

### **Social Franchising: A Bibliometric and Theoretical Review**

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## 1. Introduction

Social problems, especially poverty, constitute a global challenge and the root of most problems (Magleby, 2007). About four billion of the world's population are poor and surviving on an average income of less than \$2USD per day in developing economies (Kuo, Hanafi, Sun, & Robielos, 2016). Combating this, vast resources have been expended, but with minimal results (Magleby, 2007). Governments, policy makers and social entrepreneurs are increasingly seeking new and innovative ways to effectively and efficiently fight this challenge.

Social entrepreneurs use marketing strategies to promote behaviours and activities that enhance the health and wealth of individuals and society (Zajko & Bradač Hojnik, 2018). A major challenge to these entrepreneurs is how to scale up their ventures (Zajko & Bradač Hojnik, 2018). Social franchising is a marketing strategy that is increasingly being applied by international bodies across nations as a key option for scaling ventures (Maciejewski, Jaana, Keely, Crowe, & Liddy, 2018). It adopts the strategy of commercial franchising in making branded quality-assured services and products of social importance available (Penn-Kekana et al., 2018). It operates by allowing independent businesses/individuals to leverage its brand and business format in return for initial fees and ongoing royalties (Rosado-Serrano, Paul, & Dikova, 2018).

The model has grown worldwide at an exponential rate with unsatisfactory evidence of its impact and success factors (Tougher et al., 2018). Between 1994 and 2015, over 90 social franchises were established in 40 developing countries (Mumtaz, 2018). Major donors of these programmes include US Agency for International Development, UK Agency for International Development, Bill and Melinda Gates Foundation, and Norwegian Agency for Development Cooperation, NORAD (Mumtaz, 2018).

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3 Most studies on franchising explore the relationships between franchisors and franchisees in  
4 commercial franchising (Rosado-Serrano & Paul, 2018) while neglecting social franchising.  
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6 Limited information exist about the concept, its diffusion, how it operates and its impact  
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8 (Maciejewski, et al., 2018). Stakeholders are concerned about the millions of dollars invested  
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10 in social franchising when the underlying success factors remain unclear with vague evidence  
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12 of impact (Mumtaz, 2018).  
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17 In view of this informational gap (Tracey & Jarvis, 2007), we review and synthesize the  
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19 literature to develop a conceptual framework that explains the motives driving social  
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21 franchising and its impact. Our research questions are:  
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25 1. What are the drivers and theoretical underpinnings of social franchising?
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27 2. How is the literature clustered?
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29 3. What are the future research directions?
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33 Montagu (2002) study in health service established the focus of the field. Despite the field's  
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35 multidisciplinary nature, most of the literature focuses on health science. The literature falls  
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37 into three clusters: theoretical motivation of social franchising, how it works, and the impact  
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39 of social franchising. These clusters are integrated into a conceptual framework for social  
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41 franchising as Figure 2 shows. Theoretically, we argue that because of the institutional voids  
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43 in low-income communities where social franchising largely exists, franchisors' main motive  
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45 is to solve social problems rather than to amass wealth from franchisees. Social embeddedness  
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47 promotes stewards' selection while minimising agency costs. We include an extensive profile  
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49 of literature on social franchising together with proposed questions for further studies.  
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3 The rest of the paper is organised as follows: next is literature review and conceptual  
4 framework, followed by the methodology, findings, theoretical underpinnings, discussion and  
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6 directions for future research, limitations and conclusion.  
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## 11 12 **2. Literature Review**

### 13 14 **2.1 Commercial and Social Franchising**

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16 Commercially, franchising is a contractual agreement between two independent entities  
17 (franchisor and franchisee) where the franchisor allows the franchisee the right to sell his  
18 products or services in return for fees and ongoing royalties (Lafontaine, 1992). The contract  
19 may involve products and tradename franchising or business format franchising (Alon,  
20 Boulanger, Misati, & Madanoglu, 2015). With tradename franchising, franchisees generally  
21 distribute products or services of the franchisor. In business format franchising, they receive  
22 the full business model in addition to the brand and training (Alon, et al., 2015).  
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34 The main theoretical arguments given for franchising are agency and resource scarcity reasons  
35 (Tracey & Jarvis, 2007). Other factors include market saturation, search for profit, and intense  
36 competition (Alon, 2004; Rosado-Serrano, et al., 2018). Though franchisors and franchisees  
37 may engage in corporate social responsibility activities (Calderon-Monge & Huerta-Zavala,  
38 2015), the bottom line is profit maximization (Montagu, 2002).  
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47 Social franchising is variously defined, but the consensus is on the intention to achieve social  
48 benefits (Du Toit, 2017). It is a contractual arrangement that uses the format of commercial  
49 franchising to achieve social goals in different locations and countries (Montagu, 2002).  
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## 2.2 *Social motive and boundaries of social franchising*

The literature on social franchising as social ventures reflects the lack of consensus in determining the boundaries of social entrepreneurship (Crawford-Spencer and Cantatore, 2016). Some scholars argue social franchising occurs mainly among non-profit (Du Toit, 2017) while others maintain it can occur among commercial entities (Koehlmoos, Gazi, Hossain, & Zaman, 2009). Given that it occurs among for-profit and non-profit systems implies an overlap between the elements of commercial and social franchising. The difference depends on the motivation behind the ventures (Giudici, Combs, Cannatelli, & Smith, 2018). For instance, the motivation for Dialogue in the Dark (DiD) is to provide jobs for the vulnerable (Du Toit, 2017), while the motive for Population Service International (PSI) is to provide accessible and affordable health services to the marginalised in poor communities (Sundari & Fonn, 2011).

Micro-franchising is a variant of social franchising (Du Toit, 2017). It is a form of social intervention that entails selling a proven replicable turnkey business to buyers in subsistence markets who agree to follow a business model at a fee (Christensen, Parsons, & Fairbourne, 2010). This definition echoes the elements of social franchising (McKague, Wong, & Siddiquee, 2017). However, while social franchising refers to all franchising systems with social goals, micro-franchises are small with focus on job creation and poverty alleviation at the subsistence level in impoverished economies (Fairbourne, Gibson, & Dyer, 2007).

In micro-franchising, end-users pay for the services and products, but social franchising does not always involve payment. For example, Childline, a social franchise in India does not require payment for its services in helping children in distress (Du Toit, 2017) but Child and Family Wellness Shops (micro-franchise) in Kenya does (Alon, Mitchell, & Munoz, 2010). Figure 1

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3 shows the similarities and differences among commercial, social and micro-franchising. Goals,  
4 pricing and sources of funding are the differentiating factors.  
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### 18 ***2.3 Factors influencing motivation, adoption and performance in social franchising.***

19 Scalability is the major attraction for franchising in social entrepreneurship (Zajko & Bradač  
20 Hojnik, 2018). Factors such as access to capital, local expertise and minimization of agency  
21 costs also motivate social franchising (Montagu, 2002). Weber, Leibniz, & Demirtas (2015)  
22 suggests key components for successful scalability in social entrepreneurship include  
23 commitment of individuals driving the process, management competence, partial/entire  
24 replicability of the operating model, ability to meet social demands and obtain necessary  
25 resources, the potential to collaborate with others and adaptability.  
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38 There are few frameworks/models that explain the motivation, operation and the impact of  
39 social franchising (Tracey & Jarvis, 2007). Our review highlights the omissions: the role of the  
40 targeted beneficiaries and how they influence the initiative starting from the motive through to  
41 the impact. Below, we discuss the various models in the literature on social franchising.  
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#### 48 ***2.3.1 Montagu (2002) conceptual framework of franchising health services***

