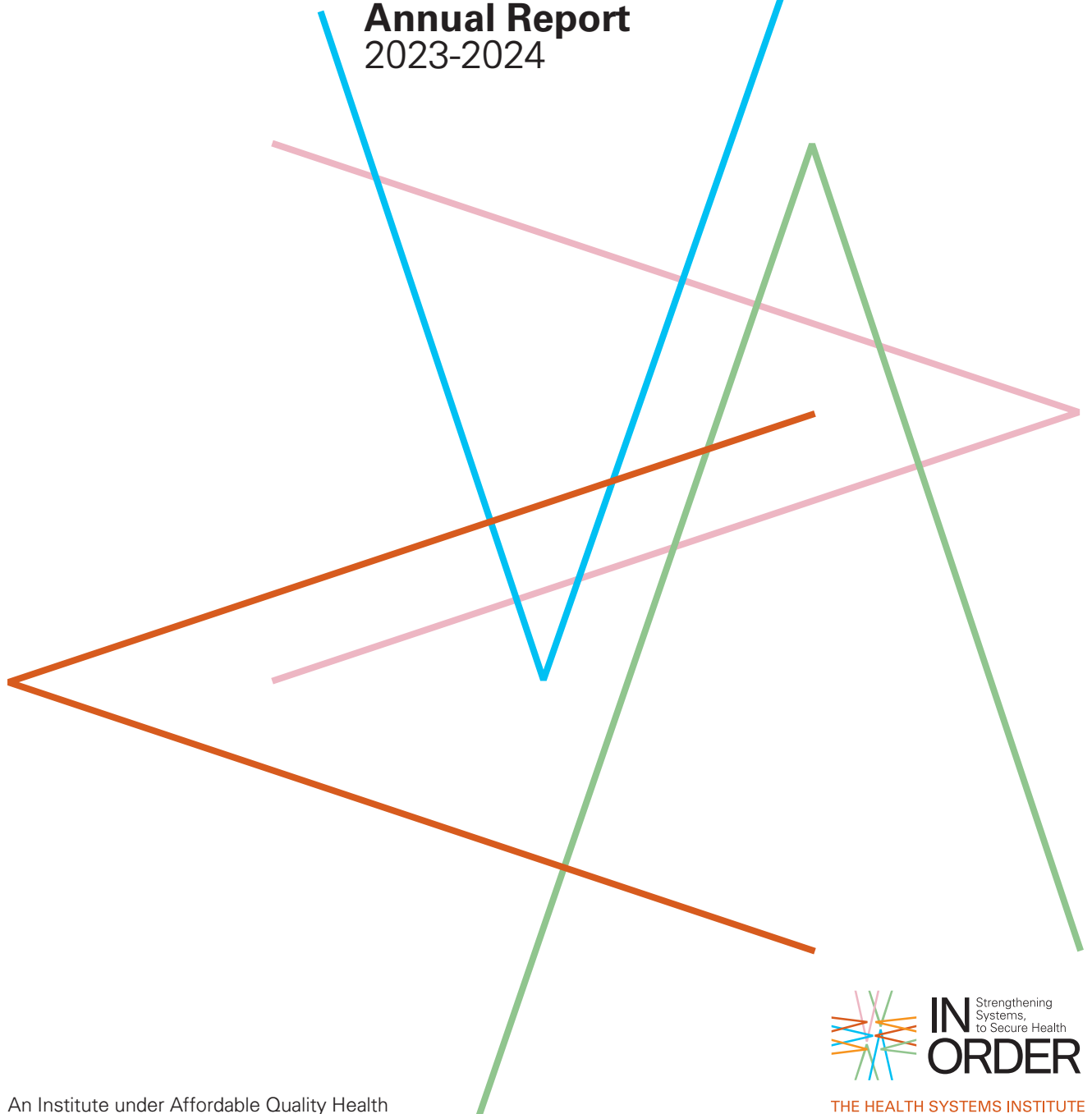


# AFFORDABLE QUALITY HEALTH

**Annual Report**  
2023-2024



# ABOUT AFFORDABLE QUALITY HEALTH

Affordable Quality Health (hereinafter referred to as AQH) is not for profit section 8 company established with an objective to undertake research, implementation and knowledge transfer in health systems, including process improvement and health care delivery in India. It also carry forward knowledge, databases and academic courses in model institutions of medicine, public health, nursing, management and social sciences.

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# ABOUT INORDER-THE HEALTH SYSTEMS INSTITUTE

InOrder, a unit of AQH, works towards strengthening health systems through thought leadership, knowledge sharing, capacity building, and technical support so that policy makers, healthcare provider and payer systems, and the public at large are better equipped to sustain good health at lower cost.

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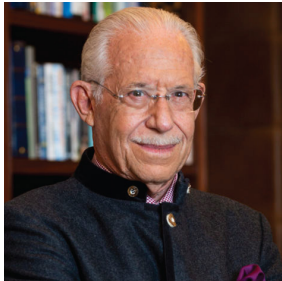
# ROLE OF INORDER IN HEALTH SYSTEMS STRENGTHENING

As a national-level think tank and training institute, InOrder, serves the country's unique set of healthcare challenges using health systems thinking, leveraging local and global expertise.

At InOrder, have adopted a people-centered health systems schema for organizing our works. We focus on each of the five subsystems of health, namely **Governance, Provider System, Payer System, Public Health System, and Health Information.**

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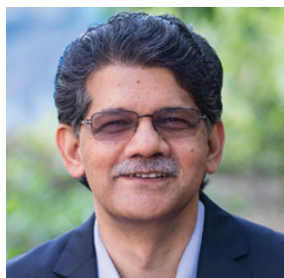
# BOARD OF DIRECTORS



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**Dr. William A. Haseltine**

Chair,  
ACCESS Health International



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**Dr. N. Krishna Reddy**

CEO,  
ACCESS Health International



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**Mr. Biswajeet Das Chatterjee**

Vice President (Global), Finance  
And Corporate Affairs,  
ACCESS Health International



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**Mr. Lov Verma**

Secretary (Retd),  
Government of India



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**Mr. Pawan Ahluwalia**

Founder & Managing  
DirectorFounder & Managing  
Director, Laburnum Capital  
(Resigned in November 2023)

# ADVISORY BOARD



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**Dr. K. Ranga Rama Krishnan**

Chief Executive Officer for Rush  
University System for Health



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**Dr. Vijay V. Yeldandi**

Specialist in Infectious Diseases and  
Clinical Professor of Medicine and Surgery  
at the University of Illinois at Chicago



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**Dr. Dennis Streveler**

Professor of Medical Informatics  
at the University of Hawaii and  
Global Digital Health Expert

