

State-Level Review Meeting of Targeted Intervention & Link Worker Scheme
Venue: Hotel Parkview, Sector-24, Chandigarh
(Date: 1st August to 3rd August, 2023)

Punjab State AIDS Control Society organized state state-level TI/ LWS review meeting from 1st August to 3rd August, 2023 at Hotel Parkview, Sector-24, Chandigarh. The meeting was held in three batches and was attended by the Project Director and Project Manager of implementing NGOs. The batch-wise detail of the participants is enclosed as **Annexure-1**.

The purpose of the meeting was to review the performance of TI projects related to the F/Y 2022-23 and the first quarter of F/Y 2023-24. The discussion revolved around key performance indicators, identifying gaps in the implementation of the prevention component of the National AIDS Control Program (NACP), and strategies to address these gaps. The roadmap for the next three quarters was also discussed during the meeting. The Project Directors/ NGO heads were also oriented on newer initiatives of NACP-V along with the quarterly scorecard grading/analysis.

At the outset, the Joint Director-Prevention, Punjab SACS welcomed the participants and shared the agenda of the review meeting. It was followed by deliberation on newer strategies and key areas which are being focused by NACO. Key program areas focussed during the meeting were (i) implementation of TI Revamped Strategy (ii) HIV screening through ICTC and CBS (iii) Registration, HIV testing, identification of HIV positive cases, and ART linkage among newly registered HRGs (iv) Initiation of OST for IDUs registered with TIs with focus on PLHIV IDUs (v) Index spouse & partner testing (vi) Navigation of identified PLHIV for treatment linkage and adherence (vii) ART adherence (viii) Capacity Building to the TI staff.

Dr. Meenu, Joint Director-TI of PSACS, and Manish Kumar, Regional Team Leader of SETU, provided orientation on these new strategies and addressed any questions or concerns raised by the participants during the review meeting.

The major action points and way forward enumerated from the meeting are as follows:

- Project staff positions as per the revised TI structure, if vacant should be filled by NGOs by 31st August '23.
- Registration of new HRGs as per the revised target should be ensured by 30th September '23.
- 100% HIV screening of newly registered HRGs to be ensured by the TIs
- Project Directors need to attend at least one monthly meeting to review the implantation of the programme and share the Minutes of the meeting with PSACS.
- 50% of the IDUs registered with TI should be active on OST. Hence, data of all IDUs registered with TI indicating their linkage with OST or OOAT should be available with TIs by 30th September '23 and the same needs to be reported in MITR.

- Viral load testing of PLHIV HRGs needs to be ensured on a priority basis and data pertaining to viral load testing and viral suppression should be reported in MITR.
- Adequate numbers of PPP doctors should be engaged in TIs.
- Timings of Static clinic doctors should be in accordance with the availability of HRGs.
- 25% of the HRGs should be referred to DSRC in each quarter for STI management.
- Syphilis screening of PLHIV clients should be ensured. The same can be done using dual kits as per the need.
- In case of shortage of N/S, NGO can purchase N/S after approval from PSACS.
- Focus needs to be given to spouse and partner testing of HRGs registered with the TI. A line list of spouses and partners should be available with the TI as part of screening data.
- Show cause notice to be issued to the average performing NGOs
- Project Managers must ensure data validation with project documents before submitting MITR to SACS.
- TIs to ensure 100% SOCH reporting in all components in line with MITR
- The process of Quarterly Risk Assessment needs to be streamlined.

Component-specific data of each TI was discussed during the meeting. Key action points suggested during the meeting are as follows:

A) TI Revamp Strategy:

During 2022-23, a total of 8441 HRGs were identified through SOA camps. Out of 7952 HRGs screened for HIV 192 (2.4%) were found to be HIV positive. However, only 86 (46%) identified PLHIV could be linked with ART. Similarly, 4113 spouses and partners of HRGs were screened for HIV out of which 147(3.5%) were found to be HIV positive. Out of 147 identified PLHIV 112 (76%) were linked with ART. Suggested action points are:

- All sanctioned SOA camps should be organised in a planned manner and spread over the entire project period. The camp area should be identified based on p-MPSE data, ICTC positivity and ART data.
- Demand generation activities should be carried out prior to organising the camp and venue & timing of camp should be finalized in consultation with Community members.
- Risk Assessment of each client should be ensured by the counsellor and only at risk clients should be screened for HIV.
- Average coverage of vulnerable clients per camp should be at least 25-30 clients.
- 100% linkage of identified PLHIV with ART to be ensured.
- Secondary Distribution of Needle & Syringes (SDNS) sites to be established for IDU population identified beyond TI catchment area.
- HIV screening of index partners and spouses to be ensured.