49 Montagu's framework for social franchising in the health sector indicates franchises often seek  
50 to benefit providers and the public. The model stipulates there are three aspects of social  
51 franchising: ensuring availability of services, quality of services, creating awareness, and use  
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3 of services. He argues all three aspects are important and that success in one produce spill-over  
4 effects on the others.  
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### 8 9 *2.3.2 Kistruck, Webb, Sutter, & Ireland (2011) conceptual model of theoretical relationships*

10 Kistruck, et al. (2011) indicate that, agency theory, resource scarcity theory, and the concepts  
11 of brand and standardized operations drive franchise performance. They argue that, the  
12 traditional franchise model may not be successful in bottom-of-the-pyramid context unless the  
13 micro-franchise allows social audit and customisation by franchisees to suit individual markets.  
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### 18 19 *2.3.3 Beckmann and Zeyen (2014) Hayekian perspective of social franchising*

20 Using Hayekian perspective, Beckmann and Zeyen (2014) distinguishes between end-  
21 connected-logic of small groups and rule-connected-logic of big groups in social franchising.  
22 They argue social entrepreneurs use small-group-logic to start their ventures but face  
23 difficulties when growing toward a big-group-logic. Hence, social franchising offers a strategy  
24 to replicate the small-group and mobilize social capital while reducing agency costs through  
25 self-selection and self-monitoring mechanisms.  
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### 37 38 *2.3.4 McBride (2015) fundamentals of good social franchise design*

39 McBride (2015) argues that, the ability of social franchising to deliver sustainable solutions is  
40 grounded in the fundamental principles of successful replication practices in the commercial  
41 sector. The principles include basing the concept on: successful operating business, sufficient  
42 customer demand, availability of qualified franchisees, management commitment, systemizing  
43 the business, and the ability to transfer systems know-how with reasonable amount of effort  
44 and time.  
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### 2.3.5 Zafeiropoulou (2017) social franchise model (SoFraM)

Zafeiropoulou (2017) model discusses how social franchising elements interact with the wider environment. He argues that, social franchise formation, governance, partner selection, and performance are influenced by decision-making and four systems: the individual, organisational, social and political contexts. Figure 2 displays the focus of social franchising frameworks in the literature.

**\*\*\*Insert Figure 2 about here\*\*\***

### 2.3.6 New conceptual model

The existing models as discussed above do not fully integrate the factors driving social franchise performance. None simultaneously captures important drivers of social franchising such as the role of end-user needs and satisfaction, the effect of environment, and their effect on performance. McBride (2015) states that end-user role in franchising decisions and processes is crucial and should form an integral part of the model. Our model in Figure 3 fully integrates these factors in explaining social franchising. Factors that influence social franchising are represented by boxes while the direction of influence are depicted by arrows. We identify five main factors that collectively explain social franchising: environment, end-user needs, motivation, model of operation and performance. Generally, environmental factors such as internal and external drivers influence the decision to engage in social franchising, but this largely depends on end-user needs. Together, these factors influence the model of operation which directly impacts the performance outcome of the initiative.

The model begins with the identification of environmental factors grouped into internal and external drivers. Internal factors relate to the franchisor's expertise, financial strength, brand



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3 and ability to recruit qualified and committed franchisees who share his vision. These factors  
4 play a major role in social franchising and the results of the initiative (Doherty, Haugh, & Lyon,  
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6 2014).  
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10 As Figure 3 depicts, environmental factors are insufficient to explain the decision to franchise  
11 given that it also depends on the end-user needs and satisfaction. Understanding what end-users  
12 want and how to attract them play a key role in the franchise decision-making and performance  
13 outcomes (McBride, 2015).  
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19 Penn-Kekana, et al. (2018) highlights the importance of internal characteristics like perceived  
20 brand quality, promotional approach and the recruitment of staff using Matrika's social  
21 franchising model in India as a case study. The perceived poor brand (Sky social franchise  
22 network), promotional approach and poor understanding of client needs rendered the project  
23 ineffective. This confirms the need to have a trusted brand, understand the market, recruit  
24 capable franchisees, and understand the demands and needs of end-users (Du Toit, 2017).  
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35 Externally, social initiatives results from social reality where individuals or groups of people  
36 collaborate to address systemic failures in societies (Zafeiropoulou, 2017). Social franchisors  
37 respond to social needs by identifying and designing strategies to mitigate the effects of  
38 institutional voids on people (McBride, 2018). To achieve that, they must first determine if as  
39 interventionists they have the capacity to address the identified social need (Alon, et al., 2010)  
40 before proceeding to design a model (Zafeiropoulou, 2017). The operational model is a  
41 function of the franchisor's mission, competency, resource capacity, the identified institutional  
42 void and the existing legal and regulatory framework. Zafeiropoulou and Koufopoulos (2013)  
43 observed that institutional factors are the main source of challenge in social franchising because  
44 social franchises are largely in markets lacking strong institutions (e.g. poor infrastructure,  
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3 rules, and regulations). Given the importance of stakeholders, especially state institutions,  
4 social franchisors must invest in legitimacy-building for stakeholder acceptance and access to  
5 critical social resources (Shane & Foo, 1999). For example, Du Toit (2017) reports that  
6 collaboration with the Indian government accounts for the success of the family planning  
7 programs by Janani, a non-governmental organisation in Bihar-India. Therefore, institutional  
8 environment influences the drive for social initiatives, determines the type of model adopted,  
9 and impacts performance.

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11 Finally, the mode of operation is a product of the environment, end-user needs and the  
12 motivation to franchise as reflected in the pricing system used by the franchisor, the training  
13 of local partners, branding and communication (Montagu, 2002). Focusing on filling  
14 institutional voids and alleviating poverty, products/services prices are often subsidized for  
15 local partners and franchisees. The capability of the system also depends on the calibre of  
16 franchisees recruited as Penn-Kekana, et al. (2018) reports in the Matrika program. The end-  
17 users, internal factors, and the external environment affect the motivation, the model adopted  
18 and the results of the social initiative which in turn affect the satisfaction of the end-users in a  
19 cyclical manner. Figure 3 illustrates the model.

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### 44 **3. Methodology**

45 We use co-citation and content analysis following the methodologies of recent bibliometric  
46 studies (e.g. Alon, Anderson, Munim, & Ho, 2018; Apriliyanti & Alon, 2017).

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48 Bibliometric analysis is a statistical method that determines the qualitative and quantitative  
49 changes in a given research topic (Apriliyanti & Alon, 2017). It is an established form of meta-  
50 analytical research (Fetscherin and Heinrich, 2015) applied in identifying focal articles to

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3 objectively illustrate the linkages among them (Alon, et al., 2018). The reasoning assumes  
4 quality and key research papers published in reputable journals base their research on  
5 previously published quality papers in similar journals (Zamore, Ohene Djan, Alon, & Hobdari,  
6 2018). The unit of analysis is citation (Alon, et al., 2018). Beyond simply counting  
7 publications, it includes centres of excellence and analysis of relationships among articles in a  
8 field, enabling measurement of the popularity and impact of key authors, their publications and  
9 the development of the research topic (Fetscherin & Heinrich, 2015).

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12 We use ISI Web of Science (WoS) database and Scopus because they are the most important  
13 bibliometric databases housing important scientific documents across all disciplines (Falagas,  
14 Pitsouni, Malietzis, & Pappas, 2008). Though WoS and Scopus differ in relation to scope,  
15 volume, data and coverage policies, Falagas, et al. (2008) argue that the papers and citations  
16 are correlated.

