



MORE EDUCATION, MORE HEALTH, NO AIDS

Sharing Life has been established to share life experiences with and for the others. We are an independent, apolitical and non-religious humanitarian organization. Originally founded in Zambia, thanks to the initiative of doctors, medical staffs, business men, farmers and generous people, **Sharing Life** has today its Italian Headquarter in **Milan**, aiming at fighting the **HIV** plague in **Zambia** through the implementation of specific and long term sustainable initiatives in collaboration with other NGO.

Sharing Life aims at preventing the spread of **HIV/AIDS** fighting against the Sexual Transmitted Diseases, in collaboration with local population, institution including the government. The association is a non-profit organization and adheres to the U.N. standards principles of solidarity between people, humanism, democracy, development and human rights protection and women empowerment.

Our main objective is to carry off the ongoing projects, promote and implement new programs in Zambia, our primary emergency area, in order to improve people's basic life conditions, right through the intervention in both social and health sectors.

Volunteers, medical and non medical experts, will co-operate together with the targeted people in developing all the projects, so that these will be carried on meeting both the people needs and the Zambian Government developing plans.



Strategy

Sharing Life's main strategy is to reduce poverty and increase socio-economic conditions addressing illiteracy and chronic epidemics. Sanitation and education will consequently be our two main fields of intervention. Societies afflicted by epidemics such as **HIV-AIDS**, malaria and tuberculosis and which cannot gain access to information, just lack basic pre-conditions for development.

These goals require a generational strategy, it is for this reason that Sharing Life aims at improving education. According to the Millennium Development Goals, in particular with the goals aiming at reducing the pandemic and spread of **HIV/AIDS**, Sharing Life has decided to promote and implement projects in three different fields: Education - Health - Growth.

We adopted three schools in which we will implement our "Strategy":

- **Kamaila School**, 1300 children, into Chisamba Forest, 30 Km from Lusaka;
- **Lilanda School**, 3000 children, in a suburb of Lusaka;
- **Kavalamnja School**, 1500 children, near Zambesi River, 450 Km from Lusaka;

Sharing Life operates simultaneously on education and on sexuality without risks; in particular we focus on the Mother to Child **HIV/AIDS** transmission. Our first intervention area was established, by the Zambian committee of Sharing Life, on the district of Chisamba – Karubwe.

Vision

The Vision of Sharing Life is of a world without injustice in which people do not die for **HIV-AIDS**. For us it means promoting a world where communities have proper opportunities to improve basic health conditions, reduce mortality, prevent HIV transmission and have learnt how to keep the virus under control.

The population better life conditions can be achieved by facilitating access to proper medical treatment, **HIV** and **STI** prevention, support, community based training and education.

Mission

The Mission of **Sharing Life** is to improve Africans global health conditions, especially by facing **HIV-AIDS** challenges and supporting communities to reduce the spread of **STI** and **HIV**. We are drawing everyone's attention on **STI** as the main cause of **HIV** transmission, improving access to medical center and **STI - HIV** treatment, educating children and parents, and training communities. We are working to grow a future generation of healthy children and adults, able to take advantage of all the opportunities that are presented to them.



ORGANIZATION CHART

Sharing Life Onlus

Chairman: *Prof. P. Marandola*

Secretary General: *Dott. I. Marandola*

Project Manager: *Dott.sa G. Raimondo*

Duty and Account Manager: *Dott. D. Calasso*

School Area: *I. Raso*

Sharing Life Ngo - Zambia

President: *Prof. P. Marandola*

Vice President: *Mrs. E. Bobo Banda*

Vice President: *Hon. J. c, Parliament Member for Chisamba District*

General Secretary: *Dr. (Mrs) Candy Marandola*

Project Manager: *Dr. (Miss) Giada Raimondo*

Director: *Romeo Kosangela (Headmaster)*

Director: *Vines Mwingwe (Headmaster)*

Director: *Maybin Mulalula (Headmaster)*

Founding Members

Dr. (Mrs) E. Bobo-banda (Director, Registry of Company's)

