

**Supplemental file 1. Statement on author reflexivity**

Domain	Guiding questions	Author's response
Study conceptualization	1. How does this study address local research and policy priorities?	Access to health services is critical to achieving SDG 3, 'good health and well-being'. It is important to address barriers and facilitators to accessing care. This study draws on experiences of a marginalized population in accessing the formalized health system. This can inform policy on training of health professionals, priorities for health care resources and overall improved health care services.
	2. How were local researchers involved in study design?	The fieldwork for this research was discussed with community leaders prior to entering the field and later presented to a wider community audience for feedback and inputs on research questions, design and approaches to carrying out data collection. Local researchers informed the development of all interview guides, implementing data collection and provided extensive feedback on interpretation of findings.
Research management	3. How has funding been used to support local research team(s)?	Funding for this research supported costs associated with the local research team time and the data collection activities.
Data acquisition and analysis	4. How are research staff who conducted data collection acknowledged?	The data collection team leader is second author on the paper and the additional support on data collection is acknowledged in section 3.3 of the paper on community involvement.
	5. How have members of the research partnership been provided with access to study data?	All members of the partnership have access to data.
	6. How were data used to develop analytic skills within the partnership?	Conducting qualitative data was a new experience for members of the research team. Development of the tools, data collection and analysis were learning experiences for the field team.
Data interpretation	7. How have research partners collaborated in interpreting study data?	All researchers, both local and outside Tanzania, critically reviewed the analysis and discussed interpretations in-depth.
	8. How were research partners supported to develop writing skills?	All research partners were encouraged to provide feedback and review of the manuscript.

Drafting and revising for intellectual content	9. How will research products be shared to address local needs?	Dissemination of initial study findings was conducted at a larger community meeting. A post-study public engagement activity was done to actively engage the community on the research.
Authorship	10. How is the leadership, contribution, and ownership of this work by LMIC researchers recognized within the authorship?	The lead data collector in Tanzania is the second author. The data is co-owned by collaborators and researchers involved have access to and can use data for further analysis, teaching, or other non-commercial purposes.
	11. How are early career researchers across the partnership been included within the authorship team?	Early career researchers have been instrumental in the design, implementation, analysis, and interpretation of the data. The first and second authors are early career researchers- one from LMIC.
	12. How has gender balance been addressed within the authorship?	Three authors are female (TM, JS, SL) and two are male (JM, MB).
Training	13. How has the project contributed to training of LMIC researchers?	This project was a PhD training for the first author. This was a new methodology for the local data collection team and valuable on the job training and experience provided new skills and opportunities.
Infrastructure	14. How has the project contributed to improvements in local infrastructure?	This project has not directly contributed to improvements in local infrastructure.
Governance	15. What safeguarding procedures were used to protect local study participants and researchers?	Information was discussed in the local language with potential study participants. This included information about the significance of the research, methods of data collection, confidentiality, risk and benefits, and contact details of the research team. When culturally appropriate consent was obtained from local leaders and heads of households. A witness was present for non-literate participants and signed consent in addition to the participant making their mark. Permission to digitally record interviews was obtained and when consent not given, detailed notes were scribed. Consent for ethnographic field observations was obtained from community leaders and members including men and women at a meeting to introduce the research. Permission to conduct observations at health facilities was verbally granted from persons in-charge at facilities. Participant data were anonymized, and confidentiality maintained. Researchers involved in data collection followed health and safety guidelines established by the local government. Regular meetings with community leaders allowed for continuous feedback and assurance of the research having no harm on the community or researchers.