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19 The sample articles date from 2002 to October 2018. First, we search using “social franchis\*”  
20 AND “microfranchis\*” to obtain articles on social franchising and micro-franchising. We find  
21 98 articles from WoS and 125 from Scopus. Reading the abstract and content leads to 97 of  
22 WoS and 95 from Scopus. However, only 14 from Scopus are not in the set of WoS. Next, we  
23 analyse the 97 using HistCite bibliometric software to obtain the streams. The 14 from Scopus  
24 are then distributed where applicable through content analysis. Figure 4 illustrates the  
25 methodological approach.

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31 \*\*\*Insert Figure 5 about here\*\*\*

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3 Figure 5 shows the slow development of research in social franchising from 2002 after  
4 Montagu introduced the topic into literature till 2013 when researchers started showing interest  
5 in the topic. More papers were published between 2013 and 2015 than in any other year. As a  
6 model of intervention that has expanded exponentially with millions of dollars from taxpayer's  
7 (Mumtaz, 2018), the development in research is not encouraging. Though the research  
8 increased significantly between 2012 and 2015, there was a sharp decline in 2016. This indicate  
9 the paucity of research in the field (Mumtaz, 2018).  
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## 20 **4. Findings**

### 21 ***4.1 Profile of Scholarship on Social Franchising: Citation Map and Research Streams***

22 We obtain the profile of social franchising literature using co-citation mapping. It connects  
23 authors, documents, and journals based on their citation (Alon, et al., 2018). Since social  
24 franchising is a new area of research with few publications, we limited the value of  
25 bibliographic citation to zero to include new papers. According to Barreiro (2015), the citation  
26 threshold can be zero to include recent articles. HistCite identified 27 most influential articles,  
27 representing 28% of the sample. Additionally, HistCite produced a map of the network of  
28 literature that includes all 97 articles. The map consists of nodes representing the articles.  
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40 As Figure 6 shows, the number of arrows pointing to a node depicts the value of the node's  
41 influence. The more the arrows, the higher the influence, and the fewer the arrows, the lower  
42 the influence on other articles within the network. The vertical axis denotes the year of  
43 publication while the arrows indicate the citation relationship among the articles. The unshaded  
44 notes represent the influential articles and the shaded ones signify the non-influential ones.  
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3 groups based on their themes of focus. The groups are internally inclusive and externally  
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5 exclusive. Next, we discuss the research streams.  
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#### 11 12 13 14 **4.2 Motivations for Social Franchising**

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16 The common discussion in this stream is about how applicable the two main theories of  
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18 motivations for business format franchising are in social franchising. For resource scarcity,  
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20 Montagu (2002) (1 in Figure 6) applies the same logic for business format franchising to social  
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22 franchising, especially fractional franchising. His explanation is buttressed by Tracey and Jarvis  
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24 (2007) (4 on Figure 6) and Beckmann and Zeyen (2014) (40 on Figure 6) who theorize that  
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26 resource scarcity (e.g. capital, managerial expertise and local knowledge) is the motivation  
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28 behind social franchising. Kistruck, et al. (2011) (15 in Figure 6) argues this reason is not  
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30 applicable in developing economies.  
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35 Contrasting views of agency theory also occur in the literature. Montagu (2002) and Beckmann  
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37 and Zeyen (2014) (40 in Figure 6) maintain that the agent may not act in the best interests of  
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39 the principal, hence the need for franchising to minimise ex-ante and ex-post costs. Tracey and  
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41 Jarvis (2007) and Kistruck, et al. (2011) indicate that social franchising would rather bring  
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43 about higher cost.  
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48 Tracey and Jarvis (2007) calls for more theories to examine social franchising. Kistruck, et al.  
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50 (2011) calls for investigation of potential variations of franchising models in bottom-of-the-  
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52 pyramid markets. Our analysis reveals two other theories not captured in any of the three  
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54 clusters which we discuss under theoretical extension.  
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### ***4.3 How social franchising models work***

The common discussion in this cluster concerns two major social interventions and their limitations. Marie Stopes International (MSI) and Population Services International (PSI) are two global franchisors that use social marketing to address health problems in low-and-middle income countries. Thurston, Chakraborty, Hayes, Mackay, & Moon (2015) (54 in Figure 6) describe the operational approaches, challenges, and solutions implemented by these global franchisors. Sundari and Fonn (2011) reports that the organizations provide intensive capacity-building and support for private sector health service providers along with branding, training, monitoring quality services, and commodity support. The argument is that, the providers maintain high quality standards in their service provision and that, there is no significant difference between the two franchisors (Azmat, Ali, Hameed, & Awan, 2018).

Alur and Schoormans (2011) argues social franchising is essential and demonstrates the ability to scale up impacts. Hence, Munroe, Hayes, & Taft (2015) and Ngo, Nuccio, Pereira, Footman, & Reiss (2017) suggests it should be pursued vigorously to meet family planning 2020 goals. Arguing that attention to franchisee selection is crucial for social franchising success, Sivakumar and Schoormans (2011) suggests that, the selection criteria in commercial franchising are applicable for social franchising. Melo, Carneiro-da-Cunha, & Borini (2018) indicate the background of micro-franchisees influence franchisees' perception of franchisors' support and brand. Ngo, Alden, Hang, and Dinh, (2009) theorize that improvement of clinic infrastructure, increased standardization of quality services, staff instruction on relationship management, and promotion of culturally relevant brands are success factors. De Pree and Su (2011) suggests using templates that include workflows to guide the entrepreneur and employees via mobile phones to support the formation of collaborative federations, minimize waste and maximize profits.

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3 Ravindran and Fonn (2011) argues it is not clear if current quality assurance systems including  
4 supportive supervision, provider behaviour change, clinical monitoring, or scalability of the  
5 models are cost-effective nor well-managed in terms of service quality, coverage, and equity.  
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10 Montagu and Goodman (2016) (67 on figure 6) maintains that quality and the promotion of  
11 wide choice methods are particularly challenging in scaling-up among free agents as providers.  
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14 Buchan (2014) adds policy and legal issues as obstacles. Hence, Mumtaz (2018) (87 in Figure  
15 6) questions the logic behind the multimillion investment in social franchising given the limited  
16 evidence of its impact. Thurston, et al. (2015) calls for development of approaches that can  
17 scale up the model cost-effectively. Table 1 displays the measures under the stream.  
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#### 26 27 28 **4.4 Impact of social franchising**

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30 Most articles in this stream examines the impact of clinical social franchising on the poor. They  
31 measure impact on the bases of accessibility, quality, equity, client satisfaction, and increasing  
32 client health knowledge and perception (e.g. Shah, Wang, & Bishai, 2011) (16 on Figure 6).  
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37 Brown (2014) adds human security as another dimension of social franchising benefits while  
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40 Fredriks, Pennink, Simatupang, & Siswanto (2014) maintain that social franchising can be an  
41 instrument in technology push to stimulate entrepreneurship and local economic development  
42 in rural areas. The literature indicates mixed findings on the impact of clinical social  
43 franchising (Beyeler & De La Cruz, 2013).  
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50 Lönnroth, Aung, Maung, Kluge, & Uplekar (2007), (3 on figure 6) reports that a highly  
51 subsidized tuberculosis treatment delivered by a social franchise scheme in Myanmar  
52 positively affected the targeted poor. Other researchers reporting positive impact of social  
53 franchising include (Aung et al., 2014; Bishai et al., 2015; Decker & Montagu, 2007; Nguyen  
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3 et al., 2013). Gold et al. (2017) (79 in Figure 6) explains that, simultaneously supporting service  
4 quality while addressing barriers of demand like pricing can increase demand for family  
5 planning services.  
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11 Kozhimannil, Pereira, & Harlow (2009) (9 on Figure 6), finds no significant changes  
12 associated with donor-funded franchise midwives prenatal care standards in the Philippines.  
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14 Ravindran and Fonn (2011), (13 on Figure 6) reports that though there were quality measures  
15 in place, evidence of adherence was limited in Pakistan. They maintain social franchise  
16 initiatives in Pakistan offer limited range of fragmented reproductive health services at sub-  
17 optimal quality. Tougher, et al. (2018) (88 on Figure 6) finds the Matrika social franchise model  
18 ineffective in improving the quality and coverage of maternal health services at the population  
19 level. Shah, et al. (2011) finds trade-offs among access, cost and quality care that need  
20 balancing as competing priorities. Alon (2004) maintains that it is not yet known whether  
21 globalization through franchising has irreversible negative impact on host countries. Finally,  
22 Mohanan et al. (2017) calls for sound empirical evidence before scaling social franchising  
23 programmes and Decker and Montagu (2007) suggests more research to identify the relative  
24 importance of the different aspects of the franchise relationship.  
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42 Ultimately there is lack of consensus on the drivers and impact of social franchising. The  
43 clusters mainly focus on the health sector except the first stream and some few articles. Table  
44 2 displays measures of impact.  
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#### 4.5 Research status of social franchising

