DEAN'S ADVISORY COMMITTEE
STUDENT VENTURE GRANT APPLICATION

Please read all instructions and regulations on the reverse side of this sheet prior to the completion of this form. The 8 copies of your proposal are due in the Dean's Office on the 2nd Friday of the Block by 1:00 p.m. If you have questions, please contact Rita Zook at x6686 or email rzook@coloradocollege.edu.

DATE SUBMITTED: February 26, 2010

NAME: __________________________ CLASS: __________ WORNER BOX: ______ EXT. ______

ID #: __________________________ HOMETOWN (Not Address): __________________________

NAME: __________________________ CLASS: __________ WORNER BOX: ______ EXT. ______

ID #: __________________________ HOMETOWN (Not Address): __________________________

STUDENT RESEARCH __________________________ LIFE OF THE MIND CONFERENCE ______

PROJECT TITLE

The Effects of Progressive Child Healthcare on the Culture of the Kamuli District

BRIEF DESCRIPTION OF INTENDED USE OF FUNDS

Any awarded funds will be used directly for transportation (airfare) to Uganda.

PROPOSED DATE/BLOCK OF USE 8/01 - 8/30, 2010

NAME OF FACULTY SPONSOR: Jean Strandyn

HAVE YOU BEEN THE RECIPIENT OF A PREVIOUS VENTURE GRANT Yes ______ No X

IF SO, WHAT AMOUNT? ______ WHEN? ______ REPORT SUBMITTED? ______

TOTAL AMOUNT OF VENTURE FUNDS NOW REQUESTED

ARE YOU SEEKING OTHER FUNDING FOR THIS PROPOSAL? Yes ______ No X

IF YES, WHAT IS THE SOURCE? __________________________

If this proposal is approved, I understand that it is my responsibility to notify the Dean's Office immediately if I do not pursue my project as proposed to the Dean's Advisory Committee. I further understand that all funds are to be used according to the proposal as submitted and approved by the Dean's Advisory Committee. Any changes to an approved project must be submitted to the Chair of the Committee for approval. Please note: the IRS requires that we report Venture Funds as taxable income.

SIGNATURE: __________________________ DATE: __________________________

Approved
The Effects of Progressive Child Healthcare on the Culture of the Kamuli District
February 22nd, 2010

[...]

[...]

[...]

[...]

have recently become enamored with the ever-changing and growing field of Global Health. This dynamic, complex area of study has captured our attention so greatly that [name] has created a proposed Liberal Arts and Sciences major, along with a thesis, to enable her advancement. Her thesis will examine the complex linkages between child healthcare and socio-political instability. [name] has recently decided to declare an International Political Economy major, along with becoming a pre-medical student. He is currently the head of the CC student Organization, Invisible Children.

Fittingly, [name] is currently in the anthropology course Global Health, and [name] in Economic Development. We are reminded everyday what it might be like to live without all that we take for granted living in a First-World nation, or even a college campus. We try to envision the vast differences between student life here at Colorado College and the lives of children in third-world countries. But it's hard to fathom such a life, sitting comfortably in class, listening to lecture and discussing statistics. From this perspective, it is even harder to make a difference.

We began to wonder what kinds of complex issues result in the healthcare discrepancies between nations, and the other ways in which those factors can manifest themselves. As a result, we have pursued and constructed a project that will deepen our understanding of Global Health, specifically concerning child healthcare.

This question of ours is based on works of several leading medical anthropologists and doctors who have studied the effects of successfully improved healthcare. Besides obvious, physical changes, many of these researchers have noted an acceleration of
community development and stabilization of society (lower crime rates, higher education enrollment/retention, improved collaboration with government institutions). All of these are expected to be a result of overall increase in citizen satisfaction with their area’s infrastructure and organization. This would mean the healthcare is the first step a developing country should take. We would like to conduct our research in the Kamuli District of Uganda because it has done this with the help of the 52 Kids Foundation.

The 52 Kids Foundation is a small non-profit that works in conjunction with the locally based Kapadia Organization “to ignite a grassroots movement within the children, families, and communities of Uganda, East Africa to be self-reliant and flourish without aid.” They do this by selecting one child from each of the 52 of the most desperate families in Kamuli District and provide them with the means to reach their highest potential. 52 Kids pays for school fees, school supplies, medical fees, and also works with the families to ensure that the home environment is suitable for achieving the children’s highest potential.

The presence of 52 Kids has resulted in marked changes within the community. A general improvement of well-being of children has been observed; they are becoming educated, healthier, more active members of their community. Recently, however, a more explicit milestone has been reached: Recently, 52 Kids has finished the construction of a dorm that will house 10 to 20 students ages 6 to 13 during the school week so that they do not have to walk several hours to school each day. The dorms will provide adequate and nutritious food, potable water, and clean living conditions. With the support of a Venture Grant, two students would travel to the Kamuli District for three weeks to conduct a
study critically investigating healthcare system has been changed as a result of the 52 Kids foundation, and subsequent affects felt by the community in the form of social and cultural factors.

