# CLTS Form # 2 - Follow-Up

### Information about the village
- **Name of village(s) triggered:** ________________________________________
- **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:** ________________________________
- **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:** _________

### Follow-Up Information

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<th>Follow-up #1</th>
<th>Follow-up #2</th>
<th>Follow-up #3</th>
<th>Follow-up #4</th>
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<tbody>
<tr>
<td>Date: _______</td>
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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? YES or NO
   (If you circled 'YES' above, submit this form to your supervisor so they can arrange an 'ODF Verification Visit'.)
   YES or NO  YES or NO  YES or NO  YES or NO
9. Is it time to inform the DCT that you believe this village is ODF? YES or NO

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

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

**Notes:**
- 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)*