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Chapter 1

Social Franchising: A Bibliometric and Theoretical Review

Abstract

We present a comprehensive review of social franchising literature and an integrated framework highlighting factors and theories driving the concept. Bibliometric and content analysis are used to analyse 111 articles between 2002-2018 from ISI Web of Science and Scopus. Three research streams are identified: motivations for social franchising, how social franchising work, and impact of social franchising. These are integrated into a conceptual framework of five factors providing insights for value creation, performance improvement, and minimization of failures among social franchises. The review responds to calls for theoretical explorations in the field and provides bases for further studies.

Keywords: Bibliometric, Social, Micro, Franchise, Theory

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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 fight this challenge effectively and efficiently.

Social entrepreneurs use marketing strategies to promote behaviours and activities that enhance the health and wealth of individuals and society (Zajko & Hojnik, 2018). A major challenge to these entrepreneurs is how to scale up their ventures (Zajko & 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 et al., 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). As franchising, social franchising operates by allowing independent businesses and individuals to leverage a franchisor's 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). For instance, 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).

Most studies on franchising explore the relationships between franchisors and franchisees in commercial franchising (Rosado-Serrano et al., 2018) while neglecting social franchising. Hence, limited information exists about the concept, its diffusion, how it operates and its impact (Maciejewski, et al., 2018). Accordingly, stakeholders are concerned about the millions of dollars invested in social franchising when the underlying success factors remain unclear with vague evidence of impact (Mumtaz, 2018).

In view of this informational gap (Tracey & Jarvis, 2007), we review and synthesize the literature to develop a conceptual framework that explains the motives driving social franchising and its impact. Our research questions are:

1. What are the drivers and theoretical underpinnings of social franchising?
2. How is the literature clustered?
3. What are the future research directions?

Montagu's (2002) study in health service established the focus of the field. Despite the field's multidisciplinary nature, most of the literature focuses on health science. The literature falls into three clusters: theoretical motivation of social franchising, how social franchising works, and the impact of social franchising. These clusters are integrated into a conceptual framework for social franchising as Figure 2 shows. Theoretically, we argue that because of the institutional voids in low-income communities where social franchising largely exists, franchisors' main motive is to solve social problems rather than to amass wealth from franchisees. Social embeddedness promotes stewards' selection while minimising agency costs. We include an extensive profile of literature on social franchising together with proposed questions for further studies.

The rest of the paper is organised as follows: next is literature review and conceptual framework, followed by the methodology, findings, theoretical underpinnings, discussion and directions for future research, limitations, and conclusion.

2. Literature Review

2.1 Commercial and Social Franchising

Commercially, franchising is a contractual agreement between two independent entities (franchisor and franchisee) where the franchisor allows the franchisee the right to sell his products or services in return for fees and ongoing royalties (Lafontaine, 1992). The contract may involve products and tradename franchising or business format franchising (Alon, Boulanger, Misati, & Madanoglu, 2015). With tradename franchising, franchisees generally distribute products or services of the franchisor. In business format franchising, they receive the full business model in addition to the brand and training (Alon et al., 2015).

The main theoretical arguments given for franchising are agency and resource scarcity reasons (Tracey & Jarvis, 2007). Other factors include market

saturation, search for profit, and intense competition (Alon, 2004; Rosado-Serrano, Paul, & Dikova, 2018). Though franchisors and franchisees may engage in corporate social responsibility activities (Calderon-Monge & Huerta-Zavala, 2015), the bottom line is profit maximization (Montagu, 2002). Social franchising is variously defined, but the consensus is on the intention to achieve social benefits (Du Toit, 2017). It is a contractual arrangement that uses the format of commercial franchising to achieve social goals in different locations and countries (Montagu, 2002).