Here, we discuss the areas of research, the most influential articles and authors with the most impact on knowledge development in the social franchising literature.

##### 4.5.1 Areas of research

Social franchising is an emerging area of academic inquiry with roots in several areas of knowledge: e.g. entrepreneurship, psychology, sociology, anthropology, and economics (Austin, Stevenson, & Wei-Skillern, 2006). The following percentages depict the concept's profile in terms of research in different areas: Environmental occupational health (32.65%), health policy services (16.33%), health care sciences (15.31 %), business (9%), multidisciplinary sciences (5.10%), tropical medicine (5.10%), obstetrics and gynaecology (4%), general internal medicine (3.06%), infectious diseases (3.06%), management (3.06%), and medical general internal (3.06%).

Most (87.94%) of the current literature are on health science whereas only 11.39% (business and management) discuss topics outside the field of health science as Figure 7 shows. These suggest social franchising needs more research the fields outside health to inform policy formulations and the development of the concept as a model of intervention.

**\*\*\*Insert Figure 7 about here\*\*\***

##### 4.5.2 The most influential articles on social franchising

We measure the research performance of social franchising at the micro and macro level. The micro level (local citation) is analysed at the individual researcher level within the local collection while the macro level (global citation) measures the influence of a paper outside the local collection. These two are the most common bibliometric indicators of an article's quality

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3 (Zamore, et al., 2018). We include the local citation score per year, a ratio of the total local  
4 citation that standardizes the values of the citations regardless of the year of publication to  
5 complement the measures of micro and macro analysis for meaningful comparisons of the  
6 articles.  
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13 As Figure 8 shows, Montagu (2002) founding article has the highest influence, with a total  
14 local citation (TLC) of 28, and average total local citation (TLC/t) of 1.65, followed by  
15 Lönnroth, et al. (2007) with a TLC of 10 and TLC/t of 0.83 in terms of local citation. The tenth-  
16 ranked article on the table is Beckmann and Zeyen (2014) with a TLC of 4 and TLC/t of 0.80.  
17 Using the (TGC) metrics, Tracey and Jarvis (2007) top the ranking with a TGC of 102 and  
18 TGC/t of 8.5, followed by Montagu (2002) with a TGC score of 70 and GCS/t score of 4.12,  
19 while Thurston, et al. (2015) take the tenth position. Interestingly, Thurston et al. (2015) which  
20 is the seventh when using TLC and tenth when using TGC as the metrics of measurement is  
21 second with 1.50 when TLC/t is used as the metric. However, Montagu (2002) remains first  
22 in ranking with 1.65 TLC/t, Aung, et al. (2014) are the third with 1.40 followed by Lönnroth,  
23 et al. (2007) with 0.83, before Tracey and Jarvis (2007) with a 0.58 TLC/t.  
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40 The variations in TLC, TLC/t and TGC is partially explained by the focus of the publications.  
41 For instance, Montagu (2002) and Thurston, et al. (2015) are in the field of health science  
42 whereas the focus of Tracey and Jarvis (2007) is general. But, the majority of publications on  
43 social franchising are in health science. This explains why in terms of local citations Montagu  
44 (2002) and Thurston, et al. (2015) records more citations. Similarly, when examining citations  
45 outside the local citation, it should not be surprising that Tracey and Jarvis (2007) is cited more.  
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54 Figure 8 illustrates the article values in terms of ranking.  
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57 **\*\*\*Insert Figure 8 about here\*\*\***

## 5. Theoretical underpinnings

Social franchising derives its principles and theoretical explanations from commercial franchising. There are currently four theories in the literature that attempts to explain the phenomenon of social franchising: Resource scarcity, agency, stewardship and social networks theories as Table 3 shows.

\*\*\*Insert Table 3 about here\*\*\*

### 5.1 *Resource scarcity theory*

The theory in commercial context posits that, firms, especially young and small businesses prefer company ownership to franchising, but are often motivated to franchise because they lack resources (Capital, managerial talent, and local knowledge) needed for expansion (Alon, et al., 2015). When the firms mature and become strong, they may repurchase the franchised outlets (Alon, et al., 2015).

Tracey and Jarvis (2007), Beckmann and Zeyen (2014) and Montagu (2002) argue resource scarcity theory explains why firms choose social franchising. They maintain that resource constraints generally are even more pressing in social enterprises compared to for-profit small and medium sized enterprises.

Contrarily, Kistruck, et al. (2011) and Zafeiropoulou and Koufopoulos (2013) contend that the resource scarcity reasons for social franchising is not applicable in base-of-the-pyramid markets. Because, franchisees in base-of-the-pyramid markets lack managerial skills, are financially constraint, and are in poor institutional systems.

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3 Supporting Kistruck, et al. (2011), we reason that social franchisors are motivated by their  
4  
5 desire to solve social problems such as health problems and unemployment. For instance,  
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7 Vision Spring's provide reading glasses to the poor at low prices, while Aflotoun's mandate  
8  
9 is economic empowerment of children in poor communities (Du Toit, 2017). Though these  
10  
11 franchisors face resource challenges, they are not motivated to franchise because of the  
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13 resources the franchisees can provide, but by the identified need they propose mitigating.  
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16  
17 Hence, unlike for-profit franchisors who franchise to obtain resources from franchisees, social  
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19 franchisors are motivated by the need to solve social problems which may include solving  
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21 franchisee needs.  
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## 24 25 26 **5.2 Agency theory**

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28 In commercial franchising, agency theory argues that, owners of organisations (principals)  
29  
30 often delegate the responsibility of their business management to agents (Lafontaine, 1992).  
31  
32 Like the principals, the agents are self-interested economic individuals, hence they may behave  
33  
34 opportunistically and not seek to fulfil the interest of the principals (Alon, et al., 2015). To  
35  
36 mitigate this, principals expend resources to monitor and align the interest of agents, but the  
37  
38 cost for monitoring and aligning the interests of agents are less in franchising compared to  
39  
40 company ownership (Lafontaine, 1992).  
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43  
44 Asemota and Chahine (2017) and Montagu (2002) argues that social franchisors engage in  
45  
46 franchising to lower agency cost. Beckmann and Zeyen (2014) adds that, social franchises are  
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48 among small groups and volunteers who serve as checks on franchisees behaviour, hence  
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50 lowering agency costs in social franchising.  
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Tracey and Jarvis (2007) posits that agency costs in acquiring information for selecting franchisees are higher in social franchising than for commercial franchising. Agreeing, Kistruck, et al. (2011) posits that franchisees in the bottom-of-the-pyramid markets lack work experience and prefer the certainty of employment to the risk associated with being micro-franchisees. Further, the infrastructure and institutional limitations in bottom-of-the-pyramid markets hinders the monitoring abilities of the micro-franchisors, hence increasing agency costs compared to commercial franchising.