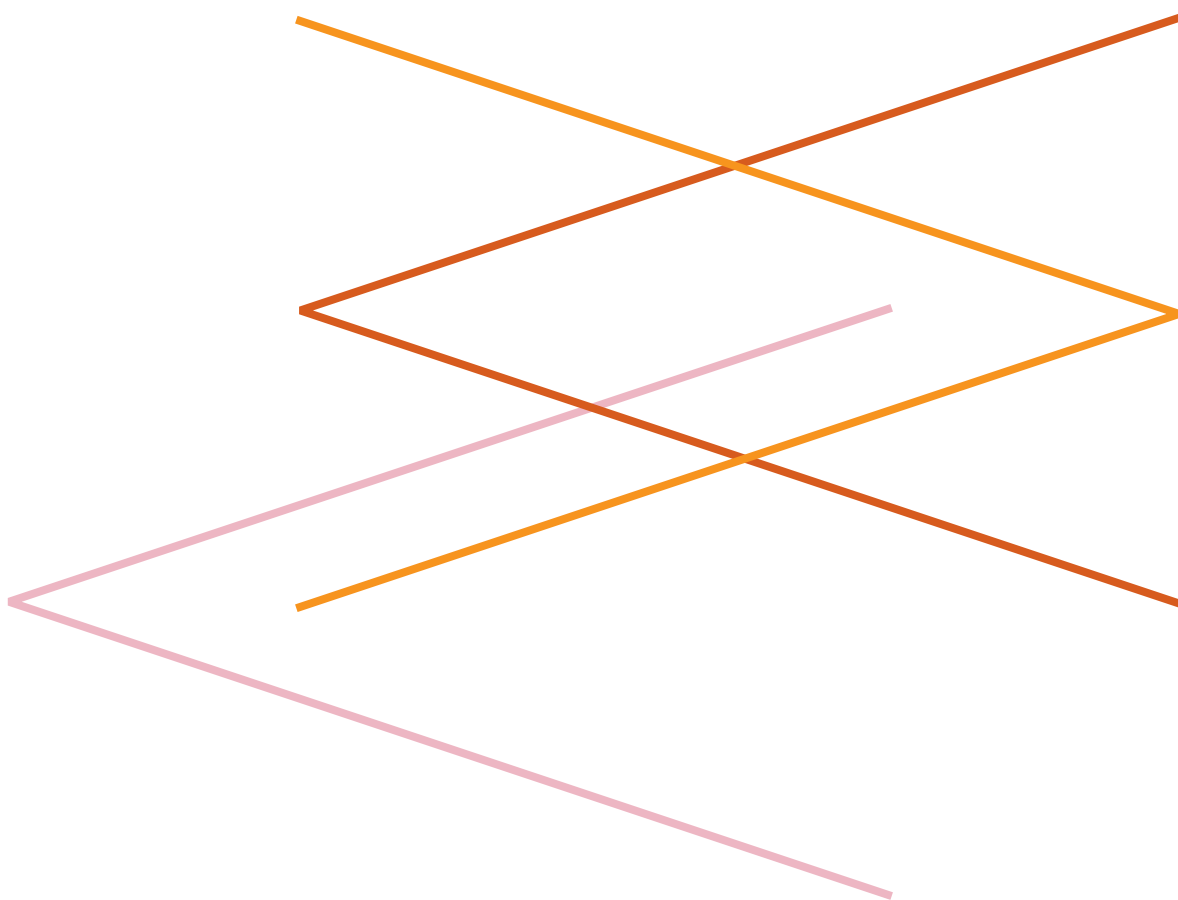


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**Dr. John C. Langenbrunner**

Senior Adviser, Social Health  
Insurance, Indonesia

# PROJECTS IN 2023-24



# 1. Advancing Health Literacy on Non-Communicable Diseases in Chhattisgarh

## About the Project:

Affordable Quality Health the State Health Resource Center (SHRC) in Chhattisgarh have come together through a Memorandum of Understanding (MoU) signed in March 2024. This partnership marks the commencement of the NCD Health Literacy Project in Chhattisgarh, aimed at tackling Non-Communicable Diseases (NCDs) through enhanced education and awareness..

The NCD Health Literacy Project addresses the urgent challenges posed by NCDs, a health concern, which continues to exert a heavy toll on public health systems worldwide. Like many regions globally, Chhattisgarh faces the dual challenge of addressing NCDs while promoting health literacy among its populace. Through this collaborative effort, AQH and SHRC commit to leveraging their resources, expertise, and networks to drive meaningful change on the ground.

The primary objective of the Project is to empower individuals and communities with the knowledge and skills necessary to prevent, manage, and mitigate the impact of NCDs. This will be achieved through a multifaceted approach encompassing educational workshops, community outreach programs, and capacity-building initiatives for healthcare professionals.

## Objective:

To co-design and implement a health literacy intervention for NCDs in two blocks of two districts in Chhattisgarh

### Preparatory ---

- Constitute Technical Advisory Group
- Stakeholder mapping
- Develop an understanding of health literacy which is locally relevant through a baseline assessment

### Implementation ---

- Co-design and implement a health literacy intervention
- Measure health literacy responsiveness
- Measure health literacy at individual level

### Preparatory ---

- Evaluation and ongoing improvement
- Integrate health literacy interventions into existing health systems and program through continuous dialogues, advocacy, and dissemination

## 2.

# InOrder as the Convener of the India Chapter Global Learning Collaborative for Health Systems Resilience (GLC4HSR)

### Overview:

InOrder is partnering with ACCESS Health International in building GLC4HSR. The collaborative will gather key stakeholders of health systems at state, national, regional, and global levels. It will provide support in knowledge co-creation and its curation into learning briefs, in organizing learning sessions, and in disseminating the learnings to wider audience of health systems. In 2022, Indian assumed the role of the convener of the India country chapter of the GLC4HSR.



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### Activities and Updates:

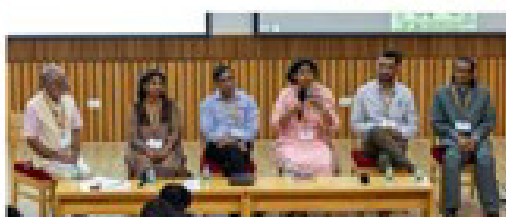
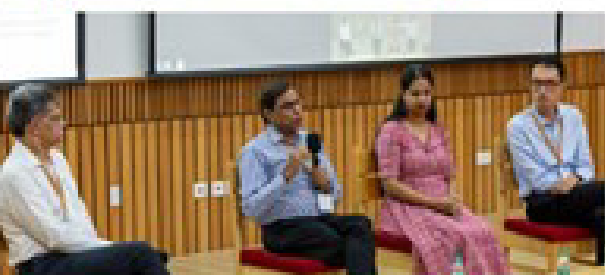
#### 1. Health System Resilience Assessment Pilot Study

##### About study

The GLC4HSR has developed a health system resilience assessment (HSRA) tool, which is currently in the pilot testing phase. These tools will be piloted at national, sub national, and local levels. Health Systems Resilience Assessment (HSRA) pilots as part of the GLC4HSR have commenced in India and Bangladesh and will be taken up in Sri Lanka, and Indonesia through the respective country chapters. This pilot study aims to provide important insights into the ability of health systems to withstand and adapt to various shocks by utilizing the HSRA tool.

##### Brief description of the pilot testing

- The study begins with comprehensive health systems assessment of India and extending to subsequent assessment of health system resilience.
- The health systems assessment encompasses a spectrum of indicators organized into six pivotal areas: socioeconomic data, access, demographic factors, non-medical determinants, health expenditure, SDG indicators, vulnerability factors, ICT indices, and specific health needs.
- The assessment covers various key dimensions, including governance, provisioning, resources and supplies, and financial mobilization. Additionally, cross-cutting thematic areas such as communication, relations, and information play a pivotal role in this endeavor.



## 2. Workshop on building Robust Surveillance Systems (Sept, 2023)

InOrder as the India convener of the **GLC4HSR** and **Tata Institute for Genetics and Society, India (TIGS)** co-hosted a two-day workshop titled **"Building Back Better Surveillance Systems"** in Bengaluru. A working group is constituted to come up with a future ready **"surveillance-alert-response-system" blueprint**.

The workshop featured four panel discussions, addressing **contemporary challenges** and solutions in strengthening health surveillance systems. It saw over **100 in-person** and **60 online** attendees, emphasizing its significance in **knowledge-sharing and collaboration**.

Discussions revolved around innovative **surveillance strategies**, responsible use of **big data**, and the **"One Health"** approach for integrated surveillance practices. Key takeaways highlighted the importance of **wastewater surveillance**, ethical **big data utilization**, and the interplay between **human health and environment**. Notable speakers included **Dr. K.V. Thrilok Chandra from BBMP** and **Dr. Anil Kumar from the National Centre for Disease Control**.





### 3. Workshop on Community Engagement (December, 2023)

Workshop titled "**Towards People-Centered Healthcare: A Workshop on Community Engagement**" was held on December 14, 2023, at the Administrative Staff College of India, Hyderabad. It was co-organized by **GLC4HSR, University of Arizona's Mel & Enid Zuckerman College of Public Health, Administrative Staff College of India, and Henry Ford Health.**

It aimed to explore **community's role in strengthening health systems and define "community" within the health context.** The workshop discussed influences of **special interest groups, self-help groups, volunteers, civil society, and media on community participation.** **Over 125 participants engaged both in-person and online,** with insights shared on community engagement's real-world applications.