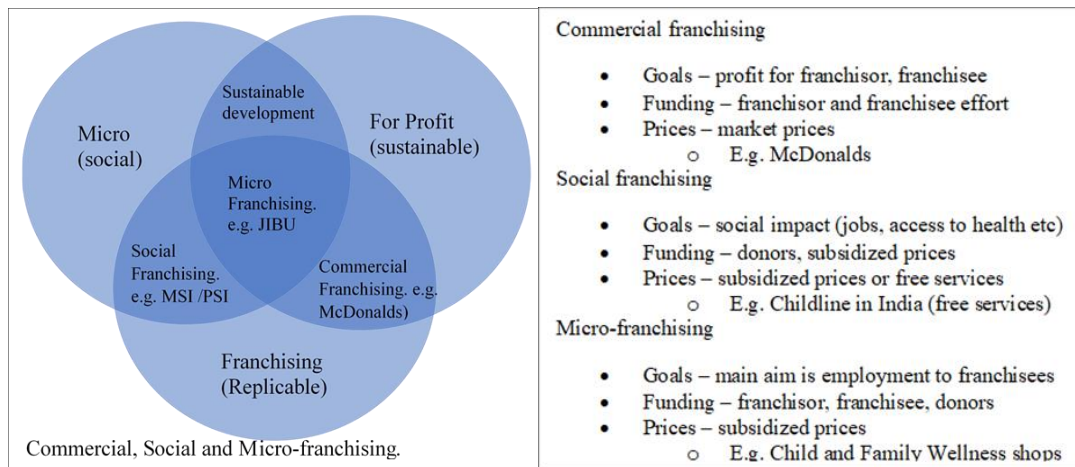
2.2 Social motive and boundaries of social franchising

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 shows the similarities and differences among commercial, social, and micro-franchising. Goals, pricing

and sources of funding are the differentiating factors.

Figure 1. Commercial, social, and micro franchising.



Source: Adapted from Fairbourne et al. (2007).

2.3 Factors influencing motivation, adoption, and performance in social franchising

Scalability is the major attraction for franchising in social entrepreneurship (Zajko & Hojnik, 2018). Factors such as access to capital, local expertise and minimization of agency costs also motivate social franchising (Montagu, 2002). Weber, Leibniz, & Demirtas (2015) suggests key components for successful scalability in social entrepreneurship include commitment of individuals driving the process, management competence, partial/entire replicability of the operating model, ability to meet social demands and obtain necessary resources, the potential to collaborate with others and adaptability.

There are few frameworks/models that explain the motivation, operation, and the impact of social franchising (Tracey & Jarvis, 2007). Our review highlights the omissions: the role of the targeted beneficiaries and how they influence the initiative starting from the motive through to the impact. Below, we discuss the various models in the literature on social franchising.

2.3.1 Montagu (2002) conceptual framework of franchising health services

Montagu’s framework for social franchising in the health sector indicates franchises often seek to benefit providers and the public. The model stipulates there are three aspects of social franchising: ensuring availability of services, quality of services, creating awareness, and use of services. He argues all three

aspects are important and that success in one produce spill-over effects on the others.

2.3.2 Kistruck, Webb, Sutter, & Ireland (2011) conceptual model of theoretical relationships

Kistruck et al. (2011) indicate that, agency theory, resource scarcity theory, and the concepts of brand and standardized operations drive franchise performance. They argue that the traditional franchise model may not be successful in bottom-of-the-pyramid context unless the micro-franchise allows social audit and customisation by franchisees to suit individual markets.

2.3.3 Beckmann and Zeyen (2014) Hayekian perspective of social franchising

Using Hayekian perspective, Beckmann and Zeyen (2014) distinguishes between end-connected-logic of small groups and rule-connected-logic of big groups in social franchising. They argue social entrepreneurs use small-group-logic to start their ventures but face difficulties when growing toward a big-group-logic. Hence, social franchising offers a strategy to replicate the small-group and mobilize social capital while reducing agency costs through self-selection and self-monitoring mechanisms.

2.3.4 McBride (2015) fundamentals of good social franchise design

McBride (2015) argues that, the ability of social franchising to deliver sustainable solutions is grounded in the fundamental principles of successful replication practices in the commercial sector. The principles include basing the concept on successful operating business, sufficient customer demand, availability of qualified franchisees, management commitment, systemizing the business, and the ability to transfer systems know-how with reasonable amount of effort and time.

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.

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.

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.