B) HIV screening through ICTC & CBS: It was observed that the HIV screening through CBS in some of the TIs is more than the assigned limit of 20%-30%. % of HIV screening through CBS is indicated in the table:

Indicator	Within the limit of 20%	> 21% to 49%	>50%
HIV screening through CBS	<p>Ludhiana: Aradhya, DN Kotnis, Ganga Social Foundation, DN Kotnis (Khanna), Samarth.</p> <p>Jalandhar: Guru Gobind Singh Educational Welfare Society, Pahal</p> <p>Amritsar: All India Women's Conference, Mansa Foundation, Abhivyakti Foundation</p> <p>Kapurthala: SBGSS, SOSVA-CC, SOSVA-I</p> <p>Mohali: FPAI</p> <p>Patiala: Nabha Foundation</p> <p>Ropar: FPAI</p> <p>Hoshiarpur: Society for Human Alliance Need (SHAN), Himalayan Foundation</p> <p>Gurdaspur: JKSPYM</p> <p>Sangrur: Janhit Society for Social Welfare</p> <p>Barnala: Jakh Yuva Mandal</p> <p>Faridkot: Youth Affairs Organisation</p> <p>Muktsar: Pahal</p> <p>Tarn Taran: Swami Vivekanand Medical Mission, Himalayan Foundation, Don Bosco Navjeevan Society</p> <p>Ferozepur: Frances Newton Mission Hospital</p> <p>Fatehgarh Sahib: AIAWCD</p>	<p>Amritsar: Sawera, Shape India, Swami Vivekanand Medical Mission, Aid et' Action</p> <p>Faridkot: Youth Affairs Organisation (FSW typology)</p> <p>Fatehgarh Sahib: Shape India</p> <p>Gurdaspur: JKSPYM, Nipun</p> <p>Jalandhar: Aident, Pahal, Sawera</p> <p>Hoshiarpur: Sankalp</p> <p>Muktsar: Jakh Yuva Mandal (MSM typology)</p> <p>Pathankot: Dr. Sudip Memorial Charitable Trust</p> <p>Patiala: MRYDO, Philadelphia</p> <p>Ropar: Srijan Foundation</p> <p>Tarn Taran: Indian Education Society, Indian Council of Social Welfare</p>	<p>Ludhiana: Gramin Yuva Avam Mahila Sangathan (IDU typology), Central Club (IDU typology)</p> <p>Nawanshahar: Indian Council for Social Welfare (MSM typology)</p> <p>Amritsar: Sawera (IDU typology), Shape India (IDU typology)</p> <p>Jalandhar: Sawera (MSM typology), Shri Bhardwaj Gramodyog Sewa Sansthan (IDU typology)</p> <p>Mohali: Youth Technical Training Society (FSW & MSM typology)</p> <p>Moga: Central Club (MSM typology)</p> <p>Ropar: FPAI (IDU typology)</p> <p>Mansa: District Youth Welfare Association (FSW & IDU typology)</p> <p>Tarn Taran: Central Club (IDU typology)</p> <p>Patiala: Philadelphia (IDU typology)</p>

Suggested action points are:

- HIV screening through CBS should be restricted up to 20% with maximum limit to 30% for all TIs in a Financial Year. CBS should be used for HIV screening of new HRGs, spouses and partners of HRGs and for those HRGs who are not visiting ICTC in spite of all efforts made by the TI staff.
- Some TIs (Central Club-Bhikiwind, Nabha Foundation & Mansa Foundation for TG population, Sankalp- Garhshankar, Sawera-Amritsar for Attari, Shape India-Amritsar & YTTS-Mohali for SPA) have been allowed 100% screening through CBS due to administrative reasons.