In line with Kistruck, et al. (2011), we maintain that it is not easy to come by qualified franchisees in bottom-of-the-pyramid economies and it is rare for people to volunteer as workers for social franchises. Because of the high cost of selection and lack of work experience among social franchisees, agency costs may be higher in social franchising than in conventional franchising.

### 5.3 *Social network theory*

Social network theory posits that organisations rely on their networks to access information that lowers search costs and risks of opportunism (Gulati, 1998). The relationships among the network members form the reality within which the company acts. Commitment, trust, solidarity, mutuality, flexibility, role integrity, harmonization of conflict, and restraint of power are elements of a quality network (Zafeiropoulou & Koufopoulos, 2013). Quality embedded relationships channels information with advantages in three ways, access to information about current and potential partners, timely access to information and referrals to other firms or alliances (Gulati, 1998).

Given Kistruck, et al. (2011) argument that the search cost for franchisee selection is high, we argue that, franchisors embeddedness in networks of high information exchange may have the

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3 advantage of obtaining information about the capabilities and trustworthiness of the candidates  
4  
5 for selection as franchisees. Hence network embeddedness facilitates franchisee selection,  
6  
7 lowers risk of opportunism and impacts system performance.  
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#### 10 11 **5.4 Stewardship theory** 12

13 Stewardship theory is often used in place of agency theory to examine delegated relationships  
14  
15 (Muth & Donaldson, 1998). It regards managers as ‘stewards’ rather than self-interested,  
16  
17 rational or economic agents (Muth & Donaldson, 1998). As stewards, they have non-financial  
18  
19 motives such as the need for achievement, recognition, intrinsic satisfaction with successful  
20  
21 performance, respect for authority and a work ethic (Etzioni, 1975). Hence they act based on a  
22  
23 sense of duty and identification with the organization even when confronted with personally  
24  
25 unrewarding course of actions (Etzioni, 1975).  
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29  
30 Krzeminska and Zeyen (2017) argues that stewardship relationships, like all transactions, incur  
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32 costs and may lead to groupthink, faulty attribution of success, rigidity, and escalating  
33  
34 commitment that could eventually lead to failure.  
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38 Drawing on Tracey and Jarvis’s (2007) argument, social franchisees must have managerial  
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40 capabilities including social goals for the ventures to be successful. Because social franchisees  
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42 with social goals and selfless-interests are likely to have higher positive impact, we argue that  
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44 there is a positive correlation between a franchisor’s ability to recruit stewards as franchisees  
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46 and the franchise system performance and long-term survival.  
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## 6. Discussion and Directions for Future Research

### 6.1 Theory development

Examining the primary motivations, of commercial franchising (resource scarcity and agency) in the context of social franchising, we find that the key motive behind social franchising is social need rather than resources of franchisees. Agency costs in social franchising are expected to be higher than for commercial franchising because of the institutional voids in bottom-of-the-pyramid markets. However, the social franchisor's internal strength, if it includes embeddedness in social networks may lower the search costs for information. This leverage can result in selecting qualified franchisees whose goals are compatible with the franchisor's.

Consequently, franchisees whose goals are compatible with the franchisors are likely to behave as stewards with selfless-interest rather than opportunistic agents. Agency costs in social franchising may be minimised when franchisees are committed to achieving mutual goals with the franchisor, hence giving the franchise system the capacity to solve the social need identified. In turn, the satisfaction of the end-users ensures the continuous patronage of the franchise services or products, which affects the system performance in a cyclical manner. Figure 9 of the revised social franchise conceptual model reflects this logic. Unlike the initial conceptual model in Figure 3, the revised model integrates theoretical arguments of franchisor network embeddedness, minimisation of information search cost, franchisee selection and minimisation of ex-post cost.

**\*\*\*Insert Figure 9 about here\*\*\***

## 7. Limitation of the study

Bibliometric analysis has its limitations (Apriliyanti & Alon, 2017). HistCite can only be used to analyse data from the ISI Web of Science database, however, we address this by including articles from Scopus through content analysis. Further, articles from Google Scholar were included in other parts of the paper.

## 8. Conclusion

Our review shows consensus on the potentials of social franchising. However, there are conflicting views on its impact despite the millions invested. Existing frameworks do not fully capture the factors that underpin the concept. To fill this gap, we reviewed and synthesized the literature to develop a new conceptual model which captures the dynamism of social franchising through five driving factors and theoretical stipulations.

The profile of the literature on social franchising which is a multidisciplinary field indicates that 87.94% of the publications on social franchising are from the field of health science whilst 11.39% are outside the discipline of health science. These figures indicate that, at large, the field as a multidisciplinary area is under researched and needs more research in and outside health science to inform policy formulations and enhancement of the concept.

In conclusion, the research attempts to understand social franchising through the development of an integrated conceptual framework. The findings have practical implications for social franchising practitioners, researchers, donors and policy makers. For practitioners, understanding the driving factors may open the avenue for value creation, performance improvement, and minimization of failures among social franchises. This may reduce wasted investments from donors and taxpayers. We encourage researchers to empirically test our propositions and research questions in Table 4 (in Appendix) for validation.



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**APPENDIX**

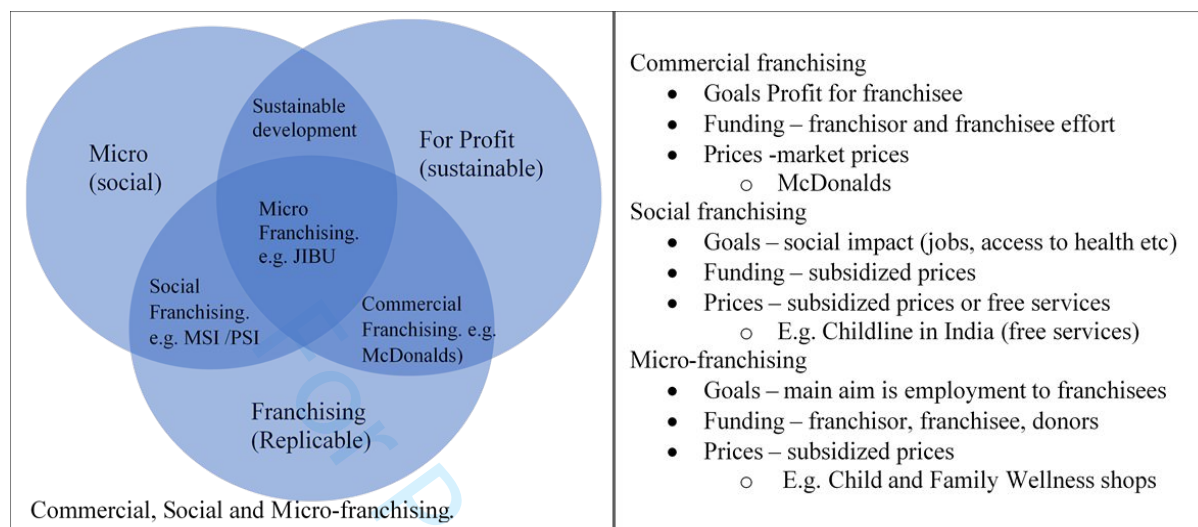
**\*\*\*Insert Table 4 about here\*\*\***

For Peer Review Only



**Figures**

Figure 1. Commercial, social and micro franchising.