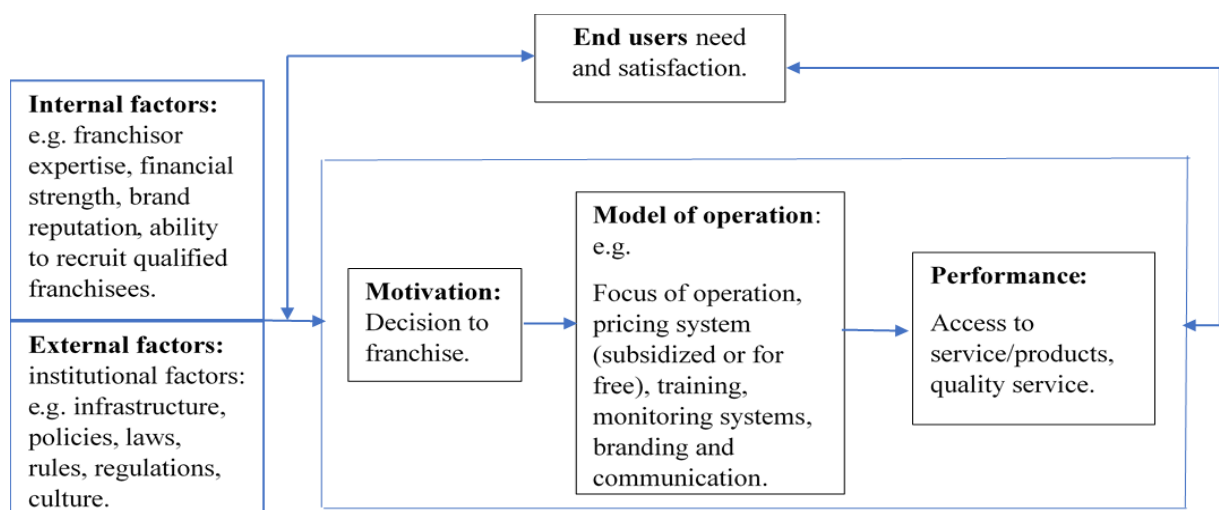
The model begins with the identification of environmental factors grouped into internal and external drivers. Internal factors relate to the franchisor's expertise, financial strength, brand and ability to recruit qualified and committed franchisees who share his vision. These factors play a major role in social franchising and the results of the initiative (Doherty, Haugh, & Lyon, 2014). As Figure 3 depicts, environmental factors are insufficient to explain the decision to franchise given that it also depends on the end-user needs and satisfaction. Understanding what end-users want and how to attract them play a key role in the franchise decision-making and performance outcomes (McBride, 2015). Penn-Kekana et al. (2018) highlights the importance of internal characteristics like perceived brand quality, promotional approach and the recruitment of staff using Matrika's social franchising model in India as a case study. The perceived poor brand (Sky social franchise network), promotional approach and poor understanding of client needs rendered the project ineffective. This confirms the need to have a trusted brand, understand the market, recruit capable franchisees, and understand the demands and needs of end-users (Du Toit, 2017).

Externally, social initiatives result from social reality where individuals or groups of people collaborate to address systemic failures in societies (Zafeiropoulou, 2017). Social franchisors respond to social needs by identifying and designing strategies to mitigate the effects of institutional voids on people (McBride, 2018). To achieve that, they must first determine if as interventionists they have the capacity to address the identified social need (Alon et al., 2010) before proceeding to design a model (Zafeiropoulou, 2017). The operational model is a function of the franchisor's mission, competency, resource capacity, the identified institutional void and the existing legal and regulatory framework. Zafeiropoulou and Koufopoulos (2013) observed that institutional factors are a major source of challenge in social franchising because social franchises are largely in markets lacking strong institutions (e.g., poor infrastructure, rules, and regulations). Given the importance of stakeholders, especially state institutions, social franchisors must invest in legitimacy-building for stakeholder acceptance and access to critical social resources (Shane & Foo, 1999). For example, Du Toit (2017) reports that collaboration with the Indian government accounts for the success of the family planning programs by Janani, a non-governmental organisation in Bihar-India. Therefore, institutional environment influences the drive for social initiatives, determines the type of model adopted, and impacts performance.

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

Figure 3. Conceptual framework

The relationship between motivation, model of operation and system performance



3. Methodology

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

Bibliometric analysis is a statistical method that determines the qualitative and quantitative changes in a given research topic (Apriliyanti & Alon, 2017). It is an established form of meta-analytical research (Fetscherin & Heinrich, 2015) applied in identifying focal articles to objectively illustrate the linkages among them (Alon et al., 2018). The reasoning assumes quality and key research papers published in reputable journals base their research on previously published quality

papers in similar journals (Zamore, Ohene Djan, Alon, & Hobdari, 2018). The unit of analysis is citation (Alon et al., 2018). Beyond simply counting publications, it includes centres of excellence and analysis of relationships among articles in a field, enabling measurement of the popularity and impact of key authors, their publications and the development of the research topic (Fetscherin & Heinrich, 2015).

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

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

Figure 4. Methodological approach.

