

Guatemala Acupuncture and Medical Aid Project GUAMAP



Sustainable Rural Health Model

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Program Background: Collaborating Partners

GUAMAP

Basic Training: four 1 week courses in 2 years, 22 TX's

Quarterly Monitoring

Supplies (needles & moxa)

Poptun Health Promotion

Community mobilization,
& Training site

ASECSA

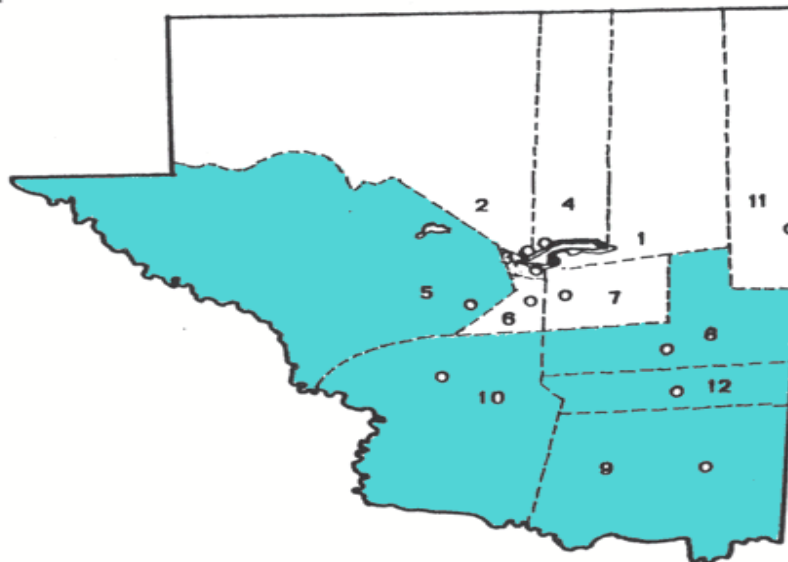
Administers 2 positions,
logistical support for
international volunteers

Program Practice

**31 Acupuncturists practice in
24 communities in five municipalities**



Department of Peten, Guatemala



Municipalities of Peten

1. FLORES
2. SAN ANDRÉS
3. SAN BENITO
4. SAN JOSÉ
5. LA LIBERTAD
6. SAN FRANCISCO
7. SANTA ANA
8. DOLORES
9. SAN LUIS
10. SAYAXCHÉ
11. MELCHOR DE MENCOS
12. POPTÚN

o Cabecera municipal

Program Practice

Level II, 14 acupuncturists report 50 - 60% of patients opt for acupuncture over other treatment modalities.

Estimate in 2006: 1,270 acupuncture treatments

Outcomes for Sustainable Rural Health Model

- 1) Compensation for acupuncturists either through community provision or market based pricing mechanisms
- 2) Transfer of acupuncture skill in diagnosis and treatment
- 3) Establish a needle supply chain with protocols for needle acquisition, use, and disposal
- 4) Self - regulation of acupuncture practice as a step toward legal recognition of medical

**Outcome: Market Based Compensation
for Acupuncturists**

Indicator: Fee for Service set by community
based acupuncturists' network

Benchmark:

6 month review demonstrates 75% of patient load
retained as payers

Outcome: Market Based Compensation for Acupuncturists

Data:

Assembly of 14 Peten Acupuncturist
and three health NGO's set cost:

\$US 1.30 per acupuncture treatment

Outcome: Community Based Compensation for Acupuncturists

Indicator: Community cooperative approves of an acupuncturist, for a community health care, in place of agricultural work

Benchmark: Acupuncturists meet basic education & health promotion training requirements

Benchmark: Community designates acupuncturist as its health care worker

Outcome: Transfer of Acupuncture Skill

Indicator: Acupuncture Retention Rate

Benchmark: Retention Rate 50 %

Community * **	Level I A Students	Level II B Students	% Retained Level I A - Level II B
San Miguel*	7	6	85.7
N. Horizontes*	7	3	42.8
Poptun I**	8	4	50
Poptun II**	13	8	61.5
total	35	21	60

* Received Level I & II in 12 mo., ** Received Level I & II in 18 months

** *Monitoring* of all trainee groups post Level II (A)

Outcome: Transfer of Acupuncture Skill

Indicator: Acupuncture Training Test Scores

Benchmark: 70% Group Mean Score

(convenience sample 2001- 2006; Level I & II practical tests)