InOrder- India convener- We are evolving assessment tools for health systems, their performance, of health security systems, and of health systems resilience under the aegis of the GLC4HSR. These tools will be piloted at national, sub national, and local levels. We are commencing Health Systems Resilience Assessment (HSRA) pilots as part of the GLC4HSR in India, Bangladesh, Sri Lanka, and Indonesia through the respective country chapters. Five-country Health System Resilience Assessment (HSRA) study, as part of GLC4HSR has begun with India as the first focus country.

### **3.**

## **InOrder as the convener of the India Chapter of the APAC CVD Disease Alliance**

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### **About APAC CVD Alliance**

The Asia Pacific Cardiovascular Disease Alliance (APAC CVD Alliance) is a multisectoral coalition comprising patient organizations, health professionals, academia, global health think tanks, corporate partners, and policymakers. Its mission is to inspire policy change by elevating public and policy awareness of cardiovascular diseases (CVD) across nine focus countries and regional forums

### **InOrder's Role:**

InOrder is serving as the country convenor to facilitate the India chapter of the APAC CVD Alliance. InOrder is the platform to convene necessary meetings, roundtables, and bringing stakeholders together. The country convenor will continue to advance the research and implementation activities that the Alliance aims to achieve. This effort aims to enhance research findings and promote cohesive actions to address CVD in India effectively.

# 4.

## Ayushman Bharat Digital Mission Implementation Research

### Overview:

InOrder conducted comprehensive implementation research to identify challenges and critical variables in the adoption of Digital Health initiatives, specifically through pilot microsites for the Ayushman Bharat Digital Mission (ABDM). This research provides insights into the barriers and enablers to adoption and outlines strategies for scaling these initiatives across various States and private sector-focused programs.

### Key Findings

#### Initiation Challenges

- **Institutional Readiness:**  
Both public and private sectors exhibit limited readiness for digital health implementation. This is compounded by a significant divide in digital maturity between rural and urban populations and notable variation among states.
- **Digital Infrastructure:**  
There is a pressing need for fund allocation to bridge gaps in digital infrastructure and upgrade to interoperable applications to support the adoption of digital health solutions.

#### Implementation Barriers

- **Private Sector Engagement:**  
The lack of incentives for the private sector and insufficient guidance for infrastructural compliance, particularly for smaller facilities, impede progress.
- **Staff Resistance and Skill Gaps:**  
Health delivery staff often resist digitization, and there are significant gaps in the necessary digital health skills among health staff. The diversity of stakeholders also requires tailored approaches to ensure effective implementation.

#### Scaling Strategies

- **Sustainable Investment:**  
Planned and sustainable investment is crucial for the long-term success of digital health reforms.
- **Health Worker Adaptation:**  
Strategies to address resistance from health worker groups are essential for the integration of digital health solutions into care delivery.
- **Impact Assessment:**  
Developing a robust impact assessment framework is necessary to track the benefits of digital health reforms and guide necessary course corrections.

The research will continue to expand, focusing on adoption strategies across different States and exploring private sector initiatives. Emphasis will be placed on addressing the identified challenges and enhancing digital health readiness, infrastructure, and skills across the health ecosystem.

# 5.

## Longitudinal Cohort Study with UoH on Human-Centered Population Health Management

### Overview:

The University of Hyderabad (UoH) and AQH have initiated a comprehensive longitudinal cohort study to design and implement a human-centered Population Health Management (PHM) model within the UoH community. This project aims to align with Sustainable Development Goal (SDG) 3, "Ensure healthy lives and promote well-being for all at all ages." Over the next three years, this initiative will focus on the inhabitants of the University of Hyderabad campus, addressing non-communicable disease (NCD) risk factors through strategic PHM interventions.

### Project Objectives

#### Human-Centered Interventions

- **Co-Development and Co-Design:**  
The primary objective is to collaboratively develop and design human-centered interventions tailored to the UoH population. These interventions will adhere to the principles of Population Health Management, ensuring they effectively target and mitigate various health risk factors.
- **Health Promotion and Well-Being:**  
By focusing on prevention, the project seeks to promote overall health and well-being among the UoH community, contributing to the broader goal of maintaining healthy lives for all ages.

#### Addressing Non-Communicable Diseases

- **Risk Factor Management:**  
The study will systematically address the risk factors associated with non-communicable diseases, implementing a PHM strategy to monitor and improve the health status of the identified population cohorts over time.
- **Impact Assessment:**  
The longitudinal nature of the study will allow for the assessment of multiple interventions and their impact on the health status of individuals, providing valuable insights into the effectiveness of different health strategies.

This longitudinal cohort study represents a significant step towards understanding and managing population health through a human-centered approach. The findings will inform future health interventions and policies aimed at preventing non-communicable diseases and promoting sustained well-being within the UoH community and beyond. The collaboration between UoH and AQH underscores the commitment to achieving SDG 3 and enhancing public health outcomes through innovative and evidence-based strategies.

# 6.

## Health Literacy Project in Partnership with United Way

### Overview

In collaboration with United Way, our organization is identifying domestic donors to support our various projects. United Way, an NGO that networks corporates for CSR (corporate social responsibility) funds, has identified a donor to support our health literacy project in five villages. This project aims to enhance health literacy and address critical health issues such as heat-related illnesses, mental health, and nutrition through a comprehensive approach involving policy reviews, stakeholder consultations, and community engagement.

### Areas of Joint Work

#### Policy and Literature Review

- **Heat-Related Illnesses:**  
Conducting a thorough review of the current policies and literature on heat-related illnesses to understand the existing state and gaps.
- **Health Literacy and Mental Health**  
Evaluating the current state of health literacy and mental health, identifying the key challenges and opportunities for intervention.
- **Nutrition:**  
Assessing nutritional policies and literature to inform program design and implementation strategies.

#### Multi-Stakeholder Consultations

- **Evidence Generation:**  
Engaging with policymakers, practitioners, and academia through consultations to generate robust evidence in the areas of heat-related illnesses, health literacy, mental health, and nutrition.
- **Program Design:**  
Utilizing insights from these consultations to design effective programs that address the identified health issues.

#### Best Practice Reviews and Community Studies

- **Global and Local Solutions:**  
Reviewing best practices and solutions that exist both locally and globally to inform our approach.
- **Community Engagement:**  
Conducting various studies with community representatives, including religious and local leaders, as well as rural medical practitioners (RMPs), to gather community-specific insights and recommendations.

## Exploring Funding Opportunities

- **Leveraging Experience:**  
Using our research and implementation experience to identify and secure funding from agencies, foundations, and government programs that align with our areas of work.
- **Strategic Partnerships:**  
Forming strategic partnerships with potential donors to support our health literacy and related health projects.