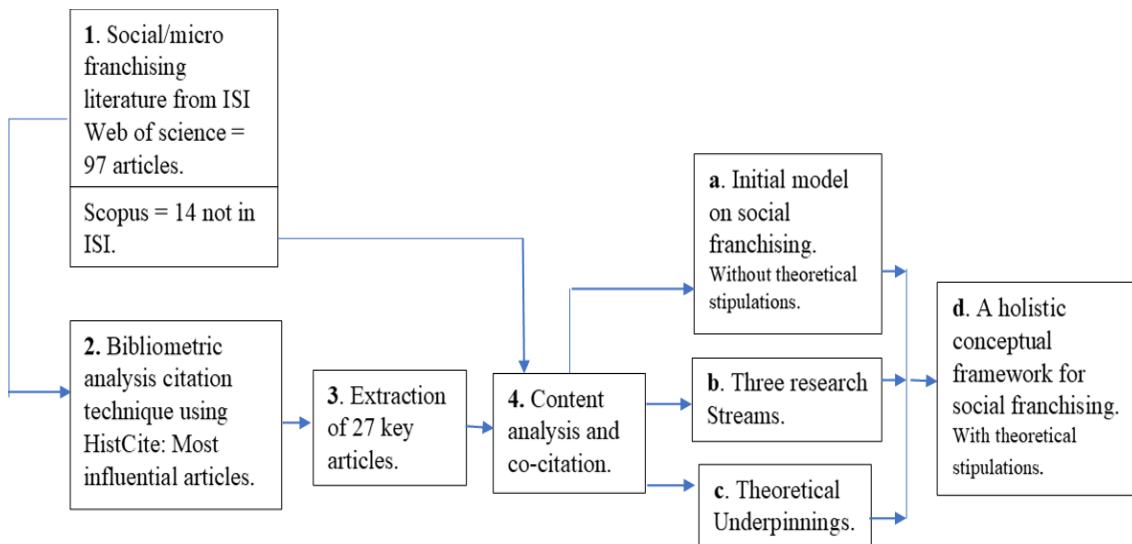
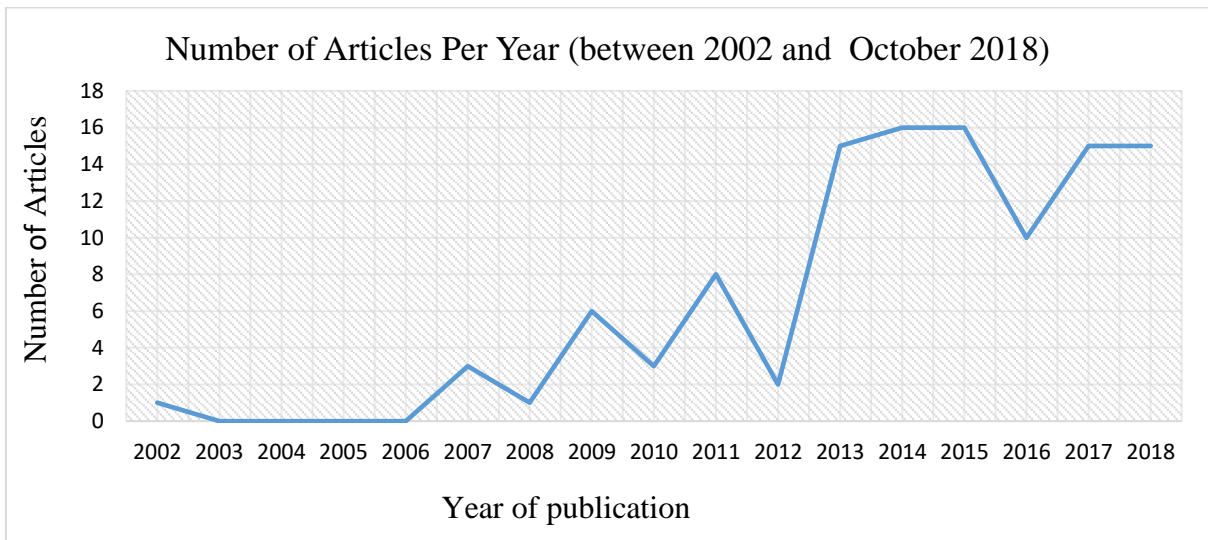


Figure 5 shows the slow development of research in social franchising from 2002 after Montagu introduced the topic into literature till 2013 when researchers started showing interest in the topic. More papers were published between 2013 and 2015 than in any other year. As a model of intervention that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