Dr. (Mrs) A. Yong (Bank's Lawyer)

Miss M. Wilson (Business Woman)

Dr. G.Mulundu (Virologist, UNZA)

Mr. E. Sodala (Lawyer)

Dr. (Mrs) Candy Marandola (Gemmologist)

On. Jonas Shakafuswa (Minister of Parliament – Chisamba District)

Mr.Chifumu Banada (State Counsellor)

Members: Dean and Chairmen of the Parents Committees of the School

Mr. Maybin Munalula (Headmaster, Kamaila School)

Mr. Augustine Susu (Chief Mungule's Representative)

Mr. Godfrey Luzango (Parents Association PTA Chairperson)

Mr. James Chanda (Kamaila Forest Station Officer)

Mrs Phillis Kaneneka (Kabwe District Education Planning Officer)

Scientific Committee for the medical part

Prof. G. Barbarini - Infectious and Tropical Diseases, General Hospital S Matteo, Pavia, Italy

Prof. G. P. Carosi - Professor of Infectious & Tropical Diseases, University of Brescia; Vice Pres. Ital. Comm. HIV/AIDS

Prof. G. Filice - Professor of Tropical Diseases, University of Pavia and IRCCS G.H. San Matteo, Pavia

Prof. L. Formigli - Expert in Human Reproduction, Milan, Italy

Dr. S. Hite - Expert in gender relations, historian, sex educator, New York University

Dr. M. Labib - Professor of Urology, University of Zambia, Lusaka, Zambia

Dr. P. Mwaba - Managing Director, University Teaching Hospital, Lusaka, Zambia

Prof. P. Marandola - Professor of Urology, University of Pavia, Pavia, Italy

Prof. L. Minoli - Professor of Infectious Diseases, University of Pavia and IRCCS G.H. San Matteo, Pavia

Prof. L. Montagnier - Virologist, Professor at the Pasteur Ins, Paris; Co-founder and President of The World Foundation for AIDS

Prof. C. Monteforte - Chief of Department Gyn/Obs and Pediatrics at "Azienda Ospedaliera di Pavia", Italy

Prof. Y. Mulla - Dean of the School of Medicine, University of Zambia, Lusaka

Dr. G. Mulundu - Professor of Urology, University of Zambia, Lusaka, Zambia

Prof. M. Mwaka - Head of Urology, University of Zambia, Lusaka, Zambia

Dr. L. Kasonga - Consultant Gyn/Obs, VVF Unit, UTH, Lusaka, Zambia

Dr. J. Kachimba - Consultant Urologist, UTH, Lusaka, Zambia

Prof. Luo Ngandu - Professor of Epidemiology, former Minister of Health, Lusaka, Zambia

Dr. P. Yassa - Consultant STI Unit, UTH, Lusaka, Zam

Scientific Committee for the Education and Information Programmes

Dr. F. Sbattella - Emergency Psychology Research Unit, Catholic University, Chairman of the Sharing Life Sub-committee, Milan

Dr. M.T. Coglitore - Psychologist and Sexologist, Milan

Dr. A. Moriggia - Expert in infectious diseases, Tropical Disease Clinic, Hospital of Pavia

Dr. P. Nicotri - journalist in charge of the Information Project

Dr. L. Imbriglio - Headmaster (Project "100 Schools")

Dr. M. R. Moschetti - Headmaster (Project "100 Schools")

Dr. M. Venturino - Headmaster (Project "100 Schools")

Mr. P. Kapanda (Chief Executive Officer, The Health Journal, Zambia)

Dr. M. Imasiku - Head of Psychology Department, UNZA, Lusaka, Zambia

Mrs. P. Kaneneka (District Education Planning Officer, Kabwe, Zambia)

Mr. Maybin Munalula (Headmaster Kamaila Basic School, Zambia)

Mr. Lobby Benny Muntu-Umo (Headmaster Lilanda Basic School, Zambia)

Mr. Mac Donncha - Inspector Department of Education & Science, Ross House Galway, Ireland

Mrs. Karin Zettergren - Royal College - University of Fine arts - Skepshmolmen, Sweden

BACKGROUND



The 3 main geographic areas dealing with AIDS plague are: South-centre America, Africa and Asia.

