

Community Drugstore (*Botika ng Barangay*): Its Contribution to Family Living Standards

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Abstract - *Botika ng Barangay* (BnB) is a drug outlet managed by a legitimate community organization, non-government organization and/or local government unit. It is a government-initiated poverty alleviation program to increase access of community people to affordable medicines. This study determined the contributions of the *Botika ng Barangay* to the improvement of family living standards in Cebu Province. Findings revealed that the BnB recipients' level of acceptance was generally high. They utilized the BnB products as the need arises. They were satisfied of the BnB services in terms of product line, health-related effects, cost and personnel services. Their mean health-related expenditures for 3 months was Php 84.97 based on actual BnB prices and Php 205.89 based on commercial drugstore prices. Their mean savings was Php 120.93. From 2005 to 2008, the mean life expectancy was age 62. The mean infant mortality rate was 1.9 while the mean

child mortality rate was 1.0. Based on interviews, problems encountered with BnBs were availability of stocks, operating hours, and variety of medicines sold. The establishment of BnBs has contributed to the improvement of family living standards in Cebu Province.

Keywords - *Botika ng Barangay*, acceptance, utilization, satisfaction, contribution, family living standards.

Background and Rationale of the Study

One of the perennial problems that plagued the Filipinos is the phenomena of poverty. This has been demonstrated in the various economic crises that the Philippines has experienced. The province of Cebu is not exempted in the poverty count.

According to the National Statistical Coordination Board or NSCB, in the year 2006 survey, Central Visayas, in which Cebu belongs, ranked third on poverty estimates, fourth in 2003 and third in 2000 (Awit, 2008). Moreover, it ranked 11th among the 17 regions with the highest poverty incidence in the country with a poverty incidence of 30.3 percent. Furthermore, in Central Visayas, Cebu ranked third to Negros and Bohol with a poverty incidence of 23.5 percent. With the scenario, it is deemed possible that people in Central Visayas may have difficulty purchasing their basic needs, more so when one or more members of the family become ill.

It is observed that in a tropical country like the Philippines, Filipinos are prone to develop minor or major infirmities. This observation is supported by the Department of Health's mortality statistics in 2000 which revealed that the major causes of death in the country are diseases of the heart, diseases of the vascular system, malignant neoplasm, pneumonia, accidents, pulmonary tuberculosis, chronic obstructive pulmonary diseases, certain conditions originating in the perinatal period, diabetes mellitus and nephritis (DOH Administrative Order, 2005) all of which are preventable given the proper access and availability of health services but at which the marginalized members of the society are deprived of.

The World Bank (2002) explains that marginalized members

of the society categorically referred to as the poor members of the community have inadequate access to medicines and other treatment. It is presented that low income of poor families and high prices of medicines at most commercial outlets, reduce the purchasing power of the poor with respect to pharmaceutical products, leading to self-medication and inadequate medical consultations and treatment of illnesses.

In addition to the low purchasing power of the poor, they further lack access to free and/or subsidized medicines, caused by their limited access to medical professionals and medical facilities, absence of health insurance coverage. Provision of free and subsidized medicine by the government is also inaccessible due to budgetary and inadequate systems and procedures for government procurement of drugs and medicines for public facilities. Sometimes the poor are not aware on how proper medical treatments and medicines on one hand, and possible sources of free/subsidized treatments and medicines, on the other.

The Philippines is among the countries where 30 percent of the population have no regular access to essential medicine, according to The World Drug Situation released by the World Health Organization or WHO in 2000 (Recto, April 2007). In view of these observations, policies were recommended to improve society's marginalized members' access to affordable medicines and drugs. This policy should naturally be part of a comprehensive national development program which includes a successful economic development strategy that augment people's income and increase access to resources and a national health care and development program. Thus the Philippine government, through the Department of Health or DOH issued Administrative Order No. 23-A, 1996 which paved the way to the establishment of *Botika ng Barangay*.

Botika ng Baarangay or BnB is a drug outlet managed by a legitimate community organization, non-government organization and local government units. As of the year 2003, there are already 11,000 licensed BnBs throughout the country. Of this, 247 BnBs are in Cebu (Positive News Media, 2008). Despite the number of existing BnBs, it is observed that even in barangays with BnB shingles, most of the people still prefer to buy medicines from privately-owned drug stores.

