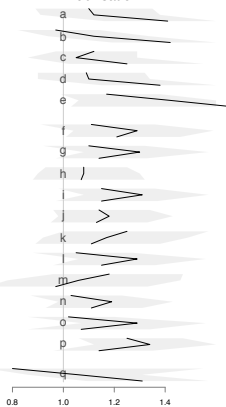
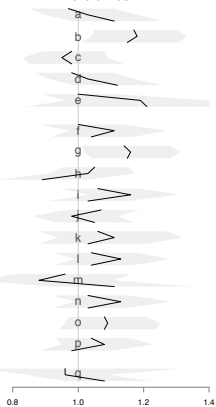


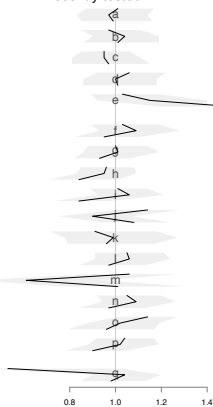
**Took part in community mobilisation**



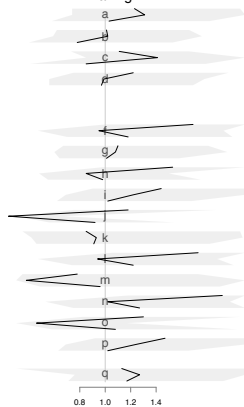
**Attended clinic two or more times**



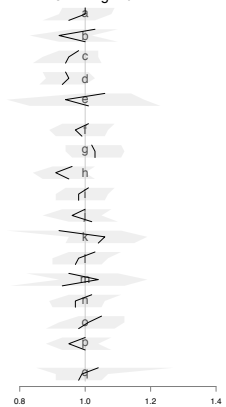
**Recently tested**



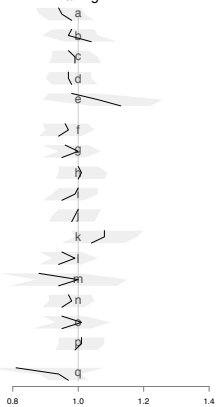
**Taking PREP**



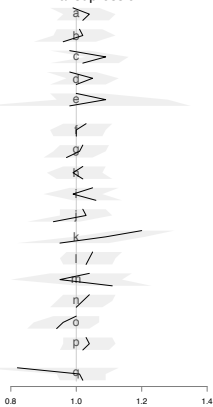
**Know living with HIV**



**Taking ART**



**Viral suppression**



- a. Trips in 12 months
- b. motivated by sex work
- c. not motivated by sex work
- d. where did not use healthcare
- e. where used healthcare
- f. Days away in 12 months
- g. where worked in SW
- h. where did not work in SW
- i. near Sisters site
- j. no Sisters site
- k. outside Zimbabwe
- l. inside Zimbabwe
- m. in different linguistic area
- n. in the same linguistic area
- o. at mine, growthpoint, or farm
- p. at a town or city
- q. Distance travelled in 12 months

Adjusted risk-ratio

## *Figure 1*

Effects of categorical exposures on the seven binary healthcare-access-and-use outcomes.

The number of trips (a-e) were categorised as zero (baseline), one, two, and three or more; the total duration away (f-p) as none (baseline), 1-14 days, 15-30 days, and 31 or more days, and distance (q) as zero kilometres (baseline), 1-99, 100-499, and 500 or more kilometres. A black line connects the point-estimates for the effects of the three levels of each exposure variable compared to baseline, with the 95% confidence intervals in grey. The slope of the line relative to the null effect (shown as a vertical grey line at 1) demonstrates the relationship between the exposure and outcome.