According to the statistics and the UN researches, Africa is certainly the most desperate and apparently hopeless country. Because of different historical, social, politic and economic reasons, Europe has a strong responsibility towards Africa.

This is why we all should feel and share this responsibility, at least in order to guarantee a future in peace and well being to our next generations. We won't be able to do that if people will keep on starving, fighting and dying on the other side of Mediterranean See.

In **sub-Saharan Africa** - the hardest hit sub-region - the impact of **HIV** is erasing decades of health, economic and social progress. It is reducing life expectancy by years,

deepening poverty, worsening gender inequalities, reducing labour productivity and eroding the capacity of governments to provide essential services. Sub-Saharan Africa is home to just over 10% of the world's population but almost two thirds of the people living with HIV. In 2003, an estimated 3 million people became newly infected with HIV, while 2.2 million died. HIV continues to have a devastating impact at the household level. It has taken away income and production capacity of family members that are sick; at the same time it has created extraordinary care needs and increased household expenditure on medical and other costs, such as funeral expenses. Between 1990 and 2003, 5.2 million children in sub-Saharan Africa became orphaned. With the traditional support systems in these countries already under severe pressure, many extended families are, or soon will be, overwhelmed and in greater need of external support and protective safety nets.

The epidemic's impact is particularly hard on women and girls, as the burden of care usually falls on them. Girls drop out of school to care for sick parents or younger siblings. Older women often take on the burden of caring for ailing adult children, and later, when they die, adopt the orphaned children. Older women caring for orphans and sick children may be isolated socially because of HIV-related stigma and discrimination. Stigma also means that family support is not a certainty when women become HIV positive.



Total statistic HIV/+, Adults and children, 2005

HIV/ + people in Africa	40.3 milioni
HIV/ + people in Sub-Saharan Africa	25.8 milioni
New Infections in Africa 2005	4.9 milioni
New Infections in Sub-Saharan Africa	3.2 milioni
AIDS Victims in Africa 2005	3.1 milioni
AIDS Victims in Sub-Saharan Africa	2.4 milioni

ZAMBIA OVERVIEW

Sharing Life did choose Zambia as a priority country for intervention, but not as its unique target. According to the data collected in the “Sharing Life General Project”, Zambia is one of the poorest and disadvantaged country in Africa, with its high prevalence of HIV/+, malaria and tuberculosis: the 3 main plagues which are afflicting humanity. Furthermore, Zambia is today enjoying political stability, good democracy and is not facing any tribal, racial or religious pressure; a quite stable situation, which make N.g.o.’s cooperation easier.

The educational and sanitary systems are basically structured, even though they can be improved. For all the above mentioned reasons, the Zambian society seems definitely to be a perfect context to implement our projects and improve people’s life conditions.

Here are the results coming from the analysis of the data collected in Zambia:

- 1) Dangerous lack of information related to Sexually Transmitted Infections (STI) and prevention techniques (especially among 14 to 24 years old people).
- 2) Very high HIV/+ prevalence (18 – 20%)
- 3) High percentage of HIV transmission between couples discordant for HIV and from mother to child.
- 4) More then 1 over 4 adults in the urban areas and more then 1 over 7 adults in the rural areas is HIV/+.
- 5) Percentage numbers of HIV/+ pregnant women (15 to 19 years old) in Lusaka has been halved in the last 10 years. The percentage of unmarried women sexually active has decreased from 52% to 35% between 1990 and 2000.
- 6) A Zambian study has demonstrated that the health sector employees’ losses have increased about 13 times between 1990 and 2000 because of AIDS.
- 7) Numbers of HIV-AIDS infected people treated with ARV in 2005 was about 25.000 individuals, compared to the 1.250.000 patients needing a ARV therapy.