C) Service delivery among Newly Registered HRGs: Significant gap was observed in HIV screening of newly registered HRGs in case of some TIs. As HIV positivity is significant among newly registered HRGs hence all TIs were suggested to ensure HIV screening of new HRGs within a week of registration with TI. Also, identified PLHIV should be put on ART on a priority basis.

D) IDUs started on OST: As per NACO guidelines, at least 50% of IDUs registered with TI should be active on OST. The status of OST initiation is indicated below:

Indicator	0% to 25%	25% to 50%
IDU clients on OST (at least 50% of active population)	<p>Amritsar: All India Women's conference, Sawera, Shape India</p> <p>Ludhiana: Samarth</p> <p>Jalandhar: SBGSS</p> <p>Kapurthala: SOSVA-IDU, SBGSS</p> <p>Mohali: FPAI</p> <p>Ropar: Srijan Foundation</p> <p>Fatehgarh Sahib: AIAWCD</p> <p>Gurdaspur: JKSPYM-IDU</p> <p>Hoshiarpur: Himalayan Foundation</p>	<p>Ludhiana: DN Kotnis-IDU, GYAMVS, DN Kotnis-CC</p> <p>Amritsar: Abhivyakti Foundation, SVMM</p> <p>Tarn Taran: Don Bosco Navjeevan Society</p> <p>Mansa: DYWA</p> <p>Hoshiarpur: Sankalp</p> <p>Nawanshaher: ICSW</p> <p>Jalandhar: Aident</p>

Following action points were suggested to the TIs:

- Data of IDUs started on OOAT needs to be captured. PSACS will share a google sheet with the TIs working with IDU population to capture the data of OOAT clients. TIs will share the same in MITR with PSACS on a monthly basis.
- Project Manager of TI is required to prepare ORW & PE wise micro-plan with timelines to ensure linkage of IDUs with OST. Performance of each ORW & PE needs to be reviewed for the OST linkage on a weekly basis.

E) PLHIV IDU on OST: Data of PLHIV IDU started on OST was also reviewed during the meeting. It was observed that around 38% of PLHIV IDUs are on OST. Status of OST linkage is indicated below:

Indicator	0 to 25%	25% to 50%	>50%
PLHIV IDUs on OST	Amritsar: Sawera Tarn Taran: Himalayan Foundation Patiala: MRYDO Faridkot: YAO Ludhiana: Samarth Jalandhar: SBGSS Kapurthala: SBGSS Fatehgarh Sahib: AIAWCD Gurdaspur: JKSPYM-C	Amritsar: Abhivyakti Foundation, AIWC Ferozepur: FNMH Gurdaspur: JKSPYM-C Fatehgarh: Shape India Ludhiana: DN Kotnis-IDU, GYAMVS, DN Mansa: DYWA Nawanshahr: ICSW Mohali: FPAI Ropar: Srijan Foundation	Amritsar: SVMMM Tarn Taran: Don Bosco, SVMMM Kapurthala: SOSVA Hoshiarpur: Himalayan Foundation, Sankalp Moga: Don Bosco Gurdaspur: JKSPYM-I Pathankot: DSMCT Jalandhar: Aident

Suggested action points are:

- All PLHIV IDUs should be put on OST on a priority basis.
- Performance of each ORW & PEs to be reviewed on a weekly basis vis-à-vis OST linkage.

F) Index Spouse & Partners testing: Discussion was held on index testing of all PLHIVs registered with the TIs. It was informed that spouses, partners and biological children of PLHIV should be tested for HIV and identified HIV cases should be linked with ART on a priority basis. Status of index spouse and partner testing of each TI is indicated below:

S. No.	Indicator	0 to 24%	25% to 50%	51% to 75%
1	Index Spouse Testing	Jalandhar: Aident Ludhiana: Aradhya, Central Club, D.N. Kotnis Health & Education Trust Kapurthala: SBGSS Mohali: Youth Technical Training Society Gurdaspur: JKSPYM	Ludhiana: Gramin Yuva Avam Mahila Vikas Sangathan, Samarth Jalandhar: Abhivyakti Foundation Ropar: Srijan Foundation, Family Planning of India	Ludhiana: DN Kotnis-I Amritsar: Abhivyakti Foundation, AIWC Moga: Don Bosco Navjeevan Society Barnala: Jakh Yuva Mandal Faridkot: Youth Affairs Organisation Kapurthala: SOSVA-IDU