Figure 5. Articles published between 2002-2018



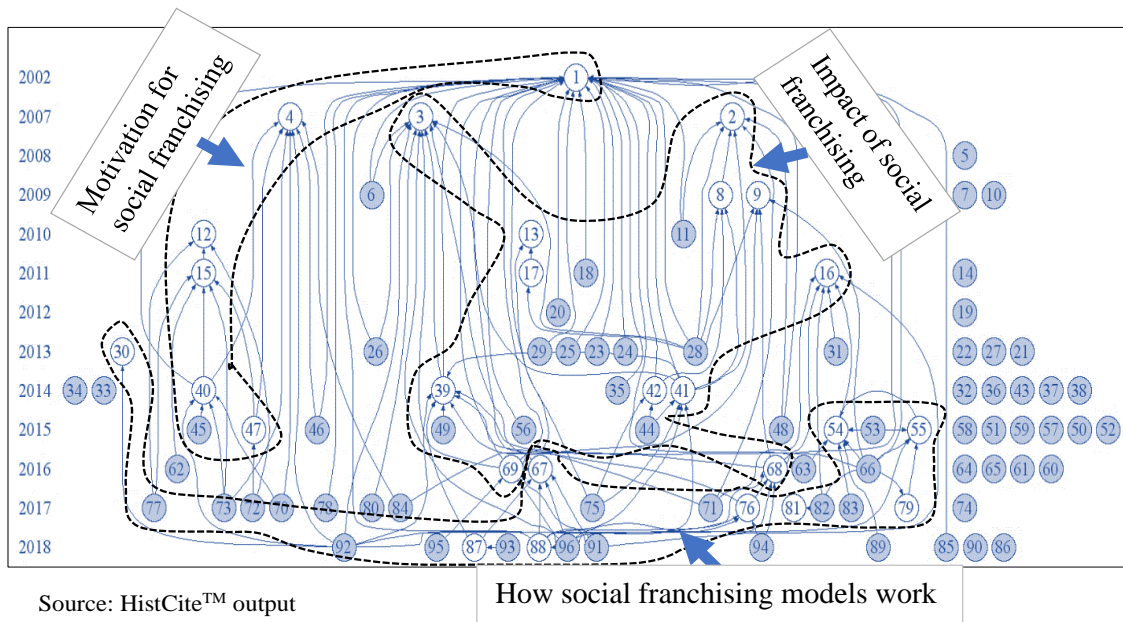
4. Findings

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

We obtain the profile of social franchising literature using co-citation mapping. It connects authors, documents, and journals based on their citation (Alon et al., 2018). Since social franchising is a new area of research with few publications, we limited the value of bibliographic citation to zero to include new papers. According to Barreiro (2015), the citation threshold can be zero to include recent articles. HistCite identified 27 most influential articles, representing 28% of the sample. Additionally, HistCite produced a map of the network of literature that includes all 97 articles. The map consists of nodes representing the articles.

As Figure 6 shows, the number of arrows pointing to a node depicts the value of the node's influence. The more the arrows, the higher the influence, and the fewer the arrows, the lower the influence on other articles within the network. The vertical axis denotes the year of publication while the arrows indicate the citation relationship among the articles. The unshaded notes represent the influential articles, and the shaded ones signify the non-influential ones. Analysing the content of the articles, we identify three research clusters: motivation for social franchising, how social interventions work and the impact of social franchising. We label the groups based on their themes of focus. The groups are internally inclusive and externally exclusive. Next, we discuss the research streams.

Figure 6. Social franchising literature citation map.



4.2 Motivations for Social Franchising

The common discussion in this stream is about how applicable the two main theories of motivations for business format franchising are in social franchising. For resource scarcity, Montagu (2002) (1 in Figure 6) applies the same logic for business format franchising to social franchising, a fractional franchising. His explanation is buttressed by Tracey and Jarvis (2007) (4 on Figure 6) and Beckmann and Zeyen (2014) (40 on Figure 6) who theorize that resource scarcity (e.g., capital, managerial expertise, and local knowledge) is the motivation behind social franchising. Kistruck, et al. (2011) (15 in Figure 6) argues this reason is not applicable in developing economies.

Contrasting views of agency theory also occur in the literature. Montagu (2002) and Beckmann and Zeyen (2014) (40 in Figure 6) maintain that the agent may not act in the best interests of the principal, hence the need for franchising to minimise ex-ante and ex-post costs. Tracey and Jarvis (2007) and Kistruck, et al. (2011) indicate that social franchising would rather bring about higher cost. Tracey and Jarvis (2007) call for more theories to examine social franchising. Kistruck, et al. (2011) also calls for investigation of potential variations of franchising models in bottom-of-the-pyramid markets. Our analysis reveals two other theories not captured in any of the three clusters which we discuss under theoretical extension.

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 that, the background of micro-franchisees influence franchisees' perception of franchisors' support and brand. Ngo, Alden, Hang, and Dinh, (2009) also 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.