8) A dangerously upsetting percentage of Sexually Transmitted Diseases (STD) such as gonorrhoea, syphilis, Chlamydia, uraemia. According to our opinion, the mentioned diseases constitute the highest HIV transmission factor among 16 to 35 years old people.

The epidemic is caused by many factors: migration, urbanisation, poverty and most of all a poor control of sexually transmitted infections. There is currently an estimated 1.1 million people living with HIV, of whom 1 million are adults. The national adult prevalence rate remains high at 18% but some people are more vulnerable to HIV than others.

Young women between the ages of 15 and 24 are around four times more likely to be infected than young men of the same age. There are differences between rural and urban communities too – more than twice as many people in urban areas (23%) are infected than in rural areas (11%).

An estimated 25% of pregnant women are living with HIV, and due to inadequate provision of services to help prevent mother to child transmission, 40% of babies born to these women are also infected. Of the children living with HIV about 30,000 need ARV treatment, but by June 2006 only 3,000 children were accessing this support. In addition, Zambia has nearly one million orphan children, one of the highest HIV orphan populations in the world.

Project Outline: the area of Karubwe - Chisamba

Sharing Life N.g.o has identified the district of Karubwe-Chisamba as its priority area of rural intervention, and Kamaila would be the pilot seed project where we intend to implement our health and educational program.

In the past seven years Sharing Life has supported the community providing them with medicine, providing new buildings for the school, renovating existing facilities. Working closely with local people and authorities, we could deeply understand their necessities. That is why our board of directors (which includes Hon. Jonas Shakafuswa) is strongly committed to intervene in the area. Kamaila is situated in Chibombo District, 15th kilometers off Great North road .

The population of Kamaila is estimated to be ten thousand: people residing in six villages and seven commercial Farms around the area. With a shortage of land in Lusaka, a lot of people are settling in rural areas where they are buying farming land. This trend will cause the population of Kamaila to increase to about fifteen thousand habitants in the next three years . On average a single house hold comprises a family of six people (i.e a wife, a husband, children and some dependants). People in this area make their living mainly through subsistence farming.

Others are employed as farm workers in near by commercial farms . The AIDS pandemic has not spared the people of Kamaila. Most of the families are adversely effected by the passing away of their relatives. These losses cause a lot of pressure on the surviving members of the family, as they are left with additional responsibilities of looking after children.

With additional responsibilities and the absence of good social amenities like; schools, clinics and other recreation facilities, the standard of living of the people in Kamaila is below the normal survival level . This area, despite having a large population, has no clinic to face the local habitants needs. The nearest Health Center is twenty five kilometers away i.e at Zambian National Service Clinic (ZNS).

While there is a gravel road which links Kamaila to the Great North road, people find themselves with no money to meet transport costs in times of need, thus they are forced to walk long distances. In critical situations some people die before receiving medical attention.

This state of affairs compelled the people in Kamaila to form a Neighborhood Health Committee which was tasked to look for solutions to the health problems which the community was facing. In the past, several efforts seem to be made by the community to build a clinic, but due to lack of support and funds to finance the project, the whole project could not be realized. At this point the community and the Head of Parliament Area, Hon. Jonas Shakafuswa, has openly expressed to Sharing Life N.g.o and its Italian donors to intervene and evaluate the needs of the area.

Area of Intervention: Some Data

Population: more the 13,000

Main diseases: HIV-AIDS, malaria, airborne transmitted diseases, dysentery, hacking cough,

Infant mortality rate: total: 100.96 deaths/1,000 live births

Number of beneficiaries of a new clinic: more than 15,000 (including a prospect of new settlers that are expected to be moving into the area in the next 12/24 months)