		Tarn Taran: Indian Education Society, Don Bosco Navjeevan Society	Hoshiarpur: Himalayan Foundation, Sankalp Nawanshahr: Indian Council for Social Welfare Kapurthala: SOSVA Tarn Taran: Swami Vivekanand Medical Mission Patiala: Philadelphia	Mansa: District Youth Welfare Association Mohali: Youth Technical Training Society Muktsar: Jakh Yuva Mandal, Pahal Sangrur: Janhit Society for Social Welfare
2	Index Partner Testing	Mohali: Youth Technical Training Society Ropar: Family Planning of India Tarn Taran: Don Bosco Navjeevan Society	Ludhiana: Gramin Yuva Mahila Sangathan Gurdaspur: Nipun Muktsar: Jakh Yuva Mandal	Nawanshahr: ICSW Amritsar: Mansa Foundation Moga: Don Bosco Navjeevan Society Ropar: Family Planning of India Hoshiarpur: Sankalp Faridkot: Youth Affairs Society Tarn Taran: Indian Education Society Ferozepur: Frances Newton Mission Hospital Patiala: Philadelphia

Suggested action points to improve spouse and partner testing are:

- TI should prepare a line list of spouse and partners (sexual, injecting & social) of HRGs prior to initiation of HIV screening to understand the universe.
- Some of the partners may be registered with the TI. Hence, priority for HIV screening should be given to those who are not registered with the TI as registered HRGs undergo HIV screening once in 6 months. All identified HIV positive cases should be linked with ART Centre on a priority basis.

G) ART Adherence: It was observed that ART data including viral load testing and viral suppression is not being reported by the TIs as per the requirement. ART adherence data as reported by the TI is indicated below:

Indicator	0% to 50%	51% to 75%
ART Adherence	<p>Gurdaspur: JKSPYM</p> <p>Mohali: Youth Technical Training Society-FSW typology</p> <p>Tarn Taran: Central Club</p> <p>Sangrur: Janhit Society for Social Welfare-IDU typology</p>	<p>Pathankot: Sudeep Memorial Charitable Trust</p> <p>Hoshiarpur: Sankalp</p> <p>Moga: Don Bosco Navjeevan Society</p> <p>Kapurthala: SOSVA-I</p> <p>Nawanshahr: Indian Council for Social Welfare</p> <p>Mohali: Family Planning Association of India, Youth Technical Training Society-MSM typology</p> <p>Fatehgarh Sahib: All India Association for Women & Child Development</p> <p>Patiala: Philadelphia, Nabha Foundation</p> <p>Tarn Taran: Don Bosco Navjeevan Society</p> <p>Ludhiana: D. N. Kotnis Health & Education Trust, Ganga Social Foundation, Guru Gobind Singh Education & Welfare Society</p> <p>Muktsar: Pahal</p>

Suggested action points are:

- All active PLHIV should be put on ART.
- All LFU cases should be navigated to ART centre for treatment linkage.
- All PLHIV clients on ART should be counselled at least once in a month.
- Viral load testing of all PLHIV HRGs should be ensured at least once in a year.
- Data of viral load testing and viral load suppression must be reported in MITR on a monthly basis.
- Project Directors should review this data in the monthly review meeting.

H) Key performance indicators: The performance of TIs with respect to the key performance indicators were reviewed for FY 2022-23 & Q-1 of FY 2023-24 in details during the meeting. Gap in HIV & Syphilis screening was observed in Q1 of F/Y 2023-24 due to shortage of kits at TI and ICTC level. It was further informed that the performance of TIs on key indicators like registration of HRGs, management of STIs, HIV & Syphilis testing during last F/Y was as per the program need. However, distribution of commodities like condoms, lubes and needles and syringes were under par due to non-availability of adequate stock.

One of the TI (SBGSS-Kapurthala) was found to be in poor grade during Q-1. Therefore, a joint visit is required to be conducted by the PSACS/SETU staff to review the performance of the TI and understand the challenges being faced by TI in service delivery.

I) Use of SOCH Application: The usage of SOCH application in TIs was reviewed in detail. It was observed that most of the TIs are not filling the data of screening, clinical treatment, risk assessment, counselling and commodity distribution in SOCH application as per the requirement. Details of SOCH usage is indicated as Annexure -II.

