

Additional File 1: Summary of initial theory of change for how local context influences variation in effectiveness

As shown in below in our initial program theory, **supply and demand-side local contextual factors**, and **the nature of the condition**, taken together influenced cluster-level variation through their influence on three intermediate outcomes. **Supply side context** entailed the health service options that the local health system (public, private and informal) offered for the high risk cohort in relation to follow up care, and how the PHC service strategy intervention was taken up by these services. We included both ‘hardware’ (e.g. medicines, facilities, doctor availability etc) and ‘software’ (provider perceptions and relationships with one another and with the community) as relevant supply side contextual factors. **Demand side context** included community perceptions of the intervention’s value to them, and their perceptions of cardiovascular disease risk and its consequences. It also included their views about the various local health services available to them. ASHAs and PHC facility doctors modified the intervention in response to both supply- and demand-side contexts, and the nature of the condition – referred to as **intervention modifications**.