Many seemed to question its viability that they stop to patronize BnB services. These observations and assumptions created a need to revisit the primary objective of BnB which is to increase access of marginalized members of the society to medicines and whether this objective has been attained. It is also a must to determine whether this government program has somehow addressed the alleviation of poverty in the community.

Based on the premise presented, this study assessed the contribution of Botika ng Barangay to the living standards of the families of Cebu Province. Moreover, it determined the level of acceptance, the extent of utilization of products, its level of satisfaction on the BnB services and the contribution of BnB to living standard in terms of health-related expenditures, savings, mean age at death, infant and child mortality rates. Generally, this study determined whether the BnB program has realized the poverty alleviation thrust of the government.

Review of Related Literature and Studies

Every Filipino has the right to have access to quality and affordable healthcare thus the need for lowering at half the price of essential medicines. In response to this, the Department of Health, through its Center for Health Development Offices, and its partnership with Local Government Units, various Government and Non-Government Organizations established the Botika ng Barangay. This program promotes equity in health services by providing low cost essential medicines as well as self-reliance and fiscal sustainability to assure constant availability of the medicines in the area. Botika ng Barangay was first established in 2003 by virtue of Department of Health Administrative Order 70 which provides for the licensing of BnB. The establishment of BnBs is a joint undertaking of the DOH and the Philippine International Trading Corporation or PITC. BnBs sell medicines of the same quality at half the price to cater to the poor (Philippine Information Agency, 2007).

The Philippine Government makes health its top priority ensuring adequate supply of drugs with generic names at the lowest possible cost. Some of the medicines which can be bought from BnBs are Paracetamol,

Mefenamic Acid, Salbutamol, Multi-vitamins capsules and syrups, Oresol, Metoprolol, Ascorbic Acid, Metformin, Glibenclamide, Cotrimoxazole, and Amoxicillin (<http://www.boholnewsdaily.com/boholnews-doh-targets-15000-botika-ng-barangay-outlets-in-2010.html>, 2010).

One of the most common drugs sold over the counter is the headache and fever tablet paracetamol, which costs P2.74 in commercial outlets. At the government-run Botika ng Barangay, paracetamol costs just a fifth of that at only 50 centavos. Other drugs are as affordable to impoverished Filipinos at the Botika ng Barangay—the anti-diarrhea loperamide for P1.05 against P4.10 in private drugstores, and the anti-diabetes glibenclamide at 78 centavos against P8.90 (Ragaza, retrieved April 2010).

The Department of Health targets about 15,000 Botika ng Barangay to saturate all areas in the country by 2010. The DOH is now working on a 1:2 ratio or one BnB per two barangays to provide the medical needs of the public especially in far-flung areas. DOH secretary Francisco Duque said this program has given the public an easy access of cheaper medicines (<http://www.boholnewsdaily.com/boholnews-doh-targets-15000-botika-ng-barangay-outlets-in-2010.html>, 2010).

But even though medicines are cheaper at Botika outlets, these community drugstores have failed to gain a foothold in the drug market. The village drugstores number 12,000 against the 700 or so Mercury Drug outlets, but their market share is only 5% as against Mercury's 60%. Unable to make a dent, health experts doubt whether the Botika ng Barangay program can pull down drug prices to half of 2001 levels, as it aims at by 2010. One problem is that the industry is still very much dominated by big pharmaceutical companies that dictate drug prices and promote branded medicines. Another problem is that Botika ng Barangay stores are inefficiently run enterprises that are no more than medical sari-sari stores, where procurements are irregular, unsystematic and even overpriced (Ragaza, retrieved April 2010).

But even in communities with Botika ng Barangay, residents cannot turn to these drugstores for help for serious illnesses, such as malaria, influenza and tuberculosis, the leading causes of mortality and morbidity in the country. The Botika ng Barangay also does not have

medicines for filariasis and schistosomiasis, two of the leading diseases in some poor communities in the Philippines (www.manilatimes.net/national/2009/april/14/yehey/top_stories/20090414top7.html, 2010).

It is surmised that the establishment of Botika ng Barangay will answer the needs of poor to medicines. As previously mentioned, BnB is timely for the community since this provides cheaper medicine and quality-controlled stocks. Moreover, Kanavos, , (2002) and the Filipino Report Card on Pro-Poor Services" (2001) revealed that there is low pharmaceutical use by the poor due to higher prices. In the study of Schafhuetle, Hassel, Noyce & Weii, cost influences views and behaviors of the client on the accessibility of medicines to BnB listed.

