

ABSTRACT

Agriculture is the backbone and driver of the economy for many African countries such as Zimbabwe. In the past decades, the sector was severely hit by the debilitating effects of HIV and AIDS causing alarming levels of food and income insecurity, especially in rural areas. As household food production declined families were forced to adopt harmful coping mechanisms such as reduction in the number of meals, quality and quantity consumed per day, and this impacted negatively on the ability of the sick to participate in income and food production activities. The impact was felt as soon as a member of the household fell ill and his/her ability to work decreased, while living costs increased, such as medical, education and funeral expenses. In other instances people living with HIV and AIDS (PLWHA) lost friendship and social networks as the disease took its toll and children dropped out of school as the head of household was no longer able to raise income due to the debilitating and dehumanising effects of the disease (Haddad & Gillespie 2001).

With the coming of antiretroviral treatment (ART) worldwide, most governments and civil society actors, especially in Africa had been working flat out in a bid to increase the number of people accessing antiretroviral treatment in their countries. In Zimbabwe, the government established a National AIDS Council to coordinate all HIV and AIDS related activities in the country and above all to lead in the national roll out of free distribution antiretroviral drugs in both urban and rural areas. This had indeed brought hope and relief to thousands of people living with HIV and AIDS as this new intervention greatly reduced mortality and morbidity (World Health Organisation /United Nations Joint AIDS Programme 2010). Much emphasis on the current ART programmes in Zimbabwe was placed on improving accessibility to ART drugs in both urban and rural areas, but little if nothing on the impact of ART on rural livelihoods. This is a huge area that needs to be examined and analysed as it plays a critical role in key issues such as sustainability of free ART programmes and replication of such models countrywide.

Given the fact that the ART treatment programme was launched in Nyanga Rural District in 2004, and several hundreds of patients were reached with ART services every month, the research would investigate the impact of ART on livelihoods of rural patients in Nyanga District. Essential issues covered by this research was to examine whether access to ART enabled rural people to engage in productive food and income generation activities sufficient to meet day to day requirements of their families. Ensuring participation of people living with HIV in productive activities such as food and income generation would ultimately lead to more people being able to procure essential medication and drugs on their own rather than waiting for donor funded or limited government programmes. That would ensure access to prevention, treatment, care, and support to everyone who needed it in the long term. This research is expected to contribute to the body of knowledge and inform development workers and government policy makers of the need to adopt holistic and empowering ART interventions in rural areas.