In Kamuli, [redacted] and [redacted] will work with the community doctor, Frank Woteira, who is employed by 52 Kids and has his own clinic. They will work with him in his usual fashion, going door to door and treating patients. To conduct the research project, we would take these opportunities to interview willing patients about their experiences with their healthcare, and how it affects their attitudes with and actions in their community.

When [redacted] went to Uganda in 2008, he was fortunate enough to work closely not only with the head of 52 Kids, but also Dr. Woteira, who will also be interviewing in order to gain a comprehensive understanding. We will seek out past patients and their families as well, in order to gather data on those who have been saved or lost while sustaining care (or lack thereof). Most of the community members speak English, and should any confusion arise during an interview, Dr. Woteira would of course assist in translation.

After returning from our Venture Grant project, we will compile our findings gathered from interviewees, 52 Kids, and our personal cultural observations in the form of a presentation and perhaps incorporated into [redacted] thesis. This research will allow us to truly immerse ourselves in both the anthropological and scientific fields of Global Health—an experience few of our peers can boast. We would like to conclude this proposal by deeply thanking the Colorado College and the Keller family for allowing students to follow their academic passions.
Budget

Airfare: $1800 per person; Kayak.com
Transportation, Room and Board, Food: $125 per person. Transportation is minimal as Kamuli isn’t far from the airport, and movement within the district is mostly by foot. We will participate in homestays within the community organized by the 52 Kids Foundation. Food represents the bulk of this figure.

Total for Both Students: $3,850

We wish to direct the ideal $1500 all towards airfare. Remaining expenses will be covered through personal sources, namely money saved from summer and CC work. This is a project to which we are extremely dedicated, and we’re confident and willing to locate any and all necessary funds.

Travel Biography/Qualifications

[Name] has lived in Greece during the summers of 2005 and 2008, also traveling through Europe with her brother and sister in the summer of 2008. This past summer she lived in Hawaii working in and studying a local hospital. Over winter break, she backpacked through Costa Rica with a friend. She is creating a major in Global Health in order to legitimize her pursuits in the eyes of the College. Completed relevant coursework can be viewed on her itinerary. She is an active member of the Outdoor Recreation Committee, the Students for Global Health, and a founding member of the We Are Haiti coalition, a student club formed to raise funds for relief in Haiti through various events and benefits. She is also a Worner Desk employee.

By the time she travels to Uganda, relevant coursework completed will include: Anthropology of Global Health; Parasitic Helminths; Macroeconomics; Social and Political Dimensions of Health; and Healthcare Practice in Madagascar. The latter two are to be completed abroad in Madagascar.

[Name] traveled to Uganda in 2008 and worked with 52 Kids for two weeks. There he made valuable contacts and learned much about the culture as well as the environment in Kamuli District. [Name] is an International and Political Economy major. He is head of the CC Invisible Children club, a student organization that raises awareness and relief for child soldiers. By the time he travels to Uganda, relevant coursework completed will include: International Development, Economic Development, Africana Philosophy, and African Literature.
Contacts
The most efficient contact information available are email addresses, seeing as phone numbers and addresses would be too difficult. Both respond promptly to email.

John Koerner
Head of 52 Kids
52kidsfoundation@gmail.com

Dr. Frank Woteira
52 Kids/Kamuli District physician
woiterafrank@yahoo.co.uk

Examples of Interview Questions
Are you healthy? What does this word mean to you?

What experience have you or your family had with the 52 Kids clinic? If you don't go there when ill, why/where do you go instead? Do you use home/familial remedies?

Is there any stigma or favor associated with biomedicine? Does it affect your/your patients willingness to seek out care? Is there stigma or favor associated attributed to traditional health practices?

How has the community changed with the establishment and development of 52 Kids? Has it changed your daily life?

Is there tension between children matriculated into the 52 Kids Foundation and those not attending?

What affect does it have on the children? Have you seen a change in generations' activeness and achievement?

Has 52 Kids negatively affected the community in anyway?

Do Ugandans likely to self-diagnose, or demand things from doctors? Or do they accept what doctors say unconditionally? Are parents more forceful or compliant when regarding their children's health?

Is healthcare accessible to everyone? Do doctors favor different patients? If so, how and why?

To what extent did politics and socio-economics play a role in the development of healthcare, and vice-versa? (professionals only)

Are there any disparities between health values of Ugandans and of Americans? (professionals only)
Bibliography