Related Studies

According to Kanavos, Lim & Pascual (2002), the Philippines has high prices of medicines which affect the purchasing capacity of the residents to address their needs for medicines. Their study further stated that although high drug price is one of the important causes of the poor's lack of access to drugs and medicines, it is not the only factor. Even if drug prices were to be cut in half in the Philippines, the most likely big beneficiaries would be the middle classes and the rich. The poor's lack of access to drugs and medicines also springs from three other sources: first, their problematic access to hospitals, clinics, physicians, other health professionals and health workers, diagnostic centers and laboratories and medical facilities. In summary, the overall problem in the Philippines seems to be one: non-affordability; poor accessibility; limited availability; and inadequate coverage. In light of the above, one ought to look at the problem in a more holistic way as a health and medical care problem.

The study of Case et. al. in 2002 finds that household income is a strong predictor of children's health. More specifically, the authors find that when household income doubles, the probability that a child 3 years old or younger is in excellent or very good health increases by 4%. Comparable improvements for children between ages 4 and 8, 9 and 12, and 13 and 17 are 4.9%, 5.9% and 7.2%, respectively (Neun, 2007).

The link between an individual's state of health and socioeconomic

status may not be direct, but the theoretical underpinnings are obvious. Income, education, and employment represent a level of social advancement that, to a large extent, determines access to medical care. In turn, improved access to care improves health (Henderson, 2006).

Papas et. al. in 1993 have examined mortality rates for Americans at various income levels. Their research shows that the 1986 death rates for Americans with income less than \$9,000 were significantly higher than those for Americans earning more than \$25,000. More importantly, these differences have widened since 1960. They concluded that socioeconomic status is a strong indicator of health status (Henderson, 2006).

Conceptual Framework

The 1987 Philippine Constitution, Section II, Article XIII mandates the state to protect and promote the right to health of the people. It is further mandated to adopt “an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services acceptable to all the people at affordable cost.

Republic Act no. 6675, otherwise known as the Generic Act of 1988, prescribes that it is the policy of the state to “ensure the adequate supply of drugs with generic names at the lowest possible cost”. The Local Government Code of 1991 prescribes the kind of relationship between Local Government Units, People’s Organizations, non-government organizations and private sector that may exist within the framework of devolution and the latter’s role as partners in the delivery of basic services.

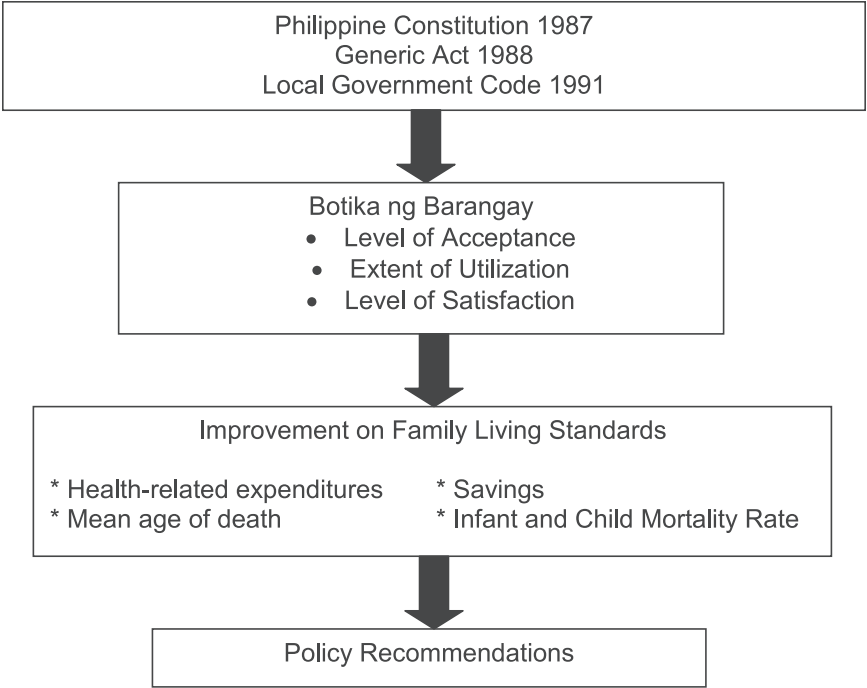


Figure 1. Conceptual framework of the study

It is through these legal bases that Botika ng Barangay was established. As a government-initiated poverty alleviation program to increase access of community people to medicines, the impact of Botika ng Barangay to the recipients in the community is being studied. Initially, the factors that shall be considered are the awareness of the community on the existence of BnB in their locale.