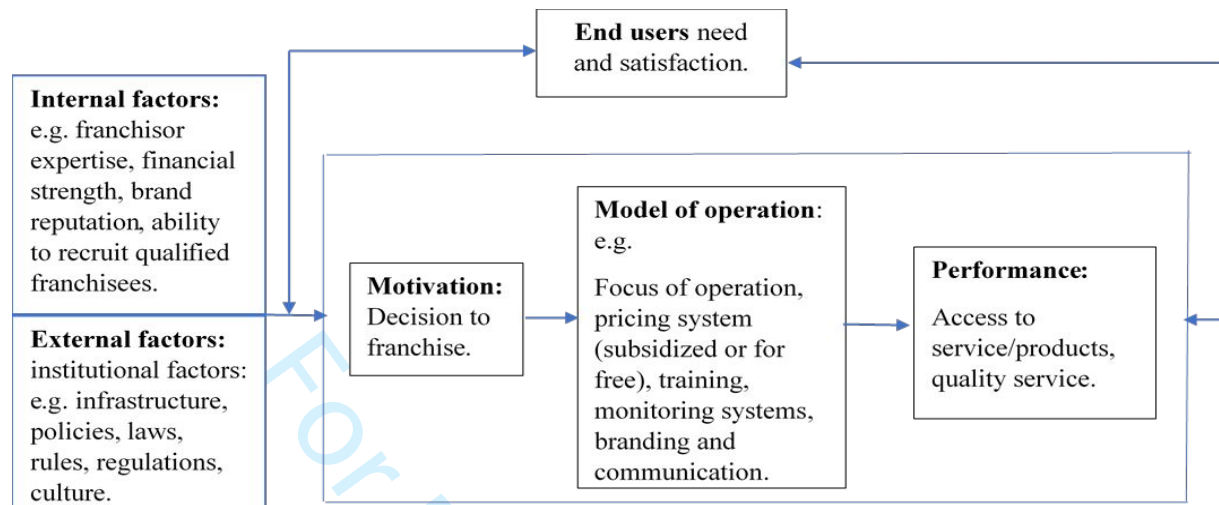


Source: Adapted from Jason Fairbourne (2007).

Figure 2 Focus of social franchising frameworks

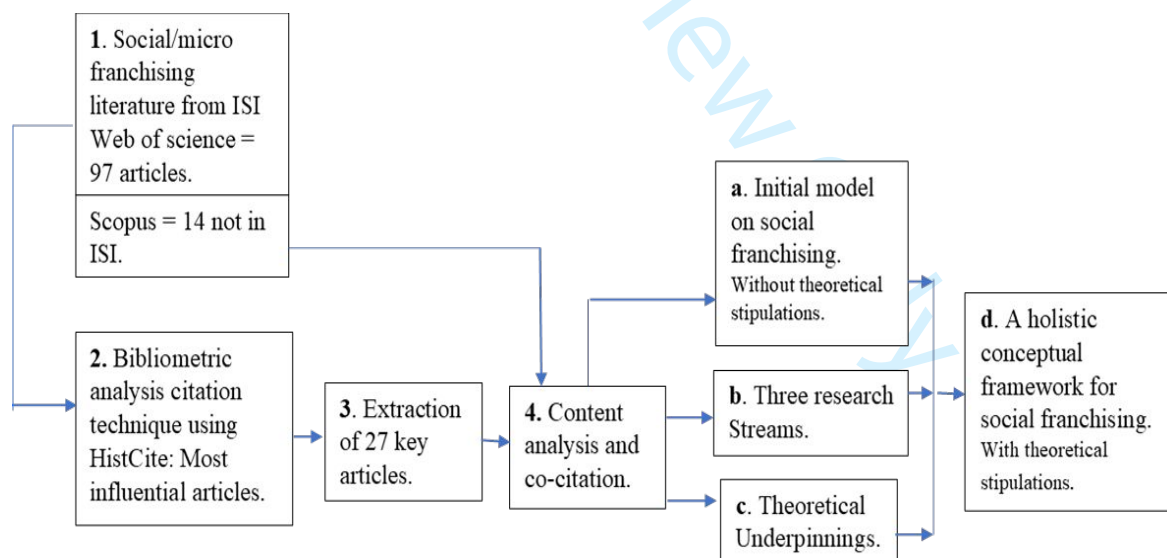
Author	Title of model	Focus
Montagu (2002)	Conceptual framework of social franchising health services	Goals and activities of social franchises in health services
Kistruck, et al. (2011)	Conceptual model of proposed theoretical relationships	Effect of the institutional environment on drivers of social franchising.
McBride (2015)	The relationship between motivation, model of operation and performance	Social franchises’ duplication of original organization through local small-group conditions.
Beckmann and Zeyen (2014)	The social franchise model – SoFraM	Principles of a successful social franchise
Zafeiropoulou (2017)	Fundamentals of good social franchise design	Factors influencing social franchising
Our model	Hayekian perspective of social franchising	Internal, external and beneficiary influence on franchise motive and formation, operating principles and performance

Figure 3. Conceptual framework  
The relationship between motivation, model of operation and system performance



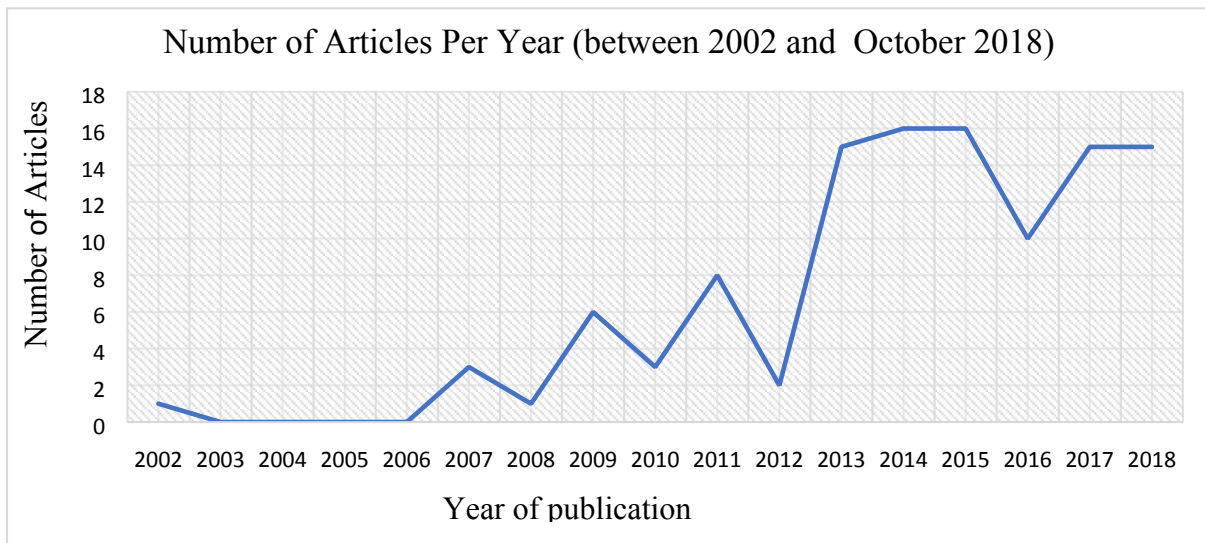
Source: Authors' construct

Figure 4. Methodological approach



Source: Authors' construct.

Figure 5. Articles published between 2002-2018



Source: Authors' construct

Figure 6. Social franchising literature citation map.