Suggested action points related to SOCH are:

- Project Managers to ensure the usage of SOCH at the TI level
- Data should be uploaded in SOCH on a daily basis
- SOCH server related complaints should be sent to helpdesk of SOCH and copy to prevention division of PSACS.
- Project Directors are required to review the SOCH usage in TI during the monthly review meeting and take corrective actions as per the need.

J) TI related administrative issues:

S. No.	Name of the NGO	District	Issues/ request/ proposal	Recommendations
1	R.P. Society	Amritsar	Needed Fixed assets budget for 5 new TI staff sanctioned this year.	Sanctioned budget will be reviewed and re-considered, if possible.
2	YTTS	Zirakpur	2 separate doctors need to be engaged for FSW & MSM typology in the sanctioned budget.	NGO has to send an email to make such arrangement in the given budget.
3	Philadelphia	Patiala	NGO needs fixed assets budget for NGO-OST.	Last year UC will be reviewed and permission may be granted accordingly. An email will be sent to MO-OST Patiala by PSACS for 2 days duty in NGO-OST, Rajpura.
4	FNMH	Ferozepur	Waste disposal through Civil Hospital. New printer required.	JD-Prevention to talk to CS Patiala & Ferozepur to facilitate the process
5	Shape India	Amritsar	NGO needs static clinic instead of PPP as indicated in the budget for F/Y 23-24	An email needed from the NGO.
6	Central Club	Bhikiwind	Additional ORW needed. Funds for fixed assets required	Case will be reviewed by PSACS for both the issues
7	Abhivyakti Foundation	Amritsar	UPS requirement	NGO can purchase it from Office expenses head.

8	Sawera	Amritsar	Additional staff required for IDU Population in Attari	Provisions to be looked at PSACS level.
9	Samarth	Mohali	Budget for health camp is less.	Budget to be re-checked.
10	Samarth	Ludhiana	Number of active PLHIV is 195 and it is difficult to put them on ART.	Provision of LAC to be discussed with CST division.

Other Challenges being faced by TIs:

- ICTCs of Amritsar, Phillaur are asking for Aadhar card from the HRGs for HIV screening
- Some ART Centres (Amritsar) are not initiating the ART medication unless PLHIV are accompanied by their guardian.
- Computer system of some of the TIs is outdated. Hence, new computer is required to ensure usage of SOCH.

Annexure-1

Batch-1 (Date of Review 01/08/2023 at PSACS)				
S. No.	Zone	District	TI/ NGO	Typology
1	Tarn Taran	Tarn Taran	Central Club, Bikhiwind	FSW;IDU
2	Ludhiana	Ludhiana	Central Club-Ludhiana	IDU
3	Moga	Moga	Central Club, Moga	FSW;MSM
4	Tarn Taran	Tarn Taran	Himalayan Foundation P.	IDU
5	Tarn Taran	Ferozepur	Himalayan Foundation	LWS
6	Gurdaspur	Hoshiarpur	Himalayan Foundation H.	IDU
7	Moga	Moga	Sawera	LWS
8	Jalandhar	Jalandhar	Sawera	FSW
9	Amritsar	Amritsar	Sawera	FSW;IDU
10	Amritsar	Amritsar	Swami Vivekanand Medical Mission	FSW;IDU
11	Amritsar	Amritsar	Swami Vivekanand Medical Mission	LWS
12	Tarn Taran	Tarn Taran	Swami Vivekanand Medical Mission	IDU
13	Amritsar	Amritsar	Abhivyakti Foundation	FSW;IDU
14	Tarn Taran	Tarn Taran	Abhivyakti Foundation	LWS
15	Moga	Kapurthala	SOSVA, Phagwara (CC)	FSW;MSM
16	Moga	Kapurthala	SOSVA, Phagwara (IDU)	IDU
17	Moga	Moga	Don Bosco, Moga	IDU
18	Ludhiana	Ludhiana	Ganga Social Foundation	MSM
19	Tarn Taran	Ferozepur	Francis Newton Mission Hospital	IDU