Determining the residents’ level of awareness on BnB services can influence the acceptability of the residents towards BnB. When recipients attained a certain level of acceptability to the BnB services, it is assumed that this will further influence their utilization of the services of BnB which could also influence the satisfaction of the residents to BnB services. The satisfaction level of recipients shall also influence the recipients’ decision whether to continue its utilization or not and vice-versa.

The contribution of the utilization of BnB services on socio-economic factors shall also be considered focusing on living standards indicators such as health-related expenditures, savings, physical quality of life composed of sub-variables such as mean age of death, infant mortality rate and child mortality rate.

This study determined the contributions of BnB in the improvement of family living standards. It ascertained the project clients' level of acceptance, extent of utilization and satisfaction of the services availed from the Botika ng Barangay.

Moreover, this study gauged the contribution of the services of Botika ng Barangay on the living standards of the residents in terms of savings, mean life expectancy, mean infant mortality rate and mean child mortality rate. The results will be used to craft recommendations for intervention responses that address specific concerns regarding the program for policy implications.

The above concepts, framework, related literature and studies were the bases for the formulation of the problem and implications of the study.

METHODOLOGY

The descriptive design was utilized to determine the contributions of the BnB on the improvement of family living standards which was measured through health-related expenditures, savings, mean age at death, mean infant mortality rate and mean infant mortality rate.

This study was conducted in Cebu Province, Philippines. Based on the list of BnBs provided by the Department of Health Region VII, there were 247 BnBs in Cebu Province. In order to identify which BnBs to be included in the study, the following inclusion criteria were considered: BnB which are located in Cebu Province; existing for at least 2-3 years; and belongs to low income barangays. The researchers utilized the poverty map of the Department of Social Welfare and Development and Peace Foundation in selecting the BnBs.

The multi-stage purposive sampling was applied to select the research locales from the municipalities to the selection of respondents BnBs. The local government unit, rural health officer, rural municipal

social worker and police officers assisted in the identification of the barangays. Hence 19 barangays were selected from the ten municipalities.

From the 19 BnBs identified, sample respondent households was done using the following inclusion criteria: the family have stayed in the barangay for 2-3 years; and have availed of the BnB services. The list of household per barangay were obtained from the Offices of the Barangay Captains with the guidance of the barangay health workers.

The total population of households was approximated at ten thousand (10,000). Utilizing Sloven's formula at 0.05 margin of error, the total sample size of four hundred (400) was drawn. Table 1 reveals the distribution of samples per barangay.

There were 37 respondents from Alegria, 32 from Bogo, 27 from Boljoon, 40 from Borbon and 20 from Catmon. Further, 22 were taken from Dalaguete, 41 from Pinamungahan, 82 from San Remegio, 18 from Tabuelan and 81 from Tuburan.

A researcher-made questionnaire was used which was pilot tested prior to its actual use. The following variables were considered:

Personal Information. This part of the researcher-made instrument included data regarding the family respondent such as age, gender, position in the family and average monthly family income.

Level of Acceptance of the BnB Services. A 9 item yes or no checklist was developed by the researchers to measure the extent of acceptance of the BnB beneficiaries.

Extent of Utilization of the BnB Services. This was measured through the frequency of utilization of BnB services in a month's time. The frequency were daily, weekly, twice a week, monthly and as the need arises.

Level of Satisfaction. This was measured using 12 indicators related in the aspects of BnB product line, health-related effects, cost and personnel services. A four-point likert scale measured the extent of satisfaction which ranges from 4 which was interpreted as very satisfied to 1 which was interpreted as dissatisfied.

Health-related Expenditures. Respondents were asked to indicate their expenditures in the last 3 months based on actual BnB prices and prices from commercial drugstores.

Savings. This portion of the questionnaire is answered by the researcher. The researcher deducts the total health-related expenditures based commercial drugstores from the total health-related expenditures based on BnB prices. Data is reflected on a column marked savings. Should there be a deficit, it is recorded on the column marked deficit.

