

CLTS Form # 2 - Follow-Up

District: _____

Name of Village Headperson: _____

Name of Group Village Headperson: _____

Name of TA: _____

Name and Phone # of Natural Leader 1: _____

Name and Phone # of Natural Leader 2: _____

Name and Phone # of Natural Leader 3: _____

Name of village(s) triggered: _____
Name of HSA for village(s) triggered: _____
Name of Extension Worker for village (if not HSA): _____

Population of the village(s) surveyed: _____

Number of Households for the village(s): _____

Number HH with Latrines for the village(s) before CLTS: _____

Date of CLTS Triggering: _____

Date village decided to be Open Defecation Free (ODF) by: _____

First follow-up with the community is 3-4 days after the triggering date (above)
Follow-up again 1-2 times per week until the village's ODF date (above)
Figures for each follow-up are cumulative (state the most current number of facilities)

1. How many '**Natural Leaders**' from the triggering are still active?
2. How many households have **built a new latrine** since the triggering? (additional)
3. How many households are **in the process of building a latrine?** (e.g. pits dug)
4. How many households **IN TOTAL have a completed, functional latrine?**
5. How many households **HAVE NOTHING in the way of a latrine?**
6. For all existing latrines (old & new), how many have **hand-washing facilities?**
7. For all existing latrines (old & new), how many have **drop hole covers?**
8. Go in the bush and check the Open Defecation (OD) areas. **Do you find any shit?**
9. Is it time to inform the DCT that you believe this village is ODF?
(If you circled 'YES' above, submit this form to your supervisor so they can arrange an 'ODF Verification Visit'.)

	FOLLOW-UP #1	FOLLOW-UP #2	FOLLOW-UP #3	FOLLOW-UP #4
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of the Natural Leader(s) met with during follow-up:

Name of Extension Staff who performed this follow-up visit:

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Type of Extension Staff (HSA, WMA, CDA or PEA):