Batch-2 (Date of Review 02/08/2023 at PSACS)				
S. No.	Zone	District	TI/ NGO	Typology
1	Ludhiana	Ludhiana	Dr DN Kotnis, Ludhiana	IDU
2	Ludhiana	Ludhiana	DN Kotnis, Khanna	FSW;IDU
3	Ludhiana	Ludhiana	GGSEWS (Ludhiana)	Migrant
4	Jalandhar	Jalandhar	GGSEWS- Adampur	IDU
5	Moga	Kapurthala	SBGSS-Kapurthala	IDU
6	Jalandhar	Jalandhar	SBGSS-Jalandhar	IDU
7	Jalandhar	Jalandhar	Pahal – Nakodar	FSW;MSM
8	Muktsar	Muktsar	Pahal-Muktsar	IDU
9	Muktsar	Muktsar	DYWA-Muktsar	LWS
10	Patiala	Mansa	DYWA-Mansa	FSW;IDU
11	Patiala	Barnala	Jakh Yuva Mandal	FSW;MSM
12	Muktsar	Muktsar	Jakh Yuva Mandal	FSW;MSM
13	Ludhiana	Ludhiana	Aradhya	FSW
14	Ludhiana	Ludhiana	Gramin Yuva Mahila Sangathan	IDU
15	Ludhiana	Ludhiana	TCI Foundation	Trucker

16	Jalandhar	Jalandhar	Plan Foundation	Migrant
17	Jalandhar	Jalandhar	Aident Social Welfare	IDU
18	Muktsar	Faridkot	YAO	IDU
19	Patiala	Sangrur	Janhit Society	FSW;IDU
20	Patiala	Patiala	The Nabha Foundation	FSW;MSM;IDU
21	Patiala	Patiala	MRYDO	FSW;IDU
22	Muktsar	Fazilka	One Stop Centre	TG
23	Tarn Taran	Tarn Taran	Don Bosco, Chabbal	IDU

Batch-3 (Date of Review 03/08/2023 at PSACS)				
S. No.	Zone	District	TI/ NGO	Typology
1	Moga	Ludhiana	Smarth-Jagrao	IDU
2	Gurdaspur	Gurdaspur	Nipun, Batala	FSW;MSM
3	Gurdaspur	Gurdaspur	JKSPYM, Batala	IDU
4	Gurdaspur	Gurdaspur	JKSPYM- Com - Gurdashpur	FSW;MSM;IDU
5	Gurdaspur	Gurdaspur	Child Survival India-Qadian	IDU
6	Gurdaspur	Pathankot	Dr Sudip Memorial	FSW;MSM;IDU
7	Gurdaspur	Hoshiarpur	Shaan - Hoshiarpur	FSW;MSM
8	Gurdaspur	Hoshiarpur	Sankalp, Garhshankar	IDU
9	Mohali	Mohali	Samarth	Migrant
10	Mohali	Nawanshahar	ICSW (NS)	FSW;MSM;IDU
11	Tarn Taran	Tarn Taran	ICSW (TT)	FSW;MSM
12	Mohali	Mohali	FPAI	FSW;MSM;IDU
13	Mohali	Ropar	FPAI	FSW;MSM
14	Mohali	Ropar	Srijan Foundation	IDU
15	Mohali	Fatehgarh Sahib	AIAWCD, Mandi Gobindgar	FSW;MSM;IDU
16	Patiala	Patiala	Philadelphia, Rajpura	FSW;MSM;IDU
17	Mohali	Mohali	YTTS	FSW;MSM
18	Amritsar	Amritsar	All India Women's Conference	FSW;IDU
19	Amritsar	Amritsar	Mansa Foundation, Amritsar	MSM;TG
20	Amritsar	Amritsar	RP Education Society, Amritsar	Migrant;Trucker
21	Amritsar	Amritsar	Shape India, Amritsar	FSW;SPA;IDU
22	Muktsar	Faridkot	Shape India- Faridkot	LWS
23	Mohali	Fatehgarh Sahib	Shape India (F.garh)	IDU
24	Tarn Taran	Tarn Taran	Indian Educational Society	FSW