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

Table 1. Measures for How the social interventions work

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

4.4 Impact of social franchising

Most articles in this stream examines the impact of clinical social franchising on the poor. They measure impact on the bases of accessibility, quality, equity, client satisfaction, and increasing client health knowledge and perception (e.g., Shah,

Wang, & Bishai, 2011) (16 on Figure 6). Brown (2014) adds human security as another dimension of social franchising benefits while Fredriks, Pennink, Simatupang, & Siswanto (2014) maintain that social franchising can be an instrument in technology push to stimulate entrepreneurship and local economic development in rural areas. The literature indicates mixed findings on the impact of clinical social franchising (Beyeler & De La Cruz, 2013).

For instance, Lönnroth, Aung, Maung, Kluge, & Uplekar (2007), (3 on figure 6) reports that a highly subsidized tuberculosis treatment delivered by a social franchise scheme in Myanmar positively affected the targeted poor. Other researchers reporting positive impact of social franchising include (Aung et al., 2014; Bishai et al., 2015; Decker & Montagu, 2007; Nguyen et al., 2013). In support of the above reports, Gold et al. (2017) (79 in Figure 6) explains that, simultaneously supporting service quality while addressing barriers of demand like pricing can increase demand for family planning services.

Kozhimannil, Pereira, & Harlow (2009) (9 on Figure 6), finds no significant changes associated with donor-funded franchise midwives prenatal care standards in the Philippines. Ravindran and Fonn (2011), (13 on Figure 6) reports that though there were quality measures in place, evidence of adherence was limited in Pakistan. They maintain social franchise initiatives in Pakistan offer limited range of fragmented reproductive health services at sub-optimal quality. Tougher, et al. (2018) (88 on Figure 6) finds the Matrika social franchise model ineffective in improving the quality and coverage of maternal health services at the population level. Shah et al. (2011) finds trade-offs among access, cost and quality care that need balancing as competing priorities. Alon (2004) also maintains that it is not yet known whether globalization through franchising has irreversible negative impact on host countries. Finally, Mohanan et al. (2017) calls for sound empirical evidence before scaling social franchising programmes and Decker and Montagu (2007) suggest more research to identify the relative importance of the different aspects of the franchise relationship.

Ultimately there is lack of consensus on the drivers and impact of social franchising. The clusters mainly focus on the health sector except the first stream and some few articles. Table 2 displays measures of impact.

Table 2. Measures of social franchising impact

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

4.5 Research status of social franchising

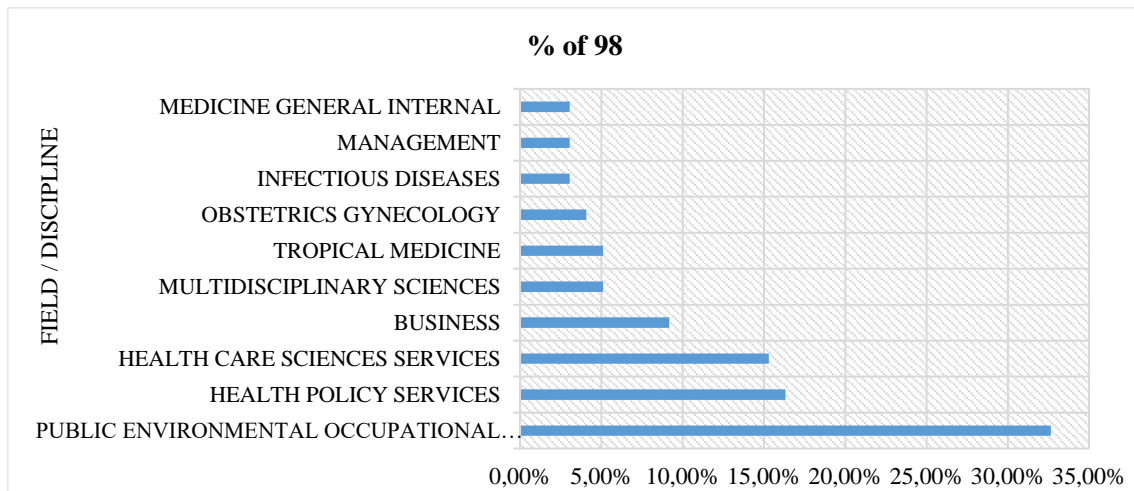
Here, we discuss the areas of research, the most influential articles, and authors with the most impact on knowledge development in the social franchising literature.

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.

