Supplement table 1: Outcome measures of the study under each dimension of the RE-AIM framework and data sources

RE-AIM dimensions	Components	Outcome measures	Time of data collection						Data source
			B*	M1	M2	M3	M4	M5	
Reach	Assessment/ screening	• % of patients for whom blood pressure measured • % of patients for whom blood glucose level measured • % of patients for whom total cholesterol assessed • % of patients for whom cardiovascular risk estimated • % of patients for whom weight measured • % of patients for whom BMI calculated • % of patients for whom waist circumference measured • % of patients for whom foot examination done • % of patients for whom eye examination done	√	√	√	√	√	√	• Observation • Medical record review
	Counseling	• % of older people 40 and above received counselling about alcohol consumption • % of older people 40 and above received counselling about smoking • % of older people 40 and above received counselling about dietary modifications • % of older people 40 and above received counselling about physical activity	√	√	√	√	√	√	• Observation • Medical record review

		• % of older people 40 and above received counselling on how to take medications/for how long							
	Treatment	• % of patients who received antihypertensive medication • % of patients who received antidiabetic medication	√	√	√	√	√	√	• Observation • Medical record review
Effectiveness	Effectiveness of screening	• % of screened individuals identified to have hypertension • % of screened individuals identified to have Diabetes	√	√	√	√	√	√	• Observation • Medical record review
	Effectiveness of management and control	• % individuals with blood pressure > 140/90 mmHg • % individuals with Random blood sugar >140 mg/dL or fasting blood sugar >110 mg/dL • % individuals with cardiovascular risk <10% • % individuals with cardiovascular risk 10% to <20% • % individuals with cardiovascular risk 20% to <30% • % individuals with cardiovascular risk >30% • % individuals with hypertension and diabetes related complications	√	√	√	√	√	√	• Observation • Medical record review
	Effectiveness of counselling	• % of individuals with BMI <18 kg/m^2 • % of individuals with BMI 19–22 kg/m^2 • % of individuals with BMI 23–30 kg/m^2 • % of individuals with BMI 30 plus kg/m^2 • % of individuals with high waist circumference (>80 cm in women and	√	√	√	√	√	√	• Medical record review

		>90 cm in men) • % of individuals who smoke • % of individuals who drink alcohol							
Adoption	Essential tools, equipment, guidelines and supporting materials	• Number of facilities with ≥ 2 trained providers assigned on NCD services • Number of facilities with at least one essential equipment not available • Number of facilities with at least one essential equipment not functional • Number of facilities with laboratory reagent stock out • Number of facilities with essential medications stock out • Number of facilities with job-aids available • Number of health care providers who utilised the job-aid • Number of facilities with guidelines available • Number of facilities with cardiovascular risk assessment chart available	√	√	√	√	√	√	• Monitoring reports
	Recording and reporting	• % of medical records with data on assessment is recorded • % of medical records with data on dietary and lifestyle characteristics of the patient is recorded • % of medical records with data on laboratory results of the patient is recorded • % of medical records with data on medication is recorded • Number of health facilities that report to sub-city	√	√	√	√	√	√	• HMIS report • Monitoring reports

		• Number of health facilities that report to sub-city on time							
	Mentorship and feedback	• Number of facilities that received sub-city mentorship • Number of facilities that received written feedback from sub-city mentors	√	√	√	√	√	√	• Monitoring reports
Implementation	Fidelity	• Proportions of patients (40 and above) screened and risk identification conducted • Number of patients referred to hospital according to the guideline • % of facilities with ≥ 2 monthly reports submitted to sub-city • % of facilities with ≥ 2 monthly mentorship visits • % of facilities with ≥ 2 monthly written feedback from the sub-city mentorship visits • % patients with ≥ 2 visits to the health facility						√	• HMIS report
Maintenance	-	-							

*B=baseline, M1-5= follow-up months 1 to 5