Training	Community	Level	# Students Scoring \geq 90 %	% Scoring \geq 90%
1st - 2001	San Miguel	I	7	64
4th - 2001	Horizontes	II	3	67
8th - 2003	Poptun I	I	8	100
12th - 2004	Poptun II	II	3	75
16th -2006	Poptun III	I	17	100
			38 / 43	88.4

Outcome: Establish a Needle Supply Chain

Indicator: Implement decentralized distribution network with institutional points of sale

Data: Two Distribution Centers Established by

Assembly of Peten Acupuncturists

28 September, 2006

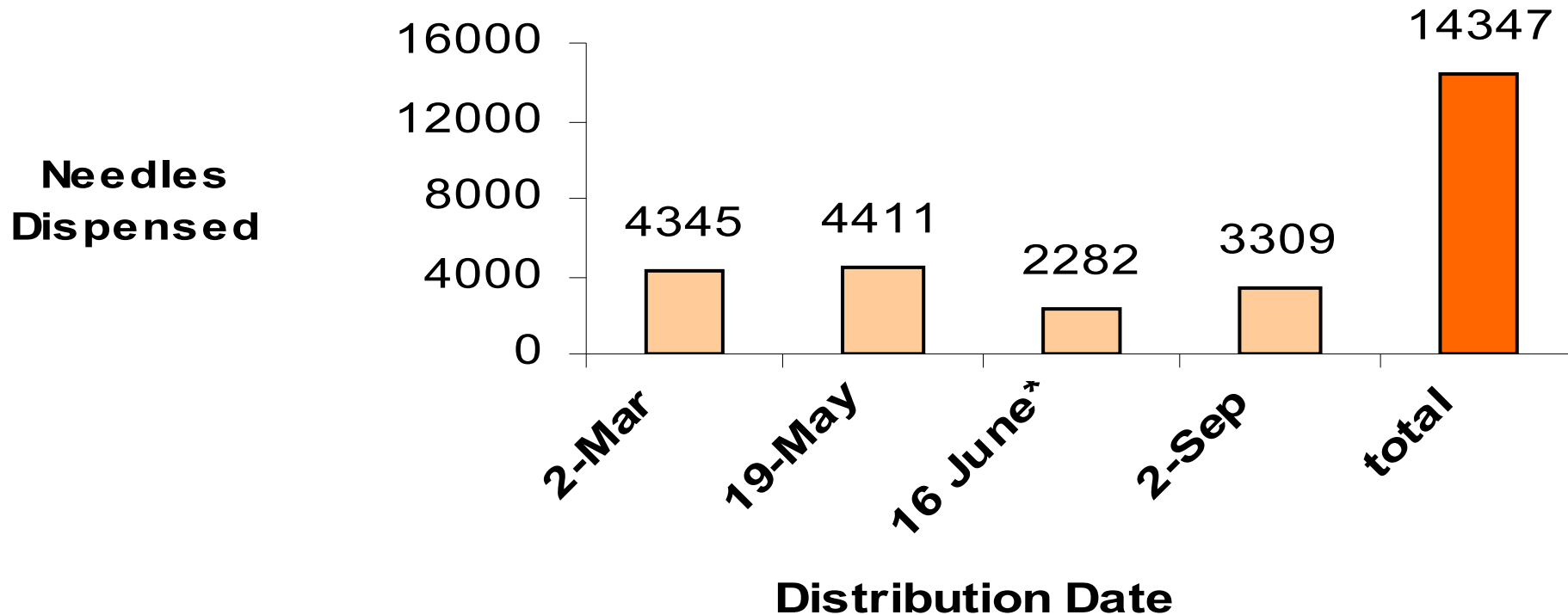
1) Rural Health Promoters Program

Pharmacy in South East Peten

2) ASECSA-Peten in North Central Peten

Outcome: Establish a Needle Supply Chain
Indicator: Distribution based on measured demand

Needles Distributed by Monitor in 2006



Outcome: Establish a Needle Supply Chain

Indicator: Implement Needle Disposal Policy

Policy Implemented:

**Acupuncturists will deliver spent needles to
Local Health NGO for disposal at Regional
Public Hospital**

Assembly of Peten Acupuncturists
28 September 2006,

Outcome: Establish a Needle Supply Chain

Indicator: Implement Pricing Policy & Review Process*

Pricing Policy :

- 10 needle packet @ \$ US .40
- Price & cost review in Nov. 2006

***Set by Assembly of
Peten Acupuncturists
28 September 2006**

Outcome: Self - Regulation of Acupuncture

Indicator: Establish Minimum Hours of Learning

Hours of Acupuncture Learning by Training Level