Annexure -II

SOCH USAGE								
TI Name	State	Core or Bridge TI	Count of Screenings recorded	Clinical Treatment recorded	Risk Assessment Recorded	Counselling Recorded	Distribution Recorded	Hotspots Recorded
Abhivyakti Foundation	PUNJAB	Core	14					13
Aident Social Welfare Organisation	PUNJAB	Core			34			7
All India Association For Women & Child Development	PUNJAB	Core						11
All India Women Conference	PUNJAB	Core	18					14
Aradhya TI (FSW)	PUNJAB	Core						13
Central Club	PUNJAB	Core		97				
Central Club BHIKHIWIND	PUNJAB	Core			34			12
Central Club Ludhiana	PUNJAB	Core		11		31		10
Child survival India Gurdaspur	PUNJAB	Core						2
District Youth Welfare Association Mansa Cc	PUNJAB	Core						16
Don Bosco Navjeevan Society	PUNJAB	Core						10
Don Bosco Navjeevan Society, TI IDU	PUNJAB	Core						8
Dr.D.N Kotnis health & Education Centre	PUNJAB	Core						10
Dr.D.N Kotnis Health & Education Centre (TI COMPOSITE KHANNA)	PUNJAB	Core	10					16
Dsmct Pathankot Cc	PUNJAB	Core						26
Family Planning Association of India	PUNJAB	Core		45	107			8
Family Planning Association Of India, Branch-Mohali	PUNJAB	Core						16
Frances Newton Mission Hospital	PUNJAB	Core		30		70		13
Ganga social foundation	PUNJAB	Core	42	2				6
Guru Gobind Singh Educational Welfare Society	PUNJAB	Core	42	3				13
GuruGobind Singh Educational Welfare Society	PUNJAB	Bridge						41
GYAMVS	PUNJAB	Core			6			6
Himalayan Foundation	PUNJAB	Core	39	29		179		13
Himalayan Hoshiarpur IDU	PUNJAB	Core	4					
Indian Council For Social Welfare	PUNJAB	Core	22					10
Indian council of social welfare	PUNJAB	Core	2	144		104		16
Indian Educational Society	PUNJAB	Core						9
Jakh Yuva Barnala Cc	PUNJAB	Core	16		5			23
Jakh Yuva Mandal	PUNJAB	Core	12					8
Janhit Society For Social Welfare	PUNJAB	Core				6		13

J & K Society For The Promotion Of Youth And Masses	PUNJAB	Core						9
Jkspym Gurudaspur Cc	PUNJAB	Core	73					18
Mansa Foundation Welfare Society	PUNJAB	Core						10
Modal Rural Youth Development Organization	PUNJAB	Core						11
Nipun Gurdaspur	PUNJAB	Core	13		120			7
Pahal	PUNJAB	Core	4		35			10
PAHAL MUKTSAR	PUNJAB	Core						7
Philadelphia Idu Ti	PUNJAB	Core						8
PLAN Foundation	PUNJAB	Core						
R P Education Society	PUNJAB	Bridge	536	235	289	49		43
Samarth The Professional	PUNJAB	Core	6	4		8		15
Samarth The Professionals	PUNJAB	Bridge						11
Sanklap Sanskritik Samiti Hoshiarpur IDU	PUNJAB	Core	6				1	25
sawera	PUNJAB	Core						13
Sawera Jalandhar Composite FSW & MSM	PUNJAB	Core						14
Shan Hoshiarpur Fsw	PUNJAB	Core	36		5			
Shape India FSW	PUNJAB	Core						11
Shape India IDU	PUNJAB	Core						10
Shree Bhardwaj Gramodyog Sewa Sanstha	PUNJAB	Core	28					10
Shri Bhardwaj Gramodyog Sewa Sansthan	PUNJAB	Core						11
Sosva Kapurthala Cc	PUNJAB	Core	4	59	8			21
Sosva Kapurthala Idu	PUNJAB	Core	51	160	2	83	338	15
Srijan Foundation	PUNJAB	Core	14	70		60		11
Swami Vivekanand Medical Mission	PUNJAB	Core						18
Swami Vivekanand Medical Mission (Regd)	PUNJAB	Core						12
TCI Foundation	PUNJAB	Bridge						44
The Nabha Foundation	PUNJAB	Core						21
Youth Affairs Organisation	PUNJAB	Core						8
Youth Technical Training Society	PUNJAB	Core						13