

## **Appendix 1: List of documents included in the documentary analysis**

### SSP policy and implementation documents

1. Planning Commission Form 1 for SSP.(18)
2. Request for proposal (RFP) document, for hiring insurance company for 100% population coverage [Phase 4].(32)
3. GoKP and SLIC contracts for SSP.(19)
4. Khyber Pakhtunkhwa Universal Health Coverage [Draf] Act, 2022.(33)
5. KfW commissioned feasibility study for SSP (KfW Phase 1).(34)
6. Inception report for the OPD component of SSP (KfW Phase 2).(35)
7. Hiring of consultant for feasibility study for social health protection project Phase III (digitilisation of SSP: KfW Phase 3).(36)
8. Guiding document for the development of a roadmap towards achieving universal coverage.(37)
9. List of hospitals working with SSP.(38)
10. Joint review of the SSP.(28)
11. Baseline for communication strategy of Sehat Card Plus-KP.(39)
12. First-Year Report on services' utilisation under the universal population coverage conferred by the social health protection initiative (Sehat Card Plus) in Khyber Pakhtunkhwa, Pakistan.(40)

### Broader policy documents

13. Pakistan Economic Survey 2020-21.(41)
14. National Health Accounts 2017-18.(15)
15. Health Policy Khyber Pakhtunkhwa.(42)
16. Pakistan National Health Vision, 2025.(43)
17. Government of Khyber Pakhtunkhwa: White Paper; Fiscal Year 2021-22.(44)
18. Moving together to build a healthier Pakistan: Khyber Pakhtunkhwa. In: Sensitisation and Situation Analysis Workshop: provincial localisation of UHC Benefit Package.(45)
19. Burden of Disease, Khyber Pakhtunkhwa. In: Sensitisation and Situation Analysis Workshop: provincial localisation of UHC Benefit Package.(46)
20. UHC Benefit Package of Pakistan: Essential package of health services at community and primary healthcare centre level based on Disease Control Priorities-Edition 3.(47)

## Appendix 2-Tables

**Table 1. Distribution of in-depth interviews at policy and implementation level stakeholders of SSP.**

<b>Policy level interview</b>	<b>30</b>
Government officials, including SSP managers at the department of health	6
Representatives of State Life Insurance Corporation	5
Hospital executives	6
Officials of international development agencies	8
Representatives of patient/public advocacy groups	5
<b>Implementation level interviews</b>	<b>32</b>
Interviews at the private sector, tertiary care hospitals	8
Interviews at the private sector, secondary care hospitals	8
Interviews at the public sector, tertiary care hospitals	8
Interviews at the public sector, secondary care hospitals	8
<b>Total interviews (at policy and implementation level)</b>	<b>62</b>

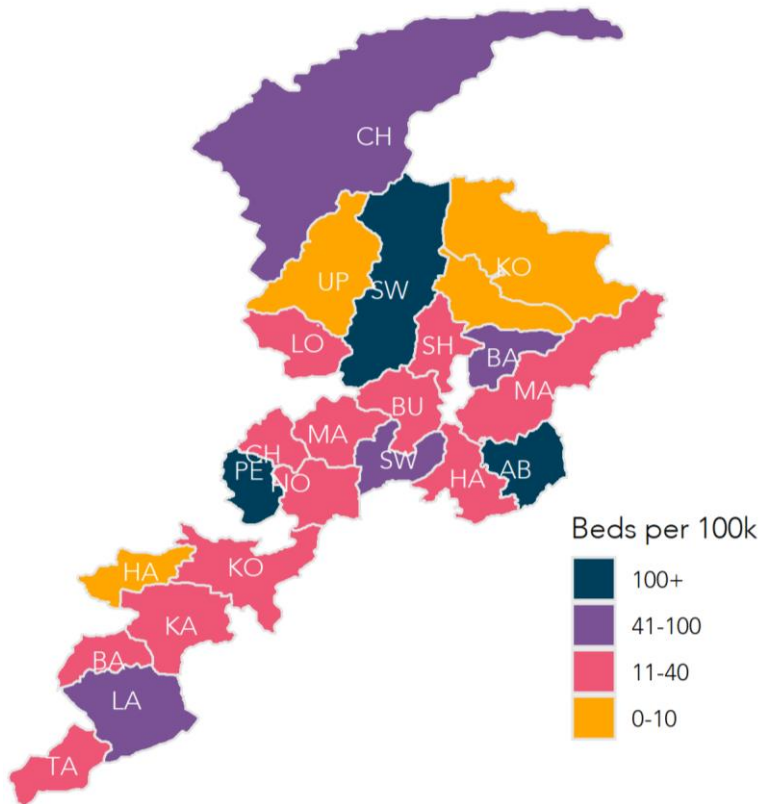
**Table 2. Distribution of non-participant observations at SSP policy meetings and implementation sites.**