## Designing the District Climate Action Plan

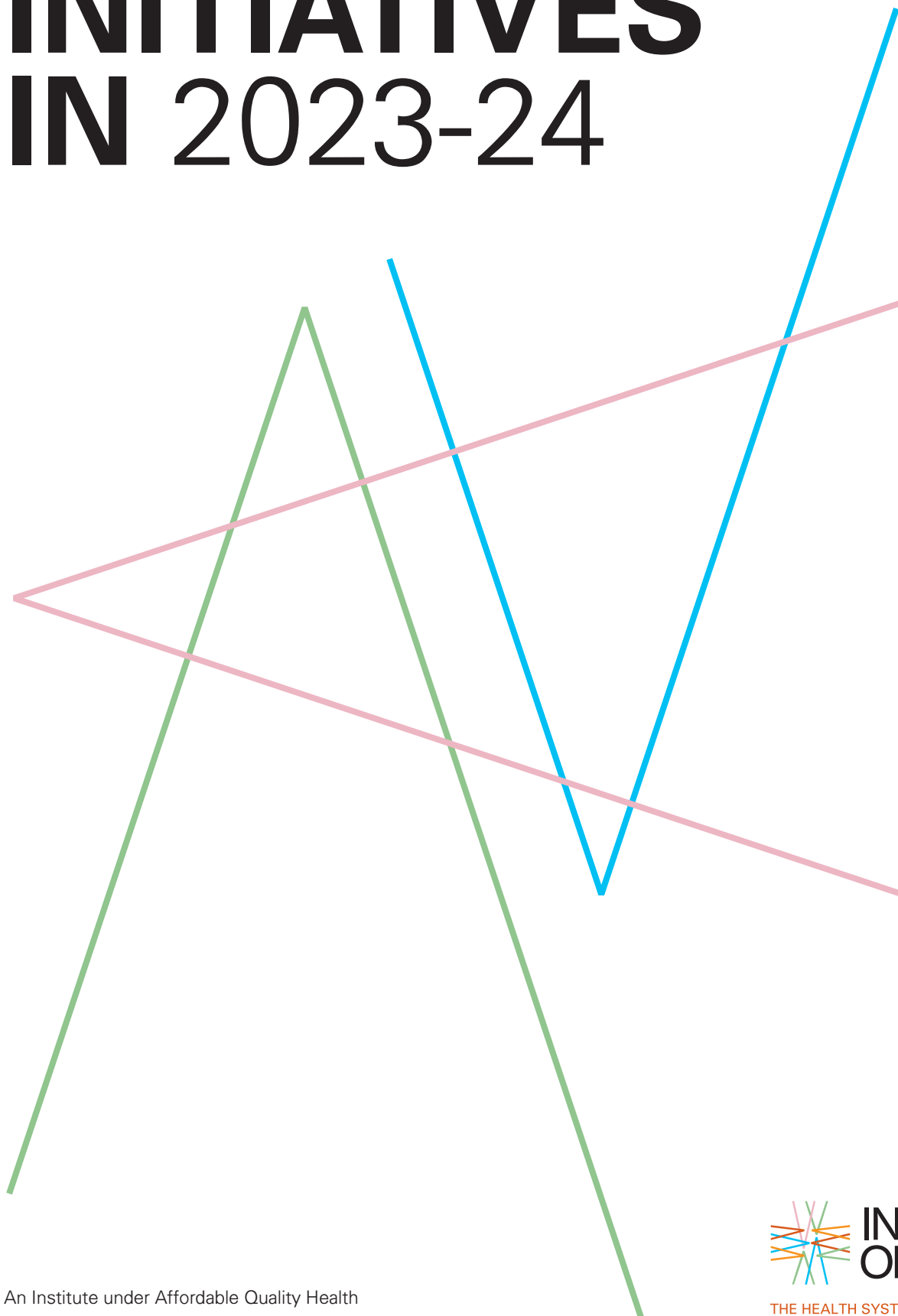
- **Evidence-Based Approach:**  
Creating a district climate action plan using evidence generated from community interactions, rapid reviews, and expert consultations.
- **Action Plan Framework:**  
Developing a comprehensive framework for the action plan, incorporating insights from various disciplines and organizations.

## Implementation Plan

- **Detailed Roadmap:**  
Crafting a detailed implementation plan to guide the execution of the health literacy project and associated interventions.
- **Monitoring and Evaluation: Establishing**  
Establishing mechanisms for ongoing monitoring and evaluation to ensure the effectiveness and sustainability of the project outcomes.

This project represents a significant step towards improving health literacy and addressing critical health challenges in rural communities. Our partnership with United Way and the support from domestic donors will enable us to create impactful, evidence-based health interventions that promote well-being and resilience in the targeted villages.

# CAPACITY BUILDING INITIATIVES IN 2023-24



An Institute under Affordable Quality Health



# 1. Management Development Program on Healthcare Informatics

## Overview:

In recent years, the healthcare industry has witnessed a surge of interest in the potential applications of data analytics and informatics. However, the challenge lies in effectively analyzing the vast amounts of data available and extracting actionable insights from it. Recognizing this challenge, **InOrder, in collaboration with the Administrative Staff College of India, Hyderabad and ACCESS Health International, has developed a specialized program aimed at empowering healthcare professionals to become leaders in the digital transformation of our healthcare system.**



## About the Program:

The program, in its second year of offering, was specifically designed for a range of healthcare professionals, including Officers of the National Health Mission (NHM) and National Digital Health Mission in States/UTs, who work extensively with data.

It is also targeted towards Senior Officers of the State Health Authority involved in the Pradhan Mantri Jan Arogya Yojana scheme, Health Policy Experts, Senior Managers and Officers at the District level who handle data, Information System Professionals, and allied health professionals seeking to broaden their knowledge of digital health and health informatics.

## Duration:

6 months, weekend online course, commenced in September 2023.

## About the 2nd edition:

The second edition of the Management Development Program garnered nominations from healthcare professionals across prestigious organizations such as the George Institute for Global Health, National Institute of Nutrition, Research and Innovation Circle of Hyderabad, UNICEF, ICICI,



and many more. The curriculum commenced with two months of engaging online sessions, laying a strong foundation in crucial informatics and analytics topics.

A key feature of this program was the incorporation of a two-day residential workshop, held on the 8th and 9th of December, at the ASCI campus in Hyderabad. This workshop provided participants with hands-on exposure to various applications of informatics in healthcare. It served as a pivotal component, bringing concepts to life and offering practical insights into the intricacies of the field.

The hands-on sessions covered essential topics such as SNOMED CT, LOINC, ICD, Tableau, R-studio, and more. These sessions not only enriched the participants' knowledge but also served as a foundational stone for the subsequent online sessions. The residential workshop was a major highlight, allowing participants to interact closely, exchange ideas, and collaborate in a conducive learning environment.

## **Modules Covered:**

- Health Informatics- Introduction and landscape
- Healthcare IT Standards
- Digital Health Mission
- Healthcare IT Applications
- Healthcare IT Implementation Challenges
- Data Science of Health Informatics
- AI in Healthcare

## 2. MOU with the **Kalinga Institute of Industrial Technology's School of Public Health**

### Overview:

**InOrder, in partnership with the KIIT School of Public Health (KSPH) and ACCESS Health, signed a Memorandum of Understanding (MoU) on June 13, 2023.** This collaboration aims to advance academic and research endeavours to strengthen health systems across various States and Union Territories of India.



### About the Program:

The areas of proposed work include conducting short-term and long-term capacity building programs in the area of "Health System Strengthening" by:

- i. Preparing the course curriculum
- ii. Preparing the course materials
- iii. Designing the programme brochure
- iv. Marketing the programme
- v. Delivery of capacity building programmes
- vi. Doctoral fellowships/studentships
- vii. Faculty and student exchange

## Focus Areas:

The signing of this MoU paves the way for a comprehensive and impactful collaboration, allowing the entities to work together on a wide range of thematic verticals. Some of these areas include governance in health, health systems and services, environmental health, and global health.

By leveraging the strengths of each organization, the collaboration aims to bring about significant advancements in the Indian healthcare landscape. The joint efforts will contribute to the development of sustainable health systems, bolstering their effectiveness, accessibility, and quality. Moreover, the collaboration seeks to promote interdisciplinary research, knowledge exchange, and capacity building, ensuring a holistic approach to addressing the complex challenges faced by health systems.

