show an appropriate representation of OOSC families within the assessed LGAs, disaggregated by state, LGA, sex, age and disability, using the Washington Group Short Set (WG-SS) for disability screening.

Qualitative

Focused Group Discussions: To be carried out with relevant stakeholders at community and LGA level in each of the three states, including but not limited to host community groups (men, women, boys, girls), IDPs, returnees, and persons with disabilities.

Key Informant Interviews: To focus on key stakeholders within each sector, across the state. Respondents should include representatives of humanitarian/development partners (INGOs and UN agencies), CSO/local NGO representatives, traditional and religious leaders, women leaders, Organisations of Persons with Disabilities (OPDs), relevant State Agencies for coordination of sustainable development and humanitarian response, State Ministries of Women Affairs and Social Development, Education, State Ministries/Agencies responsible for water resources and rural water supply and sanitation, representatives of the respective State Emergency Management Agencies, representatives of security agencies, and LGA Chairmen or representatives.

Facility and Infrastructure Observation: A systematic accessibility audit of MHPSS, WASH and vocational facilities in sampled communities in the state, using a standardised checklist to evaluate physical barriers, entrance accessibility, pathway navigation and emergency routes.

As a minimum, the assessment process should include the following key steps:

Steps	Action
Preparatory Phase I	Initial briefing session with CBM; review and confirmation of this ToR.
Preparatory Phase II	Desk review of existing data and reports; stakeholder mapping and coordination meetings; development of the assessment framework and objectives; sampling methodology design; tool development and testing.
Desk Review	Review of sector-specific reports and statistics (HNRP, sector bulletins, prior MSNAs); analysis of displacement trends and demographic data; secondary data analysis; identification of data gaps and assessment priorities; mapping of existing humanitarian interventions across the three states.
Tool Development	Household questionnaire design; Key Informant Interview guides; Focus Group Discussion guides; LGA/community mapping; facility and infrastructure observation checklist; digital data collection set-up.
Training and Capacity Building	Team preparation and orientation, including training of enumerators on data collection processes, PSEA, safeguarding, do-no-harm and disability-inclusive interviewing; briefing on sampling methods and research ethics; field coordination, security and logistics planning; quality assurance protocols.
Primary Data Collection	LGA-level mapping; direct observation of facilities and infrastructure; household surveys, Key Informant Interviews and Focus Group Discussions across the three states, with attention to access and security constraints in each state.
Data Analysis & Triangulation	Analysis of quantitative data; narrative analysis and coding of qualitative information; multi-source data verification and triangulation across states; needs prioritisation and severity scoring.
Reporting, Review, Revision	Draft report preparation with findings and recommendations; stakeholders' validation workshop; final report production with visual data presentation and summary slide deck.
Dissemination	Dissemination to the humanitarian Coordination Team, relevant sector/cluster coordination groups, and other stakeholders as agreed, to inform planning and broader response prioritisation.

The selected consultant/firm shall submit a detailed assessment methodology based on the above. A joint meeting between the consultant and the CBM's team will be held to finalise the methodologies, tools and approaches for the survey, including state-specific adaptations where required by access or security constraints.

Do-No-Harm, Safeguarding and Confidentiality

The consultant must take all reasonable steps to ensure respondents are not adversely affected by participating in the assessment, in line with CBM's do-no-harm principle. Responses must be kept confidential, and nothing may be done with respondents' data beyond what they were informed of at the time of consent. Particular care must be taken with children and teenagers: consent must be obtained from a parent or caregiver for interviews with children under 18. The consultant should create safe, accessible spaces for women and other vulnerable groups to participate in group discussions or interviews, and must adhere to CBM's PSEA (Protection from Sexual Exploitation and Abuse) standards throughout the assignment.

Summary Findings

On submission of the final report, the consultant is expected to submit a PowerPoint presentation (maximum 15 slides) summarising key findings and main recommendations by state and sector, submitted together with the final report.

