

# USAID TUMIKIA MTOTO



*Building Brighter Futures*

MY HOUSEHOLD JOURNEY TO RESILIENCE

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USAID Tumikia Mtoto utilizes a case management approach to provide health and social services to support children and households to achieve a state of well-being where they are stable and secure enough to meet their needs (e.g. financial, protection, social, emotional, health, and education) and resilient enough to withstand modest shocks. Informed by the needs assessment this summary of action enables the caregiver to document milestones on the journey to achieving healthy, safe, stable, and schooled goals. The caregiver is expected to collaborate with the project in the service delivery system. Caregiver plays a fundamental role in providing services based on their strength and existing resources. He/ she is expected to maintain an up-to-date record of services received through caregiver effort, stakeholders, and the project.

County:.....Sub County:.....Ward.....

Name of the caregiver:..... Caregiver CPMIS ID.....

Number of children.....

Date of Assessment:.....Name of my case worker .....

Health

Identified need	What I will do to address the need	Support that I will require from External actors (GOK, USAID Tumikia Mtoto and other non -state actors including	Progress in quarter 1 (Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 2(Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 3(Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 4(Indicate services provided to address identified need, name of the service provider and date	Result

Stable – Economic Empowerment

Identified need	What I will do to address the need	Support that I will require from External actors (GOK, USAID Tumikia Mtoto and other non -state actors including	Progress in quarter 1 (Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 2(Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 3(Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 4(Indicate services provided to address identified need, name of the service provider and date	Result

Safe- Child protection

Identified need	What I will do to address the need	Support that I will require from External actors (GOK, USAID Tumikia Mtoto and other non -state actors including	Progress in quarter 1 (Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 2(Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 3(Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 4(Indicate services provided to address identified need, name of the service provider and date	Result

Schooled- Education

Identified need	What I will do to address the need	Support that I will require from External actors (GOK, USAID Tumikia Mtoto and other non -state actors including	Progress in quarter 1 (Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 2(Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 3(Indicate services provided to address identified need, name of the service provider and date	Progress in quarter 4(Indicate services provided to address identified need, name of the service provider and date	Result

**Signature or thumbprint of caregiver:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Case Worker:** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_



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