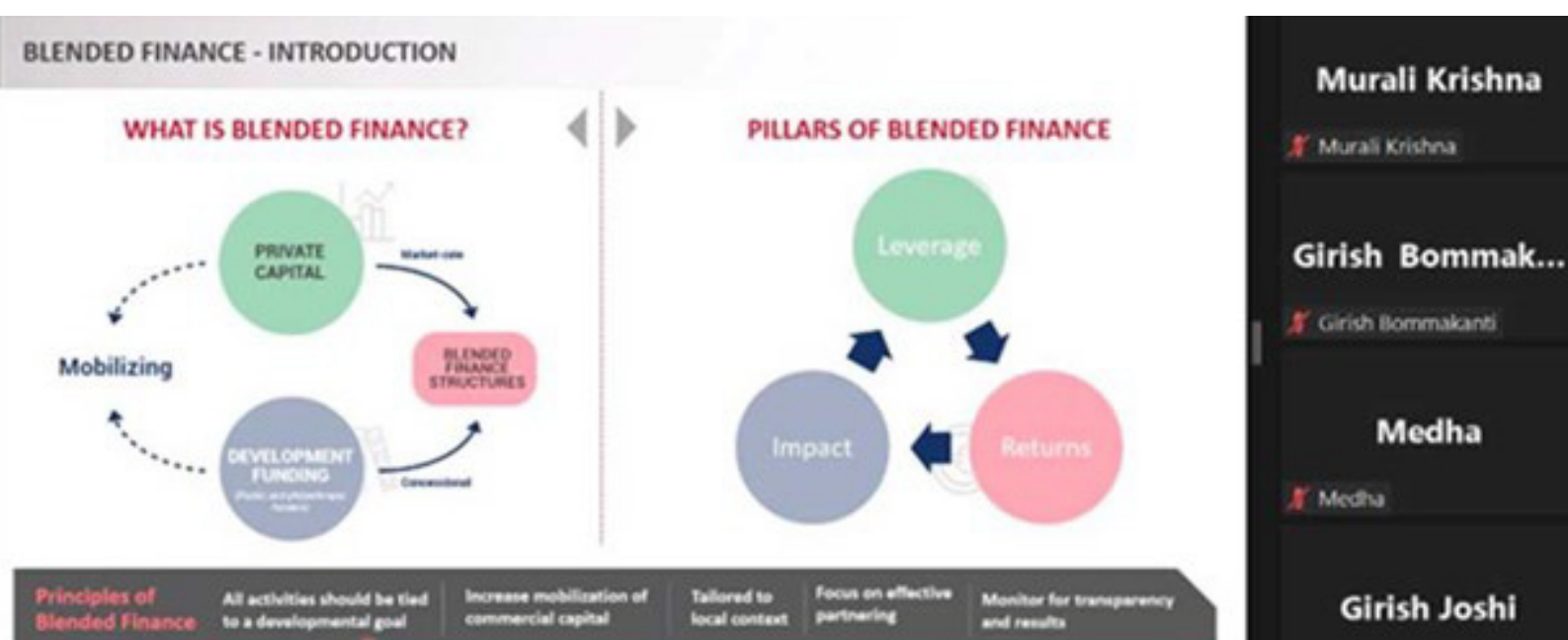
Under the MoU signed with KSPH, two doctoral fellowships have been granted and PhD scholars were enrolled for the PhD program in KSPH with the objective of strengthening health systems through extensive research.

### 3.

# Certificate Course on Understanding Health Insurance For Health Financing

## Overview:

InOrder successfully completed the Certificate Course on Understanding Health Insurance for Health Financing. The collaborative effort between InOrder, **ACCESS Health International**, and the **Institute of Insurance and Risk Management** culminated in a five-week interactive learning experience for the course participants, culminating in a closing ceremony on December 4, 2023.



## About the Course:

The comprehensive course, tailored to enhance participants' expertise in Health Financing and Insurance Principles, Health Insurance Principles, Risk Assessment and Pricing, Health Insurance Policies and Implementation, and Applying Principles to Real-World Scenarios, proved instrumental in fostering the professional growth of our dedicated learners.

## Target Segment:

6 months, weekend online course, commenced in September 2023.

## About the 2nd edition:

- SHA officials & staff,
- Private Health Insurance Sector
- Financial Managers
- Development sector and Health Insurance professionals

## **Participants:**

CEOs, VPs and professionals from healthcare insurance field participated in the course.

## **Duration:**

1 month, weekend online course

## **Modules Covered:**

- i. Introduction to Health Financing and Insurance Principles
- ii. Risk Assessment and Pricing
- iii. Emerging trends in health insurance
- iv. Comprehensive view of advancements in Health Insurance
- v. Blended Finance

# Upcoming Courses:

## 1. HEALTHCARE QUALITY MANAGEMENT

### Partners

This course is offered in partnership with KIIT School of Public Health, Bhubaneswar.  
Duration/Timeline

The program spans six months and employs a hybrid format, combining both online and in-person learning sessions to provide flexibility and comprehensive training.

### Target Segment

The course is designed for a diverse range of healthcare professionals, including:

- Medical doctors
- Nurses and paramedical staff
- Healthcare professionals working in the government sector
- Hospital managers
- Quality managers
- Operation executives
- Front office staff
- Graduates aspiring to build a career in healthcare quality

### Modules Planned

- **Introduction to Healthcare Quality:**  
This module provides a foundational understanding of healthcare quality, including its importance and the key concepts.
- **Principles of Management:**  
Focuses on essential management principles and practices necessary for effective leadership in healthcare settings.
- **Quality Process:**  
Examines the processes involved in maintaining and improving quality within healthcare organizations.
- **Quality Methodologies in Health:**  
Covers various methodologies and tools used to measure, analyze, and improve healthcare quality.
- **Quality and Value-Based Care:**  
Explores the relationship between quality and value-based care, emphasizing cost-effectiveness and patient outcomes.
- **Quality Indicators:**  
Discusses the metrics and indicators used to assess and monitor the quality of healthcare services.

This comprehensive program aims to equip participants with the knowledge and skills necessary to enhance healthcare quality and implement effective quality management practices within their organizations.

## 2. BASICS OF OUTPATIENT MANAGEMENT

### Target Segment

This course is tailored for:

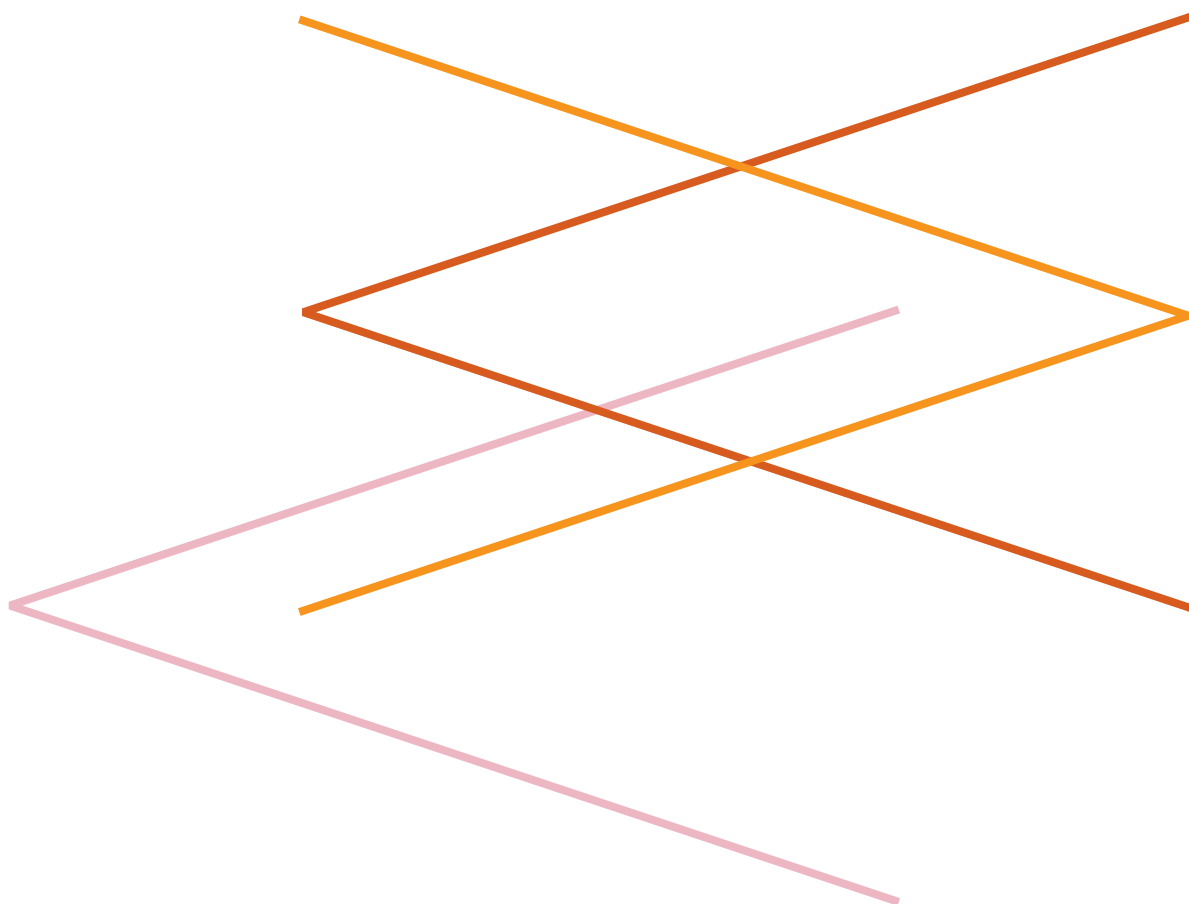
- 10+2/Graduate students aspiring to build a career in the health and hospital sector
- Healthcare providers seeking to enhance their skills in outpatient management