Figure 7. Areas of knowledge on social franchising



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 (Zamore et al., 2018). We include the local citation score per year, a ratio of the total local citation that standardizes the values of the citations regardless of the year of publication to complement the measures of micro and macro analysis for meaningful comparisons of the articles.

As Figure 8 shows, Montagu (2002) founding article has the highest influence, with a total local citation (TLC) of 28, and average total local citation (TLC/t) of 1.65, followed by Lönnroth, et al. (2007) with a TLC of 10 and TLC/t of 0.83 in terms of local citation. The tenth-ranked article on the table is Beckmann and Zeyen (2014) with a TLC of 4 and TLC/t of 0.80. Using the (TGC) metrics, Tracey and Jarvis (2007) top the ranking with a TGC of 102 and TGC/t of 8.5, followed by Montagu (2002) with a TGC score of 70 and GCS/t score of 4.12,

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	Lönnroth 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 & Voluntary Sector Quarterly	4	0.8	7	1.40

while Thurston et al. (2015) take the tenth position. Interestingly, Thurston et al. (2015) which is the seventh when using TLC and tenth when using TGC as the metrics of measurement is second with 1.50 when TLC/t is used as the metric. However, Montagu (2002) remains first in ranking with 1.65 TLC/t, Aung, et al. (2014) are the third with 1.40 followed by Lönnroth et al. (2007) with 0.83, before Tracey and Jarvis (2007) with a 0.58 TLC/t.

The variations in TLC, TLC/t and TGC is partially explained by the focus of the publications. For instance, Montagu (2002) and Thurston et al. (2015) are in the field of health science whereas the focus of Tracey and Jarvis (2007) is general. But the majority of publications on social franchising are in health science. This explains why in terms of local citations Montagu (2002) and Thurston, et al. (2015) records more citations. Similarly, when examining citations outside the local

citation, it should not be surprising that Tracey and Jarvis (2007) is cited more. Figure 8 illustrates the article values in terms of ranking.

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.

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 & 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 & 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 & Chahine (2017)	Social franchising as an option for scale	Voluntas
Social Network theory	Zafeiropoulou & 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
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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.

Supporting Kistruck et al. (2011), we reason that social franchisors are motivated by their desire to solve social problems such as health problems and unemployment. For instance, Vision Spring provides reading glasses to the poor at low prices, while Aflotoun’s mandate is economic empowerment of children in poor communities (Du Toit, 2017). Though these franchisors face resource challenges, they are not motivated to franchise because of the resources the franchisees can provide, but by the identified need they propose mitigating. Hence, unlike for-profit franchisors who franchise to obtain resources from franchisees, social franchisors are motivated by the need to solve social problems which may include solving franchisee needs.

5.2 Agency theory

In commercial franchising, agency theory argues that, owners of organisations (principals) often delegate the responsibility of their business management to agents (Lafontaine, 1992). Like the principals, the agents are self-interested

economic individuals, hence they may behave opportunistically and not seek to fulfil the interest of the principals (Alon et al., 2015). To mitigate this, principals expend resources to monitor and align the interest of agents, but the cost for monitoring and aligning the interests of agents are less in franchising compared to company ownership (Lafontaine, 1992).

Asemota and Chahine (2017) and Montagu (2002) argues that social franchisors engage in franchising to lower agency cost. Beckmann and Zeyen (2014) adds that, social franchises are among small groups and volunteers who serve as checks on franchisees behaviour, hence lowering agency costs in social franchising.

Tracey and Jarvis (2007) posit 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 advantage of obtaining information about the capabilities and trustworthiness of the candidates for selection as franchisees. Hence network embeddedness facilitates franchisee selection, lowers risk of opportunism, and impacts system performance.

5.4 Stewardship theory

Stewardship theory is often used in place of agency theory to examine delegated relationships (Muth & Donaldson, 1998). It regards managers as ‘stewards’ rather than self-interested, rational or economic agents (Muth & Donaldson, 1998). As stewards, they have non-financial motives such as the need for achievement, recognition, intrinsic satisfaction with successful performance, respect for authority and a work ethic (Etzioni, 1975). Hence, they act based on a sense of duty and identification with the organization even when confronted with personally unrewarding course of actions (Etzioni, 1975).

Krzeminska and Zeyen (2017) argues that stewardship relationships, like all transactions, incur costs and may lead to groupthink, faulty attribution of success, rigidity, and escalating commitment that could eventually lead to failure. Drawing on Tracey and Jarvis’s (2007) argument, social franchisees must have managerial capabilities including social goals for the ventures to be successful. Because social franchisees with social goals and selfless interests are likely to have higher positive impact, we argue that there is a positive correlation between a franchisor’s ability to recruit stewards as franchisees and the franchise system performance and long-term survival.

