

Checklist for applicants to the Stop TB Partnership

This is a check list to support organizations interested in applying to the Stop TB Partnership to fill in the application form <http://stoptb.org/partners/partnerApp1.asp>.

Organization information	Action	Example
Contact		
Organization Contact Information	Please make sure you include a valid e-mail address and add your website, if available.	Afro Global Alliance (GH) No. 45 Labawaleshie Rd. East Legon P. O. Box LT 393 Laterbiokoshie Accra 2055D0LT695 Ghana +233302924085 ghana@afroglobal.org http://www.afroglobal.org
Focal Point Contact Information	Please provide the updated contact information of a focal point that we may need to contact for various reasons. Please, make sure the e-mail address is valid.	Salutation: Dr First Name: ANTONIETO Last Name: EVANGELISTA Title: Council Chairman of ACT TACLOBAN Email: drasevangelista@yahoo.com Phone: +639228366066
General		
General information	Please make sure the description is clear and that you provide information on the following three points: 1) tell us about your organization, 2) why you are interested in tuberculosis, 3) what you are doing or planning to do for TB control.	1) Tuberculosis National League is a Cameroon based association that advocates and raises awareness on TB. It was created in 2001 to fight the spread of TB especially among HIV/AIDS patients. 2) We are interested in TB because this disease is still a taboo in Cameroon and many people are ignorant about the disease. 3) We are trying to make people open up and talk when they are ill, make them understand that it is curable, even when infected with HIV/AIDS, and it is not a shameful disease. In a nutshell, we are informing and educating the general public on Tb as a whole and how to prevent it.
Total number of staff in you organization	Please select a range. It helps us have a clear idea about your organization.	26 - 50
Annual budget dedicated to TB	Please select a range. It helps us have a clear idea about your efforts related to TB.	\$25,000-\$100,000

Why do you wish to join the Stop TB Partnership?	Please select an option. It helps us understanding why you would like to be engaged with the Stop TB Partnership.	Network with other partners
Are you a member of a National Stop TB Partnership?	Please specify if you are a member of the National Stop TB Partnership in your country, if existing.	Yes
Are you in contact with the national TB programme?	Please specify if you are in contact with the national TB programme.	Yes
What are your contributions to the national TB control plan?	Please specify how your organization is contributing to the national TB control plan.	<p>Children International is providing patient support in Kolkata, India and in 3 regions in the Philippines. Treatment is being coordinated with the local government units, and volunteers are recognized as treatment partners by these government units. Children International continues to share information with at risk communities regarding the availability of services.</p> <p>Additionally, Children International identifies possible pediatric TB patients through annual health exams at its medical clinics. Suspected cases are referred to government clinics for evaluation for TB. Contacts of suspected and confirmed cases are also encouraged to seek TB evaluation services from the government program. Volunteers follow-up with suspected cases to encourage them to seek evaluation and any necessary treatment.</p>
Contribution to the Global Plan		
What are your contributions to the global plan to control TB?	Please write for each area of work what you are currently doing or what you plan to do to contribute to the Global Plan in the future.	<p>New Diagnostics: In the field of Mycobacteria Diagnostics we offer a wide range of different test systems for direct detection or species differentiation. Furthermore our test systems offer the possibility to detect the TB complex and its resistance to rifampicin and isoniazid on the same day as the microscopy directly from patients specimens. In case of a positive result and respective clinical findings we also provide a test for XDR detection.</p>
Last check		
Contact	Before submitting the application please double check that your contacts are correct and make sure you update them in case of any change.	<p>Organization Contact Information Focal Point Contact Information Alternate Focal Point Contact Information</p> <p>Phone Email Web Site</p>

Application completed	Please fill in all sections of the application form: Contact, General, Specialization in Countries, Contribution to the Global Plan, Declaration.	<p>The bar on top of the application form must turn from red to grey.</p> <p>No:</p> <table border="1" data-bbox="808 447 1515 548"> <tr> <td>Contact</td> <td>General</td> <td>Specializations in Countries</td> <td>Contribution to the Global Plan</td> <td>Declaration</td> </tr> </table> <p>Yes:</p> <table border="1" data-bbox="808 617 1515 716"> <tr> <td>Contact</td> <td>General</td> <td>Specializations in Countries</td> <td>Contribution to the Global Plan</td> <td>Declaration</td> </tr> </table>	Contact	General	Specializations in Countries	Contribution to the Global Plan	Declaration	Contact	General	Specializations in Countries	Contribution to the Global Plan	Declaration
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Thank you for applying, you will be hearing from us soon!