### Modules Planned

- **Common Terminologies Used in Hospital Industry:**  
This module introduces students to the essential terms and jargon commonly used in hospitals, providing a foundation for effective communication and understanding within a healthcare setting.
- **Orientation to Hospital and Departments:**  
Offers a comprehensive overview of the hospital environment, detailing the structure and functions of various departments to familiarize students with the operational dynamics of a healthcare facility.
- **Process of OP Department:**  
Focuses on the workflow and processes specific to the outpatient department (OPD), including patient registration, consultation procedures, and follow-up practices.
- **Basics of Record Keeping, Feedback Management, Handling Patients:**  
Covers the fundamental aspects of maintaining accurate patient records, managing patient feedback, and effectively handling patient interactions to ensure quality care and service.
- **Orientation to HMIS OP Module:**  
Provides an introduction to the Hospital Management Information System (HMIS) with a focus on the outpatient module, enabling students to understand and utilize digital tools for efficient OPD management.

This course aims to equip participants with the essential knowledge and skills needed for effective outpatient management, preparing them for various roles within the healthcare and hospital sector.

# PROVISIONAL FINANCIAL STATEMENTS FOR 2023-24





AFFORDABLE QUALITY HEALTH Balance Sheet as at 31st March 2024			
Particulars	Notes	As at 31st March 2024 <i>Amount in Rs.</i>	As at 31st March, 2023 <i>Amount in Rs.</i>
<b>ASSETS</b>			
<b>Non-Current Assets</b>			
Fixed Assets	2.00	53,074	1,17,108
Differed Tax Assets (Net)	2.01	-	-
		<b>53,074</b>	<b>1,17,108</b>
<b>Current Assets</b>			
Cash and Cash Equivalents	2.02	1,20,457	3,17,836
Other Current Assets	2.03	13,10,733	13,83,367
		<b>14,31,190</b>	<b>17,01,203</b>
<b>Total Assets</b>		<b>14,84,264</b>	<b>18,18,311</b>
<b>EQUITY AND LIABILITIES</b>			
<b>Corpus Fund</b>			
Share Capital	2.04	2,00,000	2,00,000
Excess of Income over Expenditure/(Expenditure over Income)	2.05	(88,41,109)	(50,90,667)
		<b>(86,41,109)</b>	<b>(48,90,667)</b>
<b>Non Current Liabilities</b>			
Loan From Director	2.06	1,00,99,000	66,69,000
		<b>1,00,99,000</b>	<b>66,69,000</b>
<b>Current liabilities</b>			
Trade Payables	2.07	26,374	39,978
		<b>26,374</b>	<b>39,978</b>
<b>Total Equity and Liabilities</b>		<b>14,84,264</b>	<b>18,18,311</b>
Notes to Accounts and Significant Accounting Policies			
<p>As per our report of even date attached For and on behalf of <b>S V Rao &amp; Associates</b> Chartered Accountants Firm Registration No.</p> <p><b>Sirisha Sarvepalli</b>  Partner M.No. 222522</p> <p>UDIN: Place : Hyderabad Date :</p>		<p><b>For and on behalf of the Board of Directors</b></p> <p><b>Dr. Krishna Reddy</b> <b>Nallamalla</b> Director (DIN-910584)</p> <p><b>Biswajeet Das</b> <b>Chatterjee</b> Director (DIN-199378)</p>	

**AFFORDABLE QUALITY HEALTH****Income & Expenditure Account for the period ended 31st March 2024**

Particulars	Notes	As at 31st March 2024 <i>Amount in Rs.</i>	As at 31st March, 2023 <i>Amount in Rs.</i>
<b>Revenue</b>			
Donation & Other Income	2.08	2,67,500	60,47,895
<b>Total Revenue (I)</b>		<b>2,67,500</b>	<b>60,47,895</b>
<b>Expenses</b>			
Employee Benefits Expense	2.09	41,031	63,898
Depreciation	2.00	64,034	1,18,165
Other Expenses	2.10	39,12,877	88,08,668
<b>Total Expenses (II)</b>		<b>40,17,942</b>	<b>89,90,731</b>
<b>Excess of Income over Expenditure before Tax</b>		<b>(37,50,442)</b>	<b>(29,42,836)</b>
<b>Tax Expense</b>			
Current Tax		-	-
Previous Year Taxes		-	(7,500)
Mat Credit Utilized/(Created)		-	-
Deferred Tax Asset Created/(Written Back)		-	-
<b>Excess of Income over Expenditure for the year</b>		<b>(37,50,442)</b>	<b>(29,35,336)</b>
<b>Number Of Equity Shares</b>		2,000	2,000
<b>Earnings Per Equity Share (Epes)</b>			
Basic		(1,875.22)	(1,467.67)
Diluted		(1,875.22)	(1,467.67)

Notes to Accounts and  
Significant Accounting Policies

As per our report of even date attached

For and on behalf of

**S V Rao & Associates**

Chartered Accountants

Firm Registration No.

**For and on behalf of the Board of Directors**

**Sirisha Sarvepalli**

Partner

M.No. 222522

**Dr. Krishna Reddy**

**Nallamalla**

Director

(DIN-910584)

**Biswajeet Das**

**Chatterjee**

Director

(DIN-199378)

UDIN:

Place : Hyderabad

Date :

**AFFORDABLE QUALITY HEALTH****Cash Flow Statement for the year ended 31st March 2024**

	Particulars	As at 31st March 2024	As at 31st March, 2023
		<i>Amount in Rs.</i>	<i>Amount in Rs.</i>
A)	<b>CASH FLOW FROM OPERATING ACTIVITIES</b>		
	Net Profit Before Tax & Extra Ordinary Items	(37,50,442)	(29,35,336)
	Adjustment For -		
	Add:- Depreciation	64,034	1,18,165
	Less:- Interest Income	-	-
	<b>Operating Profit Before Working Capital Changes</b>	<b>(36,86,408)</b>	<b>(28,17,171)</b>
	Movements In Working Capital		
	(Decrease) / Increase In Trade Payables	(13,605)	-4,65,144
	(Increase)/Decrease In Receivables	-	-
	(Increase) /Decrease In Other Current Assets	72,633	2,69,222
	(Increase) /Decrease In Long Term Loans & Advances	-	-
	(Decrease) / Increase In Short Term Provisions	-	-
	(Increase) /Decrease In Other Non-Current Assets	-	-
	Less:- MAT Credit	-	-
	<b>Net Cash From Operating Activities (A)</b>	<b>59,029</b>	<b>(1,95,922)</b>
B)	<b>CASH FLOW FROM INVESTMENT ACTIVITIES</b>		
	Purchase of Fixed Assets including CWIP	-	(58,475)
	<b>Net Cash From In Investing Activities (B)</b>	<b>-</b>	<b>(58,475)</b>
C)	<b>CASH FLOW FROM FINANCING ACTIVITIES</b>		
	<b>Proceeds From Short Term Loans</b>		
	Proceeds From /(Repayments Of) Long Term Loans	34,30,000	24,20,000
	Proceeds From /(Repayments Of) Short Term Loans	-	-
	<b>Net Cash From Financing Activities ( C )</b>	<b>34,30,000</b>	<b>24,20,000</b>
D)	<b>Net Increase/(Decrease) In Cash &amp; Cash Equivalents (A+B+C)</b>	<b>(1,97,379)</b>	<b>(6,51,568)</b>
	Opening Cash and Cash Equivalent	3,17,836	9,69,404
	Closing Cash and Cash Equivalent	1,20,457	3,17,836
	<b>Increase/(Decrease) in Cash &amp; Cash Equivalents</b>	<b>(1,97,379)</b>	<b>(6,51,568)</b>

The cash flow is prepared under indirect method as set out in Accounting Standard-3

As per our report of even date attached

For and on behalf of

**S V Rao & Associates**

Chartered Accountants

Firm Registration No.