Problems Encountered. Moreover, data on problems encountered and suggestions of the respondents were obtained through interview.

The second questionnaire was formulated to obtain records from the Local Civil Registrar's Office of the respondents. Mean age of death, infant mortality rate, and child mortality rate were acquired from the Civil Registry from 2005 to 2008.

Research assistants were trained prior to the actual data gathering for a day which included the presentation of the proposed study and the simulation of interview sessions.

RESULTS AND DISCUSSION

Table 1. Profile of the respondents

Profile	F	%
Gender		
Male	90	22.5
Female	310	77.5
Position in the Family		
Father	81	20.3
Mother	287	71.8
Sibling	28	7.0
Relative	3	0.8
Grandmother	1	0.3
Average Monthly Family Income		
1,000 and below	86	21.5
1,001-2,000	101	25.3
2,001-3,000	52	13.0
3,001-4,000	54	13.5
4,001-5,000	29	7.3
5,001 and above	78	19.5
	Mean	SD
Age	42.77	15.57

Mothers, being the common customers in BnB is a typical scenario in a rural area and a reflection of the family culture of Filipinos where matters pertaining to health are usually left on the care of female family members.

Further implications which can be derived pertains to the income of rural residents which strengthens the notion that income, education, and employment represent a level of social advancement that, to a large extent, determines access to medical care for health improvement (Henderson, 2006).

The impact of income towards health maintenance is further clarified in the study of Case et. al.(2002) which identified that household income is a strong predictor of children’s health. More specifically, the authors find that when household income doubles, the probability of attaining excellent health among children is increased (Neun, 2007).

Level of Acceptance on BnB Services

As a means of determining the status of Botika ng Barangay’s acceptability, utilization and satisfaction among the BnB recipients, these were addressed during the interview and data gathering.

Table 3. Level of acceptance of the BnB services

Indicators	f	%
Low	2	0.5
Moderate	13	3.3
High	385	96.3
Total	400	100

In the three years average of existence of the BnB in the respective barangays, the community availed of its services for many times. Hence, when level of acceptance was surveyed. the Botika ng Barangay has gained a high level of acceptance among the beneficiaries of its services since most of them state that the BnB has answered their needs for health maintenance specifically on the availability of medicines within their locality.

The acceptance of the residents on the BnB services implies an awareness of the importance of these drug outlets for addressing their health needs. This has also erased the notion that residents do not like BnB drugs because the medicines are not effective.

However, acceptance may only be on the cognitive level of the residents, the best way to measure the depth of their acceptance is to determine the frequency at which they have patronized the BnB products. Hence, the extent of utilization of BnB products was determined.

Table 4. Extent of utilization of BnB products
(n=400; multiple response)

BnB Products	Daily	Weekly	Twice a month	Monthly	As the need arises	Total
Vitamins and minerals	14	6	9	24	55	108
Antipyretics	0	5	8	9	239	261
Pain reliever	0	5	2	8	105	120
Liniments	0	0	0	0	11	11
Antibiotics	0	5	4	8	150	167
Antihypertensive	2	1	0	1	22	26
Hypoglycemic agents	1	0	0	0	1	2
Cough preparations	0	0	1	0	41	42
Colds preparations	0	0	1	0	7	8
Anti-allergy	0	0	0	0	1	1
Anti-asthma	0	2	1	1	10	14
Anti-ulcer, antacids	0	0	0	0	7	7
Anti-diarrheal	0	1	0	0	33	34
Anti-helminthics	0	0	0	0	2	2
Antiseptic agents	0	0	0	0	0	0
Cottons	0	0	0	0	2	2
Diapers	0	0	0	0	1	1
Contraceptive Pills	0	0	0	0	2	2
Diapers	0	0	0	0	1	1

Table 4 shows the extent of utilization of the BnB products. It reveals that the 5 products that most respondents purchased were: Antipyretics (261 out of 400); Antibiotics (167 out of 400); Pain reliever (120 out of 400); Vitamins and minerals (108 out of 400); and cough preparations (42 out of 400). The first three most commonly purchased products are often needed when fever, infections and pain are experienced which is not a usual experience among household members, hence, residents availed of these products when the need arises.

However, the fourth commonly purchased item which are vitamins and minerals, are not used when the need arises but are by nature used on a daily basis and it is placed on the lower rank of commonly purchased products. This implies that the community in general have not prioritized health promotion and illness prevention practices. This finding is explained by the economic profile of the community which is below poverty level affirming the low purchasing power of the community, thus, health promotion is considered less among their basic priorities.