6. Discussion and Directions for Future Research

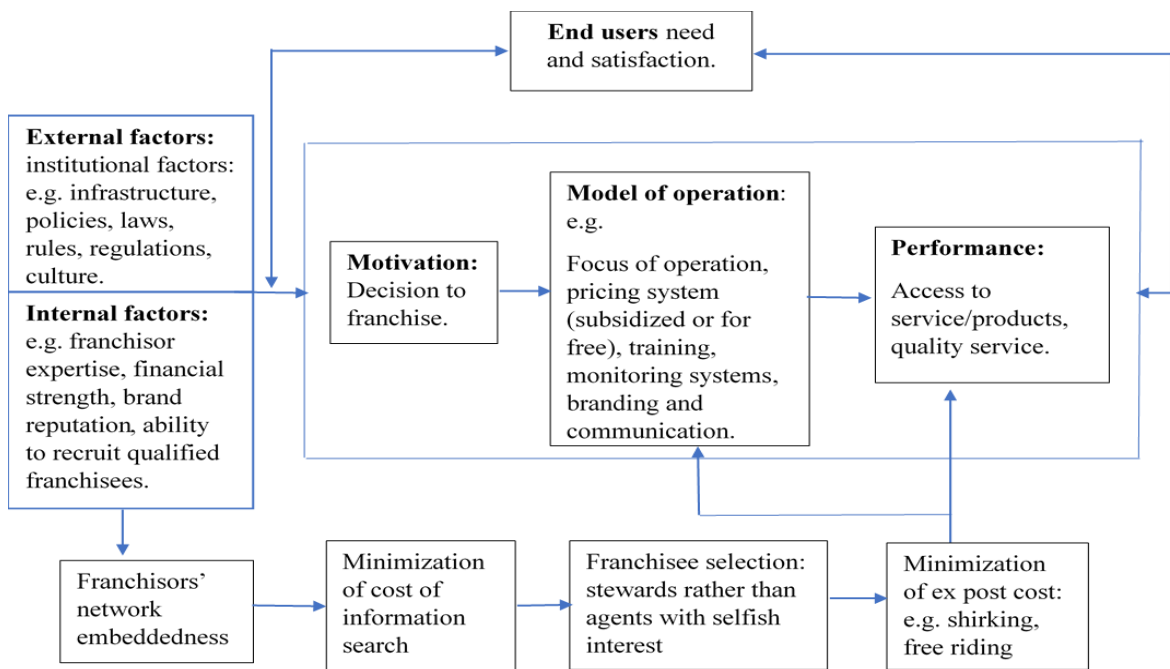
6.1 Theory development

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.

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



Source: Authors' construct

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. Also, as social problem-solving in micro-franchising refers less to solve social problems in the society but more to provide job opportunities for franchisees as internal stakeholders, it will be illuminating if future research should more precisely differentiate the external versus internal stakeholder focus of social franchising and micro-franchising.

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Appendix

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.
	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?		

The impact of social franchising.	<p>12. What is the importance of different aspects of franchise relationships and is replication in the public sector possible?</p> <p>13. What role do costs have as a barrier to facility-based delivery care?</p> <p>14. Can social franchises provide services cost effectively with alternative investments in the public sector?</p> <p>15. Can social franchises increase equitable access to reproductive health services for low-income and marginalised populations?</p> <p>16. Which incentives can improve access within the private sector: insurance, vouchers or fee waiver programmes?</p> <p>17. Can franchising modernize the service sectors of developing economies? Which sectors are likely to benefit most?</p> <p>18. Will the trend towards globalization influence cultural homogenization through franchising? How desirable and controllable can that be?</p> <p>19. Is cultural conflict inherent in the interaction of global franchising with local interests? How can such conflicts be resolved?</p>	<p>Thurston et al. (2015)</p> <p>Decker and Montagu (2007)</p> <p>Kozhimannil et al. (2009)</p> <p>Shah, et al. (2011)</p> <p>Alon (2004)</p>	<p>Global Health: Science and Practice.</p> <p>Journal of Adolescent Health.</p> <p>Jama.</p> <p>Health Policy and Planning.</p> <p>Journal of Macro-Marketing.</p>
Proposed questions based on our review.	<ol style="list-style-type: none"> 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? 2. How can existing theories be combined to explain the tenets of social franchising? 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? 4. Do micro-franchising ventures have the potential to grow beyond the micro level? If so, what are the drivers for growth? 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? 		