**Sirisha Sarvepalli**

Partner

M.No. 222522

UDIN:

Place : Hyderabad

Date :

**For and on behalf of the Board of Directors**

**Dr. Krishna Reddy**

**Nallamalla**

Director

(DIN-910584)

**Biswajeet Das**

**Chatterjee**

Director

(DIN-199378)

**AFFORDABLE QUALITY HEALTH**

Notes Forming Part of the Financial Statements for the year ended 31st March 2024

EQUITY AND LIABILITIES	As at 31st March 2024	As at 31st March, 2023
	(Amount in Rs.)	(Amount in Rs.)
<b>Note.2.04: SHAREHOLDERS' FUNDS</b>		
<b>SHARE CAPITAL</b>		
<b>AUTHORISED</b>		
2,000 Equity Shares of Rs. 10/- each	<b>2,00,000</b>	<b>2,00,000</b>
<b>ISSUED, SUBSCRIBED &amp; PAID UP</b>		
2,000 Equity Shares of Rs. 10/- each	<b>2,00,000</b>	<b>2,00,000</b>

**a) Reconciliation of the shares outstanding**

Equity Shares	31st March 2024		31st March, 2023	
	Number	(Amount in Rs.)	Number	(Amount in Rs.)
<b>Authorized</b>				
Opening balance at the beginning of the year	2,000	2,00,000	2,000	2,00,000
Addition during the year	-	-	-	-
<b>Closing balance at the end of the year</b>	<b>2,000</b>	<b>2,00,000</b>	<b>2,000</b>	<b>2,00,000</b>
<b>Issued, subscribed and fully paid up</b>				
Opening balance at the beginning of the year	2,000	2,00,000	2,000	2,00,000
Addition during the year	-	-	-	-
<b>Closing balance at the end of the year</b>	<b>2,000</b>	<b>2,00,000</b>	<b>2,000</b>	<b>2,00,000</b>

**b) Terms/Rights attached to Equity Shares**

The Company has only one class of equity shares having a par value of Rs.100/- per share. Each holder of equity shares is entitled to one vote per share.

The Company is not required to declare / pay dividend as per the Memorandum of Association and the Article of Association.

If in the event of winding up or dissolution, there remains after the satisfaction of its debts and liabilities, any assets of the Company, they may be transferred to another Company registered under section 8 of the Companies Act 2013, and having similar objects subject to such conditions as the tribunal may impose or may be sold and proceeds thereof credited to the Rehabilitation and Insolvency Fund formed under section 269 of the Companies Act 2013

**c) Shares held by each shareholder holding more than 5% shares**

Name of shareholder	31st March 2024		31st March, 2023	
	No.of Shares	% Shares	No.of Shares	% Shares
<b>Equity shares of Rs.10/- each fully paid up</b>				
Jatinder Romi Malhotra	-	0%	-	0%
Pavan Ahluwalia	666	33%	666	33%
Dr. Krishna Reddy Nallamalla	667	33%	667	33%
Biswajeet Das Chatterjee	667	33%	667	33%

**c) Share holding of Promoters**

Name of shareholder	31st March 2024			31st March, 2023		
	No.of Shares	% Shares	% of Change during the Year	No.of Shares	% Shares	% of Change during the Year
<b>Equity shares of Rs.10/- each fully paid up</b>						
Pavan Ahluwalia	666	33%		666	33%	
Pavan Ahluwalia	667	33%		667	33%	
Dr. Krishna Reddy Nallamalla	667	33%		667	33%	

**AFFORDABLE QUALITY HEALTH**

**Notes to the Financial Statements for the period ended 31st March 2024**

Notes	Particulars	As at 31st March 2024	As at 31st March, 2023
		<i>(Amount in Rs.)</i>	<i>(Amount in Rs.)</i>
<b>2.01</b>	<b>NON-CURRENT ASSETS</b>		
	Deferred Tax Assets	-	-
		-	-
	<b>CURRENT ASSETS</b>		
<b>2.02</b>	<b>Cash And Cash Equivalents</b>		
	Balances With Banks		
	- In Current Accounts	1,18,777	3,16,156
	- In Cash	1,680	1,680
		<b>1,20,457</b>	<b>3,17,836</b>
<b>2.03</b>	<b>Other Current Assets</b>		
	Sundry Debtors	8,84,800	8,84,800
	TDS on GST	40,470	46,050
	TDS Recoverable	2,69,491	2,43,416
	TDS Paid in Advance	-	85,584
	GST Credit	1,15,972	1,20,517
	Advance Paid for Expenses	-	3,000
		<b>13,10,733</b>	<b>13,83,367</b>
<b>2.05</b>	<b>EXCESS OF INCOME OVER EXPENDITURE</b>		
	Surplus/(Deficit) in Income & Expenditure*	(88,41,109)	(50,90,667)
	<b>Total Reserves and Surplus</b>	<b>(88,41,109)</b>	<b>(50,90,667)</b>
	*Surplus/(Deficit) in Income & Expenditure		
	<b>Opening balance</b>	(50,90,667)	(21,55,331)
	Add: Excess of Income over Expenditure	(37,50,442)	(29,35,336)
	Less: MAT Credit	-	-
	<b>Closing balance</b>	<b>(88,41,109)</b>	<b>(50,90,667)</b>
<b>2.06</b>	<b>NON CURRENT LIABILITIES</b>		
	Loan From Director	1,00,99,000	66,69,000
		<b>1,00,99,000</b>	<b>66,69,000</b>
<b>2.07</b>	<b>CURRENT LIABILITIES</b>		
	<b>Trade Payables</b>		
	Audit Fees Payable	25,000	22,500
	TDS Payable	-	-
	GST Payable	-	-
	Provision for Tax	-	-
	Sundry Creditors	1,373	16,253
	Other Payables		1,225
		<b>26,374</b>	<b>39,978</b>

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**AFFORDABLE QUALITY HEALTH****Notes to the Financial Statements for the period ended 31st March 2024**

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Notes	Particulars	As at 31st March 2024 <i>Amount in Rs.</i>	As at 31st March, 2023 <i>Amount in Rs.</i>
<b>2.08</b>	<b>Revenue from Operations</b>		
	Donations		25,97,122
	Consultancy Fees	2,67,500	29,05,303
	CSR Donation Received		5,00,000
		<b>2,67,500</b>	<b>60,02,425</b>
<b>2.08</b>	<b>Other Income</b>		
	Interest on Income Tax Refund	-	8,870
	Other Income	-	36,600
		-	<b>45,470</b>
<b>2.09</b>	<b>Employee Benefits Expense</b>		
	Salaries & Honorarium	-	-
	Medical Insurance	41,031	63,898
		<b>41,031</b>	<b>63,898</b>
<b>2.10</b>	<b>Other Expenses</b>		
	Rent	36,000	2,04,000
	Payment to Auditors		
	-Statutory Audit Fees	25,000	25,000
	Late Fess for Payment of Tax		-
	Consultancy Fees	35,24,543	65,74,104
	Hosting Expenses	45,495	68,504
	Registration fees	-	-
	Incentice Expenses	-	1,03,950
	Insurance Expenses for Worker	-	7,88,127
	Meeting Expenses	-	1,000
	Printing Expenses	-	7,170
	Repair & Maintainence	-	4,110
	Sponsorship Expenses	-	1,00,000
	Workshop Expenses	-	2,015
	Business Promotion Expenses	4,000	1,33,864
	Conference Expenses	-	9,499
	Conveyance Expenses	20,466	8,725

FCRA Application Fees	-	5,000
Hotel Expenses	-	42,962
Cab Hiring Expenses	-	73,335
Business Development Expenses	-	61,304
GST Expense	-	1,02,834
Membership Expenses	10,000	-
Professional Fees	1,71,250	2,00,235
Professional Tax	41,250	-
ROC Filing Fees	-	3,300
Local Travel & Meal	-	69,197
Round Off	4	2
Office Expenses	1,405	2,320
Telephone & Internet expenses	33,464	35,613
Website Development Expenses	-	1,82,500
	<b>39,12,877</b>	<b>88,08,668</b>