On a positive perspective, the presence of the BnB is helpful indeed to the community since the common illnesses addressed to by the BnB services occur as an emergency case, thus, the accessibility of BnB services is indeed a great convenience for the respondents without additional cost of transportation to acquire the needed medicines.

A common observation among community respondents was the distance of the community or barangay from the poblacion. The nearer is the barangay to the poblacion, the fewer are the residents who acquired its services due to the accessibility of medicines commercial drug outlets.

Table 5 presents the respondents' level of satisfaction of the BnB services. The community were very satisfied with the services in the aspects of product line, health-related effects, cost and personnel services (weighted mean of 3.64). Among the 12 indicators, they were satisfied with availability of stocks in the BnB (weighted mean of 3.24). Stocking of medicines in BnB outlets considers different factors such as the marketability of the products, availability of funds for payment of stocks and the space provided for the BnB outlet.

Table 5. Level of satisfaction

Indicators	Weighted Mean	Interpretation
Product Line		
1. Efficacy of medicine sold in BnB.	3.66	Very satisfied
2. Availability of the stocks in BnB.	3.24	Satisfied
3. Variety of medicines in BnB in relation to health needs.	3.45	Very satisfied
4. Operating hours of BnB.	3.49	Very satisfied
5. Location of BnB in relation to its accessibility.	3.79	Very satisfied
Health-related Effects		
6. Improvement of over-all health situation of the family due to BnB.	3.71	Very satisfied
7. Reduction of the total health care cost of the family.	3.76	Very satisfied
Cost		
8. Price of BnB compared to other drugstores in the locale.	3.82	Very satisfied
Personnel Services		
9. Knowledge of the staff on disease information.	3.67	Very satisfied
10. Knowledge of the staff on drug information.	3.67	Very satisfied
11. Courtesy of the staff.	3.75	Very satisfied
12. Efficiency of the staff.	3.72	Very satisfied
Grand Mean	3.64	Very satisfied

Health-related Expenditures and Savings

Table 6 presents the average health-related expenditures of the respondents based on actual BnB prices and commercial drugstore prices. It also shows the savings if they purchased from the BnB. As shown on the table, health-related expenditures were Php 84.97 and Php 205.89 based on BnB prices and commercial drugstore prices, respectively. Savings was Php 120.93.

Table 6. Health-related expenditures and savings for 3 months

Indicators	Mean
Health-related Expenditures based on actual BnB prices	84.97
Health-related Expenditures based on commercial drugstore prices	205.89
Savings	120.93

The difference in the prices of medicines purchased in BnB and commercial drugstore shows a significant gap which an economically-deprived customer can best derived benefit through savings. BnB products are purchased through bidding by the Department of Health which assures that the products have therapeutic benefit at reasonable costs, whereas, commercially-sold medicines have higher profit orientation due to their respective overhead expenses.

The P120.93 savings can be used by the community household to address other needs such as food, school allowance of children and transportation, to name a few.

Mean Age of death from 2005-2008

The mean age of death was also compared from the year 2005 to 2008.

Table 7. Mean Age of Death from 2005-2008

Year	Mean
2005	64
2006	60
2007	60
2008	64
Grand Mean	62

The mean age of death shows the common age at which community residents die. Data revealed that there was a slight reduction in the mean age of death in 2006-2007, however, it maintained in the year 2008 after 2 years of BnB establishment. Reduction of mean age of death indicates shorter lifespan among residents which can be attributed to illnesses that can be cured through medicines available for the community.

Mean Infant Mortality Rate from 2005-2008

Table 8 presents the mean infant mortality rate from 2005 to 2008.

Table 8. Mean infant mortality rate from 2005-2008

Year	Mean
2005	2.2
2006	2.4
2007	1.5
2008	1.5
Grand Mean	1.9

The mean was infant mortality rate is 1.9. Per observation, infant mortality rate shows a decline from 2005 to 2008. Infant mortality rate is often used as indicator for health status in an area, with the reduction portrayed it is implied that indirectly, the BnB services could have attributed to its reduction since it has addressed the health needs of infants in the community.

Critics of U.S. medical care often cite high infant mortality rates as evidence of a breakdown in the current delivery system. One can make a compelling argument linking poverty and poor access to care with high mortality rates (Henderson, 2006).