EXPECTED DELIVERABLES

The deliverables required of the consultant, and the corresponding timeline for submission, are set out below:

S/N	Deliverable	No. of Days	Expected Date	Mode of Submission
1	Inception report, including: - Findings of the desk review and the consultant's understanding of the assignment - Detailed methodology for data collection, including a stakeholder list and interview/survey tools, considering the security context in each of the three states - Sampling plan disaggregated by state, LGA, sex, age and disability - Clear and detailed work plan and timeline - Finalised survey instruments/tools (e-copies)	5 Days after ToR signing	5 th October 2026	Email (PDF + Word)
2	Enumerator training, deployment and readiness report, including PSEA, safeguarding and disability-inclusion training documentation	10 Days after ToR signing	10 th October 2026	Email (PDF + Word)
3	Draft field assessment report, including: - Comprehensive analysis (disaggregated by state, LGA, sex, age, status and disability) of qualitative and quantitative data - Key findings and preliminary recommendations by state and sector - Locations covered, challenges faced, and preliminary observations	22 Days after ToR signing	22 nd October 2026	Email (Word) + virtual or physical presentation
4	Finalised, cleaned assessment report and database with validated/cleaned datasets, annexes and photographs, incorporating feedback from CBM	28 Days after ToR signing	28 th October 2026	Email (PDF + datasets in Excel/CSV)
5	Finalised PowerPoint presentation (maximum 15 slides) summarising key findings and recommendations for dissemination, including a one-page summary per state and an evaluation brief.	30 Days after ToR signing	31 st October 2026	Email (PowerPoint) + presentation at debrief

DURATION OF WORK

The consultant is expected to work for 30 days, with the final report expected on or before 31 October 2026. The consultancy is expected to start on 1 October 2026 and end on 31 October 2026.

Note: Due to the short time and period for delivery of the proposal, information will be required on a rolling basis.

RESPONSIBILITIES OF CBM

CBM will specifically:

- Contract the consultant selected through a robust procurement process.
- Monitor and evaluate the quality of the assessment process across all three states.
- Facilitate access to study areas, including liaison with relevant State Emergency Management Agencies and security actors.
- Provide inputs to finalise the detailed survey plan, methodologies, tools, approaches and instruments.
- Bear all direct costs of the assessment as agreed, based on the proposal and agreement.
- Monitor, provide feedback on, and ensure the effectiveness and efficiency of the survey.
- Give input on the draft report and support finalisation.

- Approve the final report; all products related to the study shall be submitted to CBM at the end of the assignment and upon approval of the final report.

BUDGET AND PROCEDURE OF PAYMENT

The individual consultant/firm shall submit a total budget (with a detailed breakdown, including applicable taxes) at the time of proposal submission. The budget should cover consultancy fees and other applicable budget lines and should reflect the scope of operating across three states rather than two, including any additional travel, logistics and security costs. The final budget will be validated between CBM and the consultant/firm before signing the agreement. The consultant/firm shall bear all tariffs, duties, and applicable taxes or charges levied at any stage during execution of the work.

SELECTION CRITERIA

Only complete Expressions of Interest will be considered for selection. The assessment is broken down as follows:

Criteria	Score
Budget	20%
Technical proposal: experience in the related task (extra weight given for experience with MSNA intended to support ECHO HIP planning and for prior work across all three BAY states)	30%
Qualifications of proposed team	20%
Technical proposal and methodology	30%
Total	100%

ACCEPTANCE OF PROPOSAL

All rights to accept or reject a proposal, without giving reasons, are reserved by CBM. If necessary, the consultant may be asked for modifications.