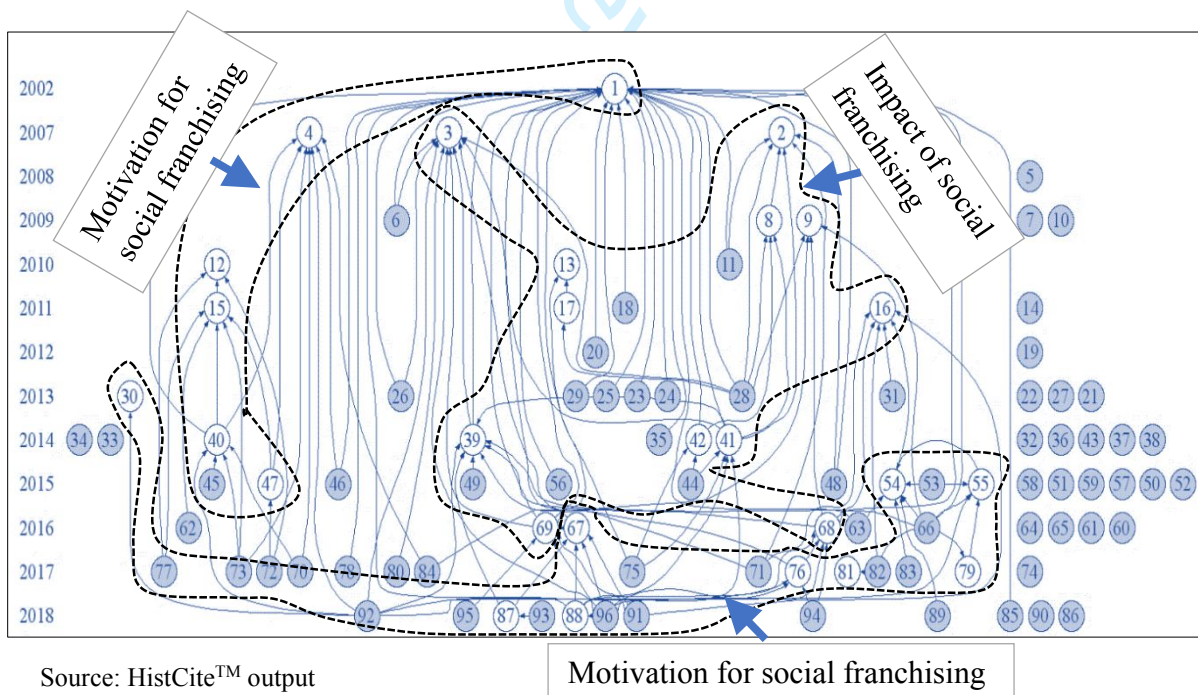
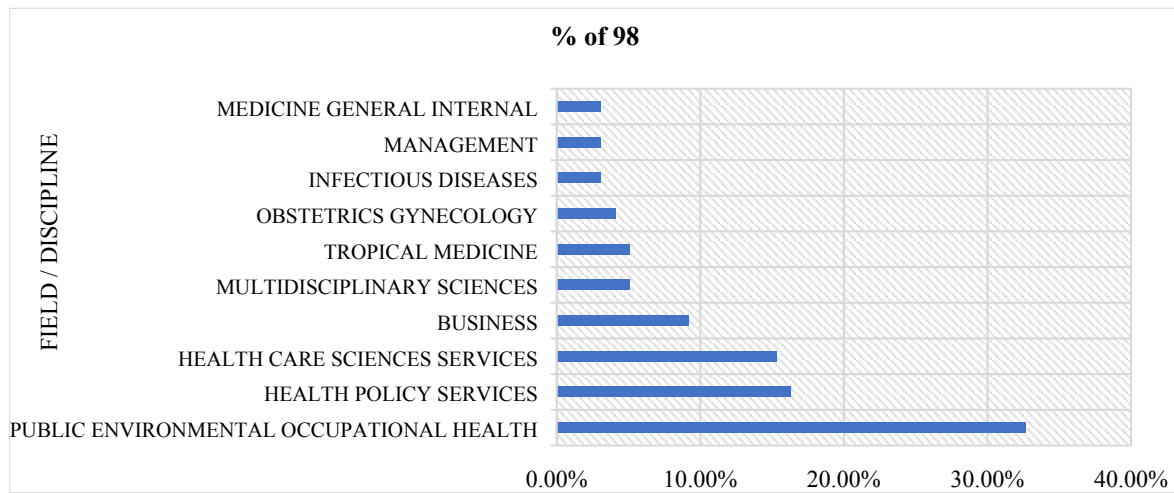




Figure 7. Areas of knowledge on social franchising



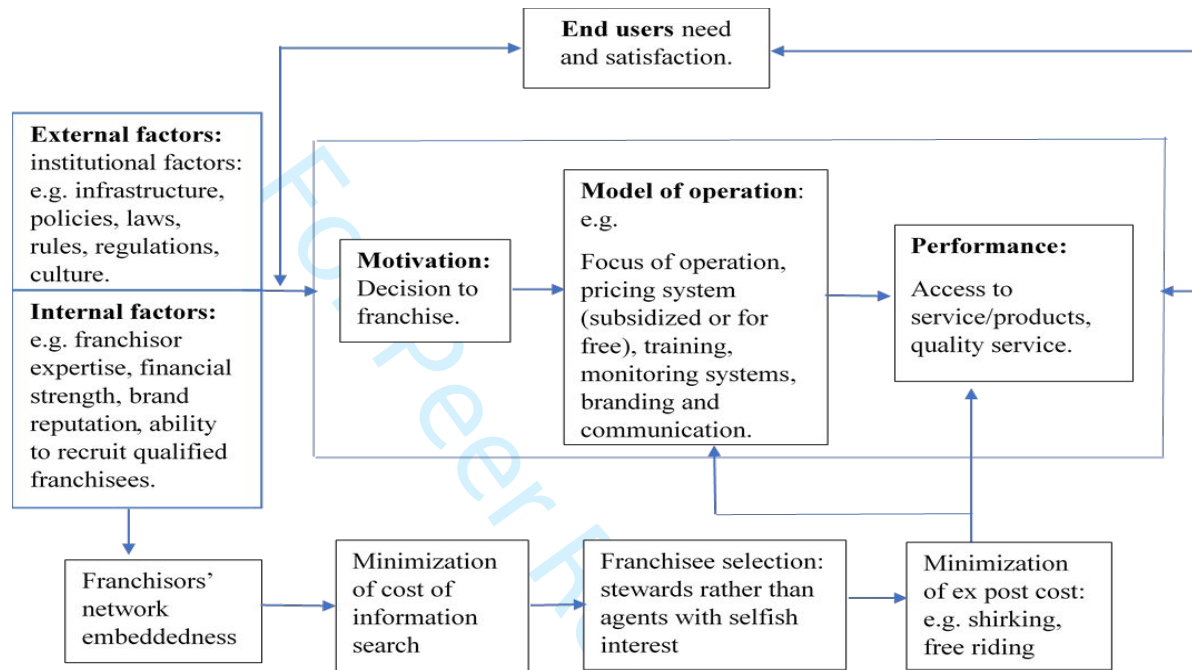
Source: Authors' construct

Figure 8. Ranking of Top 10 Articles

Rank	Author	Journal	TLC	TLC /t	TGC	TGC /t
1	Montagu (2002)	Health Policy and Planning	28	1.65	70	4.12
2	Lönroth, et al. (2007)	Health Policy and Planning	10	0.83	59	4.92
3	Tracey and Jarvis (2007)	Entrepreneurship Theory and Practice	7	0.58	102	8.50
4	Aung, et al. (2014)	Journal of Tropical Pediatrics	7	1.40	10	2.00
5	Decker & Montagu (2007)	Journal of Adolescent Health	6	0.5	13	1.08
6	Shah, et al. (2011)	Health Policy and Planning	6	0.75	19	2.38
7	Thurston et al. (2015)	Global Health - Science and Practice	6	1.5	8	2.00
8	Kistruck, Webb, Sutter, & Ireland (2011)	Entrepreneurship Theory and Practice	5	0.63	38	4.75
9	Kozhimannil, et al. (2009)	Jama	4	0.40	19	1.90
10	Beckmann & Zeyen (2014)	Non-profit and Voluntary Sector Quarterly	4	0.8	7	1.40

Source: Authors' construct

Figure 9. Theoretical drivers of social franchising adoption and performance.



