Supplemental Information

Appendix S1: Machakos County ODK Data Collection Tool

A. FACILITIES SUMMARY AND THEIR CAPACITIES

1. Select Facility name (choose only one)
   - Machakos Level 5
   - Kangundo Level 4
   - Kathiani Level 4
   - Matuu Level 4
   - Mwala Level 4
   - Masing Level 4
   - Mutituni Level 3
   - Athi River Level 3
   - Muumandu Level 3
   - Nguluni Level 3
   - Other (Specify) ________________________________

2. Record the facility’s location (GPS coordinates)
   - Latitude (X, Y°) ________________________________
   - Longitude (X, Y°) ________________________________
   - Altitude (m) ________________________________
   - Accuracy (m) ________________________________
3. What is the facility’s catchment population? ____________________
4. What is the facility’s bed capacity? _______________________

B. PATIENTS TRENDS

5. What is the attendance totals for both inpatient and outpatient in the following months
   
   5.1 a) Outpatient for November 2018 ______________
   b) Outpatient for December 2018 ______________
   c) Outpatient for January 2019_______________
   d) Outpatient for February 2019_______________
   e) Outpatient for March 2019_______________
   f) Outpatient for April 2019_______________
   g) Outpatient for May 2019_______________
   h) Outpatient for November 2019_______________
   i) Outpatient for December 2019_______________
   j) Outpatient for January 2020_______________
   k) Outpatient for February 2020_______________
   l) Outpatient for March 2020_______________
   m) Outpatient for April 2020_______________
   n) Outpatient for May 2020_______________

   5.2 a) Inpatient for November 2018 ______________
   b) Inpatient for December 2018 ______________
c) Inpatient for January 2019__________________
d) Inpatient for February 2019__________________
e) Inpatient for March 2019____________________
f) Inpatient for April 2019_____________________
g) Inpatient for May 2019_______________________
h) Inpatient for November 2019________________
i) Inpatient for December 2019_________________
j) Inpatient for January 2020__________________
k) Inpatient for February 2020_________________
l) Inpatient for March 2020____________________
m) Inpatient for April 2020_____________________
n) Inpatient for May 2020_______________________