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AFFORDABLE QUALITY HEALTH									
Fixed Assets Schedule as on 31st March ,2024									
2.00 Calculation as per Companies Act, 2013									
Name of the Asset	GROSS BLOCK				ACCUMULATED DEPRECIATION				NET BLOCK
	01 Apr 23	Additions	Deletions/ Adjustment	31 Mar 24	01 Apr 23	Deletions/ Adjustment	Dep for the year	31 Mar 24	31 Mar 24
Laptop	1,40,475	-	-	1,40,475	84,818	-	36,052	1,20,870	19,605
Office Equipements	1,33,360	-	-	1,33,360	71,909	-	27,982	99,891	33,469
	2,73,835	-	-	2,73,835	1,56,727	-	64,034	2,20,761	53,074

# AFFORDABLE QUALITY HEALTH

## Financial Statements

### Notes to Financial Statements for the year ended 31 March 2024

	Particulars	Numerators	Denominator	Current year	Previous Year	Change
a	Current Ratio	Current Assets	Current Liabilities	54.27	42.55	27.52%
b	Debt Equity ratio	Total debt	Total equity	-1.17	-1.36	-14.29%
c	Debt Service Coverage Ratio	Earnings available for debt services	Total interest and principal repayments	NA	NA	N.A
d	Return on Equity Ratio	Net profit after tax	Shareholders Equity	0.43	0.60	-27.69%
e	Inventory Turnover Ratio	Cost of goods sold	Average inventory	N.A	N.A	N.A
f	Trade Receivables turnover ratio	Credit Sales	Average trade receivables	N.A	N.A	N.A
g	Trade payables turnover ratio	Net Credit purchases	Average trade payables	N.A	N.A	N.A
h	Net capital Turnover Ratio	Turnover	Working capital	NA	NA	NA
i	Net profit ratio	Net profit after tax	Turnover	-	-	NA
j	Return on Capital employed	EBIT	Total Assets-Current Liabilities	(2.9201)	(2.1850)	33.64%
k	Return on Investment Ratio	Income from Investments	Avg. Market value of Investments	NA	NA	N.A

1.4

#### a) Current Ratio = Current Assets divided by Current Liabilities

Particulars				As at 31 March 2024	As at 31 March 2023
Current Assets				14,31,190.41	17,01,203.41
Current Liabilities				26,373.50	39,978.00
<b>Ratio</b>				<b>54.27</b>	<b>42.55</b>
<b>% Change from previous year</b>				<b>27.52%</b>	

Reason for change more than 25%: Due to Increase in Current Assets

#### b) Debt Equity ratio = Total debt divided by Total equity where total debt refers to sum of current & non current borrowings

Particulars				As at 31 March 2024	As at 31 March 2023
Total debt				1,00,99,000	66,69,000
Total equity				-86,41,109	-48,90,667
<b>Ratio</b>				<b>(1.17)</b>	<b>(1.36)</b>
<b>% Change from previous year</b>				<b>-14.29%</b>	

Reason for change more than 25%: Not Applicable

#### c) Debt Service Coverage Ratio = Earnings available for debt services divided by Total interest and principal repayments

Particulars				As at 31 March 2024	As at 31 March 2023
Profit after tax				-37,50,442	-29,35,336
<b>Add: Non cash operating expenses and finance cost</b>				<b>64,034</b>	<b>1,18,165</b>
-Depreciation and amortizations				64,034	1,18,165
-Finance cost				-	-
<b>Earnings available for debt services</b>				<b>-36,86,408</b>	<b>-28,17,171</b>
Interest cost on borrowings				-	-
Principal repayments				-	-
<b>Total Interest and principal repayments</b>				<b>-</b>	<b>-</b>
<b>Ratio</b>				<b>-</b>	<b>-</b>
<b>% Change from previous year</b>				<b>NA</b>	<b>NA</b>

Reason for change more than 25%: Not Applicable



**d) Return on Equity Ratio / Return on Investment Ratio = Net profit after tax divided by Equity**

Particulars				As at 31 March 2024	As at 31 March 2023
Net profit after tax				-37,50,442	-29,35,336
Equity				-86,41,109	-48,90,667
<b>Ratio</b>				<b>0.43</b>	<b>0.60</b>
<b>% Change from previous year</b>				<b>-27.69%</b>	

**Reason for change more than 25%:**

This ratio has decreased from 0.60 to 0.43 mainly due to decrease in profit after tax.

**e) Inventory Turnover Ratio = Sales / Average Inventory**

Particulars				As at 31 March 2024	As at 31 March 2023
Sales				-	-
Average Inventory (Opening+Closing)/2				-	-
<b>Inventory Turnover Ratio</b>				<b>-</b>	<b>-</b>
<b>% Change from previous year</b>				<b>N.A</b>	<b>N.A</b>

**Reason for change more than 25%: Not Applicable**

**f) Trade Receivables turnover ratio = Credit Sales divided by Closing trade receivables**

Particulars				As at 31 March 2024	As at 31 March 2023
Credit Sales				-	-
Closing Trade Receivables				-	-
<b>Ratio</b>				<b>-</b>	<b>-</b>
<b>% Change from previous year</b>				<b>N.A</b>	<b>N.A</b>

**Reason for change more than 25%: Not Applicable**

**g) Trade payables turnover ratio = Credit purchases divided by closing trade payables**

Particulars				As at 31 March 2024	As at 31 March 2023
Credit Purchases				-	-
Closing Trade Payables				-	-
<b>Ratio</b>				<b>-</b>	<b>-</b>
<b>% Change from previous year</b>				<b>N.A</b>	<b>N.A</b>

**Reason for change more than 25%: Not Applicable**

**h) Net capital Turnover Ratio = Sales divided by Working capital whereas working capital= current assets - current liabilities**

Particulars				As at 31 March 2024	As at 31 March 2023
Sales				-	-
Working Capital				-	-
<b>Ratio</b>				<b>-</b>	<b>-</b>
<b>% Change from previous year</b>				<b>NA</b>	<b>NA</b>

**Reason for change more than 25%:**

i) Net profit ratio = Net profit after tax divided by Sales

Particulars				As at 31 March 2024	As at 31 March 2023
Net profit after tax				-37,50,442.00	-29,35,336.00
Sales				-	-
Ratio				-	-
% Change from previous year				NA	

**Reason for change more than 25%: Not Applicable**

There are no Sales in Previous Year

j) Return on Capital employed (pre cash)=Earnings before interest and taxes(EBIT) divided by Capital Employed(pre cash)

Particulars				As at 31 March 2024	As at 31 March 2023
Profit before tax (A)				-37,50,442.00	-29,35,336.00
Finance Costs (B)				-	-
Other Income (C)				-	-
<b>EBIT (D) = (A)+(B)-(C)</b>				<b>-37,50,442.00</b>	<b>-29,35,336.00</b>
<b>Capital Employed (Pre Cash) (J)=( E)-(F)-(G)-(H)-(I)</b>				<b>12,84,359.50</b>	<b>13,43,389.00</b>
Total Assets (E)				14,31,190.41	17,01,203.41
Current Liabilities (F)				26,373.50	39,978.00
Current Investments (G)				-	-
Cash and Cash equivalents (H)				1,20,457.41	3,17,836.41
Bank balances other than cash and cash equivalents (I)				-	-
<b>Ratio (D)/(J)</b>				<b>(2.9201)</b>	<b>(2.1850)</b>
% Change from previous year				33.64%	

**Reason for change more than 25%:**

This ratio has decreased from - 2.92 to -2.18 mainly due to decrease of Profit before tax.

The financial statements are presented in Rupees. Those items which are required to be disclosed and which were not presented in the financial statements due to rounding off to the nearest Rupees are given below:

Rs

Note	Description				As at 31 March 2024	As at 31 March 2023
<b>B8</b>	<b>Short-term provisions</b>					
	Provision for employee benefits					
	- Gratuity				-	-
<b>P2</b>	<b>Other income</b>					
	Liabilities no longer required written back				-	-

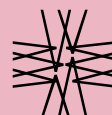
# AFFORDABLE QUALITY HEALTH

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**Annual Report**  
2023-2024

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Affordable Quality Health



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THE HEALTH SYSTEMS INSTITUTE