TEAM COMPOSITION AND QUALIFICATIONS/SKILLS REQUIRED

Registered consultants with proven experience conducting assessments and humanitarian sector surveys/evaluations are eligible to apply. The consultant should demonstrate working knowledge of multi-donor frameworks, demonstrated experience conducting disability-inclusive assessments and analysing disability-disaggregated data, and a proven record of on-time delivery with quality assurance. Given the tri-state scope, prior experience coordinating data collection across multiple states in North-East Nigeria is an advantage. CBM seeks consultants/firms with professionals meeting the following minimum qualifications:

- **Team Leader/Assessment Coordinator:** Responsible for ensuring the assessment/research is correctly designed, implemented and reported, with strategic oversight responsibilities. Should hold at least a master's degree in Sociology, Economics, Social Work, Development Studies, Public Health, Monitoring and Evaluation, Humanities, Social Sciences, Law, or a related field. Should demonstrate comprehensive understanding of Nigeria's multi-sectoral landscape, including education systems and policies, healthcare delivery mechanisms (primary, secondary, etc.), WASH standards, livelihood patterns, economic and political vulnerabilities, protection frameworks in line with humanitarian standards, and disability-inclusion approaches, complemented by relevant experience in research, evaluation methods, data collection/processing/statistics, policymaking and stakeholder engagement.

At least 7 years of professional experience in:

- Planning, designing and managing qualitative and quantitative studies (preferably in the development or humanitarian sector), including high-volume data collection, management and analysis.
- Developing a wide variety of data collection instruments and protocols.
- Training and managing data collection staff across multiple locations.
- Excellent professional report writing of surveys/research in advanced English.
- Previous experience conducting assessments/research/surveys (preferably in the development or humanitarian sector), ideally spanning more than one state in North-East Nigeria.
- Willingness to undertake field visits in target LGAs in Borno, subject to security clearance.
- **Data Manager and Analyst:** Should hold at least a bachelor's or master's degree in Data Science, Statistics, Econometrics, Monitoring and Evaluation, Mathematics, Biostatistics/Epidemiology/Public Health, or a related field.
- At least three years of relevant experience in multi-sectoral needs assessments and evaluation surveys of development and/or humanitarian projects.
- Advanced knowledge of research software (quantitative and qualitative) for data management and analysis.
- Good analytical skills, including experience producing disaggregated, multi-state comparative analysis.
- **Enumerators:** Should hold at least a bachelor's degree or equivalent in any field, with proven experience in community assessments/surveys. Enumerators should understand the local dialects of the host communities and the terrain of, and ideally be resident in, the communities/LGAs in Borno, where the survey will take place.

CONFIDENTIALITY AND COPYRIGHT

During the performance of the assignment, or at any time after its expiration or termination, the consultant/firm is required to respect strict confidentiality vis-à-vis third parties regarding any information relating to the assignment or collected in its course. The consultant shall not disclose to any person, or otherwise make use of, any confidential information obtained during the survey relating to CBM or its project assessment.

During the assessment/research, the firm/consultant shall collect, and document required information throughout the assessment, including information/data not included in the report, under annexes. The firm/consultant shall also take relevant photographs to support evidence-based reporting. Copyright of all data and documents will remain with CBM. The firm/consultant may not publish the findings of the assessment/survey or report them in research/theses.

Failure to comply with this clause will result in immediate termination of the assignment. This confidentiality and copyright obligation remains in force, without limitation, after the end of the assignment.

APPLICATION PROCESS

The consultant/firm shall apply with the following documents:

- **Technical proposal:** A concept note including the approach, methodology, work plan, flow-chart, timeline of activities, and list of team members, addressing all three states.
- **Financial proposal:** Budget breakdown.

- Organisational profile with relevant experience; ECHO experience and prior tri-state (Borno/Adamawa/Yobe) MSNA experience are desirable.
- At least two (2) recent examples of previous evaluation reports, or two references.
- A statement of availability of all team members during the suggested timeframe. CBM may terminate the contract if a suggested expert becomes unavailable after signing and no adequate consultant with the same expertise can be nominated as a replacement and agreed with CBM
- Signed resumes of team members.
- Tax Clearance Certificate/TIN.
- Any other relevant document(s).

The proposal should be submitted on or before the closing date of the call for proposals, 28th September 2026 by close of business (12:00 noon, West African Time), to:

Send to: CBM Procurement procurement.nigeria@cbm.org with “MSNA for BORNO STATE” as the subject of the email.