Source: Authors' construct

## Tables

Table 1. Measures for How the social interventions work

Authors	Measures	Variable
Thurston et al. (2015)	<ul style="list-style-type: none"> <li>- Appropriate-franchisees-selection</li> <li>- Training, branding, monitoring, commodity support</li> <li>- Behaviour-change-communication</li> <li>- Awareness-creation</li> <li>- Subsidized /free services</li> </ul>	<ul style="list-style-type: none"> <li>- Capacity-building</li> <li>- Clients-attraction</li> </ul>
Ngo, et al. (2017)	<ul style="list-style-type: none"> <li>- Service-delivery-approaches</li> <li>- Demand-creation approaches</li> <li>- Upholding-minimum-quality-standards</li> </ul>	<ul style="list-style-type: none"> <li>- Program-effectiveness</li> </ul>
Ravindran and Fonn (2011)	<ul style="list-style-type: none"> <li>- Range-of-services</li> <li>- Geographic-coverage</li> <li>- Service-cost</li> <li>- Quality mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>- Potentials-of-social-franchises</li> </ul>

Table 2. Measures of social franchising impact

Authors	Measures	Variable
Shah, Wang, & Bishai (2011)	<ul style="list-style-type: none"> <li>- Provider training</li> <li>- Methods offered</li> <li>- technical-competence</li> <li>- Range of services</li> <li>- Information-to-clients</li> <li>- Client satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>- Quality</li> </ul>
Gold et al (2017)	<ul style="list-style-type: none"> <li>- Number of franchisees</li> <li>- Average number of services per year</li> </ul>	<ul style="list-style-type: none"> <li>- Efficiency</li> </ul>
Lönnroth et al. (2007)	<ul style="list-style-type: none"> <li>- Subsidized services</li> <li>- Coverage</li> </ul>	<ul style="list-style-type: none"> <li>- Access</li> </ul>
Gold et al (2017)	<ul style="list-style-type: none"> <li>- Number of services</li> <li>- Number of clients serviced</li> </ul>	
Nguyen et al. (2013)	<ul style="list-style-type: none"> <li>- Attitudes</li> <li>- Experience</li> <li>- Duration of consultation</li> <li>- Likelihood to return</li> </ul>	<ul style="list-style-type: none"> <li>- Satisfaction</li> </ul>

Table 3. Articles with theories

Theory	Author(s) & Year	Title	Journal
Resource scarcity theory & Agency theory	Montagu (2002)	Franchising health services in low-income countries	Health Policy and Planning
	Tracey and Jarvis (2007)	Toward a theory of social venture franchising	Entrepreneurship Theory and Practice
	Kistruck, Webb, Sutter, & Ireland (2011)	Micro-franchising in bottom-of-the-pyramid markets: institutional challenges and adaptations to the franchise model	Entrepreneurship Theory and Practice
	Beckmann and Zeyen (2014)	Franchising as a strategy for combining small and large group advantages (logics) in social entrepreneurship: s Hayekian perspective.	Non-profit and Voluntary Sector Quarterly
	Asemota, and Chahine (2017)	Social franchising as an option for scale	Voluntas
Social Network theory	Zafeiropoulou and Koufopoulos (2014)	The influence of the relational marketing paradigm on the governance of the novel channel format named social franchising: An exploratory qualitative analysis of four social franchises from the UK	Journal of Developmental Entrepreneurship
Stewardship theory	Krzeminska and Zeyen (2017)	Stewardship cost perspective on the governance of delegation relationships: the case of social franchising	Non-profit and Voluntary Sector Quarterly

Appendix

Table 4. Suggested Research Questions.

Research Stream	Future Research question/direction	Author	Journal
Motivation for social franchising.	1. What are the potential variations of franchising models in bottom-of-the-pyramid markets?	Kistruck et al. (2011)	Entrepreneurship Theory and Practice.
	2. What is the distinguishing nature of social franchising?	Tracey and Jarvis (2007)	Entrepreneurship theory and practice.
	3. What are the exit rates and reasons behind the exit of micro-franchisees?	Christensen et al. (2010)	Journal of Business Research.
	4. What accounts for micro-franchisee success and failures?		
	5. What are the differences between social and business entrepreneurship?		
	6. What is the difference between within-sector and cross-sector social franchising?		
	7. Can theories of job enrichment that hold for franchises in developed countries also hold for micro-franchises in subsistence markets?		
	8. What are the theory-driven profiles of micro-franchisees and typologies of entrepreneurs in developing countries?		
	9. What differences exist among micro-franchising activities in different legal, regulatory, and cultural contexts?	Camenzuli and McKague (2015)	Social Enterprise Journal.
How social interventions work.	10. What is the performance of social franchise networks in clinical health using information from routine monitoring data?	Gold et al. (2017)	Global Health: Science and Practice.
	11. How does knowledge transfer occur in social franchising and influence system performance as well as transfer of future knowledge?	Rosado-Serrano and Paul (2018)	International Journal of Hospitality Management.
	12. What is the importance of different aspects of franchise relationships and is replication in the public sector possible?	Thurston et al. (2015)	Global Health: Science and Practice.
	13. What role do costs have as a barrier to facility-based delivery care?		
	14. Can social franchises provide services cost effectively with alternative investments in the public sector?	Decker and Montagu (2007)	Journal of Adolescent Health.

The impact of social franchising.	15. Can social franchises increase equitable access to reproductive health services for low-income and marginalised populations?	Kozhimannil et al. (2009)	Jama.
	16. Which incentives can improve access within the private sector: insurance, vouchers or fee waiver programmes?	Shah, Wang, & Bishai (2011)	Health Policy and Planning.
	17. Can franchising modernize the service sectors of developing economies? Which sectors are likely to benefit most?	Alon (2004)	Journal of Macro-Marketing.
	18. Will the trend towards globalization influence cultural homogenization through franchising? How desirable and controllable can that be?		
	19. Is cultural conflict inherent in the interaction of global franchising with local interests? How can such conflicts be resolved?		
Proposed questions based on our review.	<ol style="list-style-type: none"> <li>1. Given the deprived conditions in bottom-of-the-pyramid markets and the unique characteristics of social franchising, which theory can best explain the need for social franchising?</li> <li>2. How can existing theories be combined to explain the tenets of social franchising?</li> <li>3. To what extent do the institutional limitations of the bottom-of-the-pyramid markets affect the sustainability of social franchises and how can these institutional barriers be diminished?</li> <li>4. Do microfranchising ventures have the potential to grow beyond the micro level? If so what are the drivers for growth?</li> <li>5. Though social franchising is widely used in the health sciences, reports about their operational success are being questioned (e.g. Mumtaz, 2018; Tougher et al., 2018 ). Can social franchising as a multidisciplinary field best fit in some disciplines than others?</li> </ol>		

Source: Authors' construct