Mean Child Mortality Rate from 2005-2008

Table 9 presents the mean child mortality rate from 2005 to 2008.

Table 9. Mean child mortality rate from 2005-2008

Year	Mean
2005	4.0
2006	0.4
2007	0.0
2008	0.0
Grand Mean	1.0

The mean child mortality rate was 1.0. Similar to the infant mortality rate, the table also shows a decrease in the child mortality rates from 2005 to 2008 which further strengthens the implications that BnB has contributed to the provision of accessible and affordable medicines to address health needs of children in the community or barangay.

Problems Encountered with BnB

Table 10 presents the problems encountered by the residents when availing services from BnB. This table shows that the top three problems were the availability of stocks, operating hours, and variety of medicines sold.

Table 10. Problems encountered with BnB

Problems	F	Rank
Availability of stocks	104	1
Operating hours (8AM to 12NN; closed in the afternoon and at night)	42	2
Variety of medicines sold	19	3
No attendant but BnB is open	15	4
Does not sell drugs without prescription	9	5
Location	2	6
<i>(multiple response)</i>		

The narrative disclosure of the respondents regarding their evaluation of BnB services validated their responses in the questionnaire. Problems ranked first and third are simply pointing out to the stocks of medicines in BnB. However, another concern that should be addressed with is the opening hours and management of BnB since irregular store hours discourage customers from patronizing the products and in cases of emergency, residents would be having difficulty acquiring the needed medicines for particular illnesses. The irregularity of services can also be attributed to the multitasks assigned to the BnB

storekeepers and the very low compensation they have received which is not commensurate to the services they have rendered.

As revealed by Radaza (retrieved April 2010) Botika ng Barangay stores are inefficiently run enterprises that are no more than medical sari-sari stores, where procurements are irregular, unsystematic and even overpriced.

Hence, BnB operators need to review these concerns to maintain the operation of BnB in their respective barangays. On the concern for prescription, a new provision for new medicines included in BnB outlets has addressed this concern. The concern on the distance, is a remote occurrence when the recipient of BnB services lives in distant sitio, hence this observation was identified.

CONCLUSION

The establishment of community drugstores (BnBs) in Cebu province has contributed to the improvement of living standards of families in Cebu Province. It has increased the access of people to medicines, however, policies that govern the operation of Botika ng Barangay have to be revisited to address concerns pertaining to this aspect. Intensification of campaign on BnB establishment among LGUs in order to convince them of the benefits of BnB thereby making it their policy mandate; the Department of Health (BFAD) should address the availability of stocks and variety of medications in all branches of BnB; to strengthen the quality of services, re-training for the personnel managing the BnBs should be conducted and crafting of policies regarding the standardization of the prices of medications in all BnBs should be undertaken.

LITERATURE CITED

- Awit, J. (2008, June 10). "One Hundred Eighty Four Poor Families". Sun Star. Retrieved November 5, 2008 at www.sunstar.net.
- Department of Health Administrative Order. 2005.
- Kotler, P. et. al. (2003). *Management: An Asian Perspective*. Singapore: Prentice Hall.

- Neun, S. P. and R. E. Santerre. (2007). *Health Economics: Theories, Insights and Industry Studies*. 4th Edition. Singapore: South-Western.
- Philippine Information Agency. (2008). Botikang Barangay outlets top 10,005 Nationwide. Retrieved at www.PIA.gov.ph.
- Ragaza, J. M. Retrieved at http://www.manilatimes.net/national/2009/april/15/yehey/top_stories/20090415top5.html, retrieved on April 3, 2010).
- Recto, R. (2007). Botikang Barangay. Retrieved at www.senate.gov.ph/press_release/2007/0414_recto1.asp.
- Schafheutle, E.I. (2002). Access to medicines. Cost as an influence on the views and behaviour of patients. Retrieved at www.ncbi.nlm.nih.gov/sites/entrez.
- The World Bank. (2002, June 28). Philippines health policy note on improving the poor's access to affordable drugs.

Electronic Sources

- (http://www.manilatimes.net/national/2009/april/14/yehey/top_stories/20090414top7.html, retrieved on April 3, 2010).
- (<http://www.boholnewsdaily.com/boholnews-doh-targets-15000-botika-ng-barangay-outlets-in-2010.html>, retrieved on August 9, 2010).

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