Number of sessions	Observation level	Observation sites	Duration (hours)
5	Policy level	Policy level meetings at the SSP* head office	15
3	Implementation level	SSP desks at private sector, tertiary care hospitals	12
3	Implementation level	SSP desks at private sector, secondary care hospitals	12
3	Implementation level	SSP desks at public sector, tertiary care hospitals	12
3	Implementation level	SSP desks at public sector, secondary care hospitals	12
<b>17</b>	---	---	<b>63</b>

\*SSP- Sehat Sahulat Programme

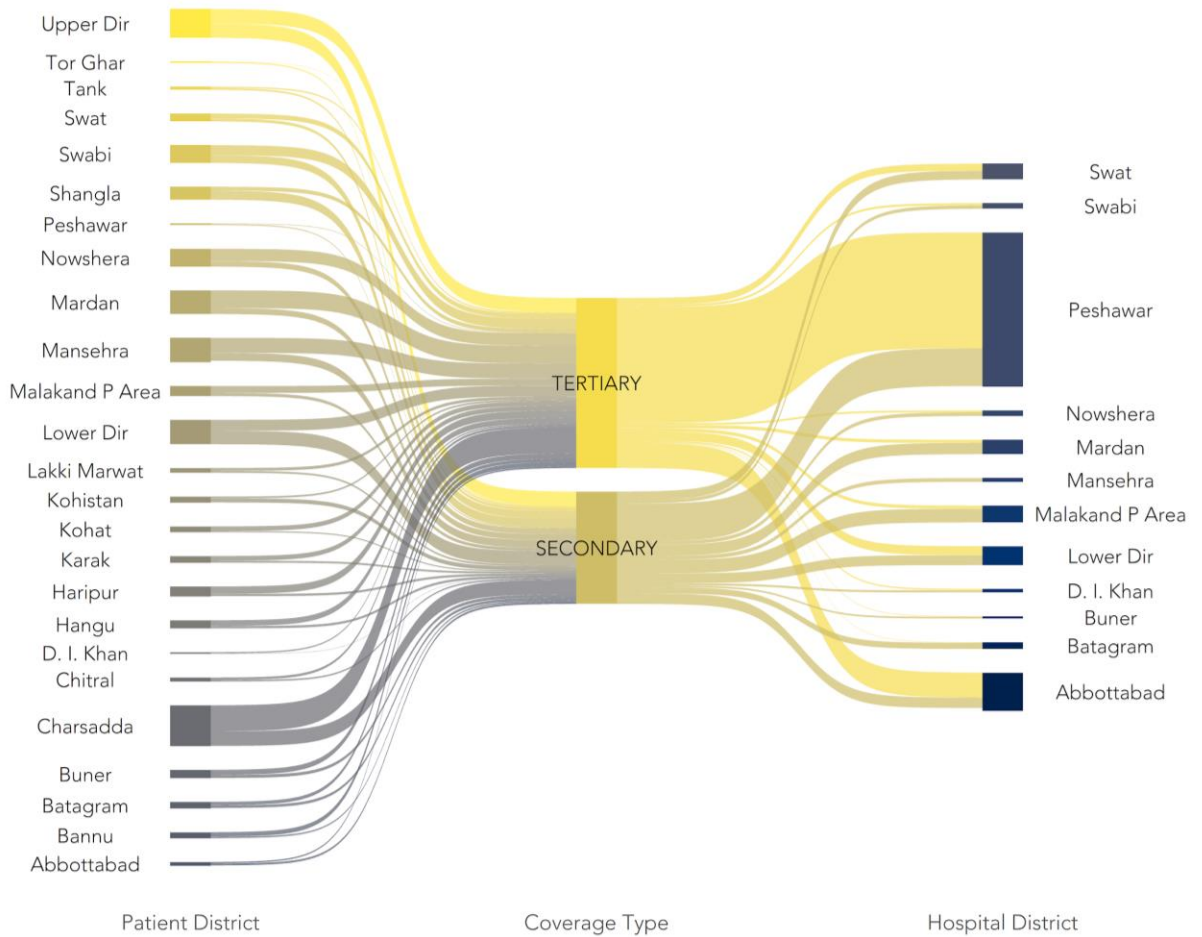
## Figures

**Figure 1 Beds availability in SSP hospitals per 100,000 population.**



*Figure 2 Beds availability in SSP hospitals per 100,000 population.*

**Figure 3 Inter-district patient movement stratified by type of services.**



*Figure 4 Inter-district patient movement stratified by type of services*