Figure 2. HIV prevalence by site, women aged 15-44 years, Zambia, 2004

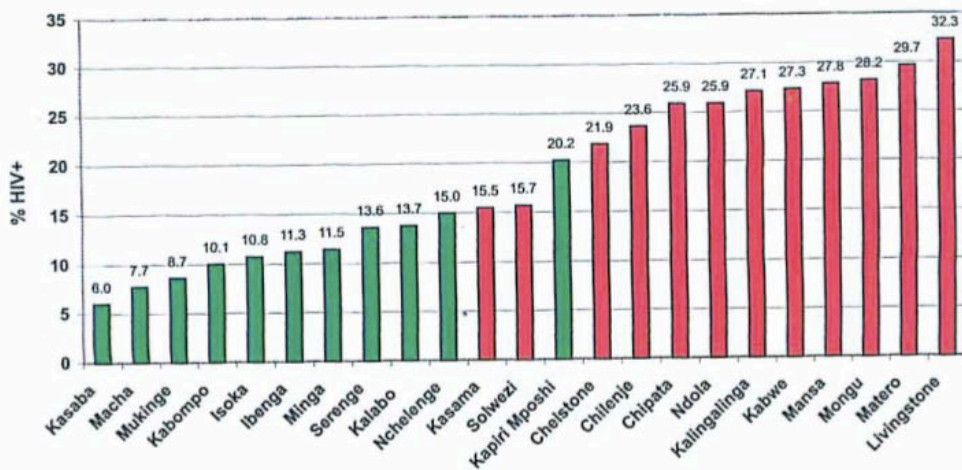
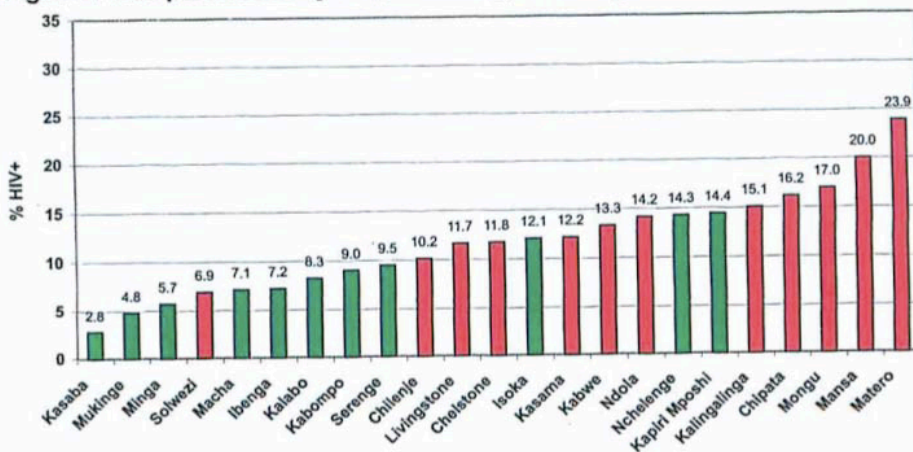


Figure 3. HIV prevalence by site, women aged 15-19 years, Zambia, 2004



The health Project

The community of the area Karubwe - Chisamba is facing dramatic problems due to the lack of a local Health Center, many people are dying for curable diseases just because they cannot reach the closest Clinic which is 20 km far from them.

Following also the request from the community, Sharing Life Ngo is strongly committed in helping them with the construction of the building, supply of furniture and medical equipment, and would also be keen on training local staff with capacity building session during the start up of the clinic itself.

Sharing Life is fully aware that all authorities requirements are to be met and fully agreed with the Ministry of Health criteria.

Sharing Life Ong is committed as follows (more details in the MOU)

- To inform the District Office of their plans.
- To fund the project in money form or materials as per their schedule: buildings construction, proper medical equipment, initial medicines supply (to be discussed and agreed with the District Health Office).
- To provide expertise and trainings to the local staff and promote capacity building.
- To implement activities aimed at preventing and treating **STI-HIV** transmission, in order to reduce the **STI-HIV** prevalence/incidence in the country. All the activities will be prior discussed with the District Office.
- To find their own constructors if they cannot use Ministry of Health.
- To inform the office of their future plans.
- To support the District Health Office in any situation it might be in need in the course of action, which will be discussed further on.
- To facilitate the handover of the project to the Government after implementation (time to be discussed)

Contacts

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