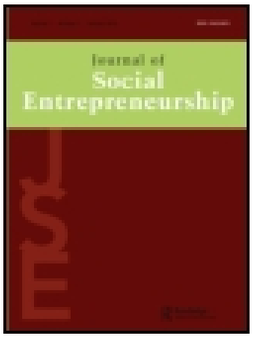

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Micro-Franchising in the Bottom of the Pyramid Market: Rwanda

Felicia Naatu[a], Ilan Alon[a] and Rehema Uwamahoro[b]

[a]Department of Management, School of Business and Law, University of Agder, Kristiansand S, Norway; [b]School of Business, University of Rwanda, Butare, Rwanda

ABSTRACT
This study examines how a mission-driven shared identification can help mitigate the failure of a micro-franchise in Rwanda, a bottom of the pyramid market. A single case study was adopted following Gioia's established analytical process. Interviews, semi-structured interviews and observations were conducted between the period of 2018 and 2019. It was found that, a mission-driven shared identification can be achieved if a micro-franchisor promotes a culture of sharing and perceived organisational support among micro-franchisees. Also, an alliance with the government or its endorsement is necessary in encouraging franchisees to identify with a micro-franchisor. Furthermore, in a collectivist culture, if a micro-franchisor succeeds in establishing shared identification, the franchisees are very likely to remain loyal in times of crisis.

KEYWORDS
Hybrid organisation; micro-franchise; organisational support; empowerment; shared identification

Introduction

Social franchises are a new type of hybrid organisations and social enterprises that adopts franchising strategy to provide social goods and services in underserved areas. As a type of social franchise, micro-franchising is increasingly spreading the benefits of franchising among the poor. The rise and attractiveness of the approach is based on its potential to impact and the ability to scale (McKague, Menke, and Arasaratnam 2014). However, while millions of dollars from governments and donors are made to these health interventions (Mumtaz 2018; Doyle and Patel 2008) records indicate that most of them do not survive beyond their pilot stage (Sundin, Callan, and Mehta 2016). For instance, between 2008 and 2009 alone, 23 micro-franchises in Uganda and more than 30 in India could not survive beyond their pilot phase (Sundin, Callan, and Mehta 2016). The sustainability of micro-franchises has therefore become a major concern among practitioners and scholars to the extent that its applicability as a format

CONTACT Felicia Naatu felicia.naatu@uia.no Department of Management, School of Business and Law, University of Agder, Kristiansand S 4604, Norway

became the subject of a major debate between scholars in *The Lancet Global Health* (Mumtaz 2018).

A lack of shared commitment and dedication to the goals of the organisation are common problems between franchisees and franchisors (Dada and Watson 2013). It serves as a barrier to the franchise knowledge management (Okoroafor 2014) and affects the survival of social franchises. For example, it increases the tendency for opportunism, erodes franchisor-franchisee shared sense of purpose and identity, and increases monitoring cost (Kistruck et al. 2011; Tracey and Jarvis 2007). Tracey and Jarvis (2007) study demonstrates how the social franchise Aspire Group's dual social mission and sustainability goals contributed to the disunity between the franchisors and franchisees and the eventual failure of the venture.

Africa is an example of a bottom of the pyramid (BOP) market. It is part of the emerging economies (Alon and Shneor 2017) with many institutional obstacles (Kotabe, Jiang, and Murray 2017). Kistruck et al. (2011) suggested that poverty and the institutional contexts that characterise BOP markets adds significant challenges to the economic growth and sustainability of micro-franchises. Same reasons were ascribed to the documented frequent presence of opportunism among micro-franchisees (Kistruck et al. 2011).

Chow and Chan (2008) proposed that the presence of shared goals promotes mutual understanding and serves as a force to hold people together in an organisation. A recent study by Giudici et al. (2020) established that the attractiveness of a social franchise mission can unite social franchisors and franchisees in their goals and make them fight together to sustain the organisation. However, it is not certain that a mission-driven shared identification can easily be developed in BOP markets (Giudici et al. 2020). The micro-franchisors may have a social mission, but the micro-franchisees may not share in the mission because they may be interested in just making money. In other words, the franchisor and the franchisee might be in different stages of Maslow's hierarchy. These differences accord with the general social entrepreneurship literature reporting that mission drift is more likely in social enterprises that have different sets of target beneficiaries such as a micro-franchise (Santos, Pache, and Birkholz 2015). Hence, the study seeks to determine how a shared identification in mission can be achieved in micro-franchising, and how that shared identification can help mitigate opportunism and failure of a micro-franchise in a BOP market.

The rest of the paper is organised as follows: Next is Literature review: the review of the literature in social and micro franchising, followed by Method: the methodology for data collection and analysis, Results and discussion: the findings and discussion, then the Conclusion.

Literature Review

Like business-format franchising, social franchising is a contractual alliance between two entities, a franchisor and franchisee. It allows the franchisee the liberty to leverage the franchisor's brand and operational processes or know-how in exchange for upfront and ongoing fees (Seid and Thomas 2006). The franchisors develop their business practices and ensure that franchisees learn accurately how to apply their know-how.

Such alliances are often designed to create a win-win situation for both parties (Preble, Reichel, and Hoffman 2000). But as separate entities, selfish interests sometimes prevail in the business arena. However, in social franchising, the franchisor seeks to solve social problems rather than maximise profits as business franchisors do (Tracey and Jarvis 2007). Therefore, in social franchising the social mission supersedes profit making (Tracey and Jarvis 2007; Fairbourne, Gibson, and Dyer 2007). For instance, social franchising in the health sector has four primary goals: (1) access (increasing the number of delivery points, providers and range of services), (2) cost effectiveness (reducing the cost of services), (3) quality (providing services that meet quality standards), and (4) equity (serving all population groups, especially the needy) (Ravindran and Fonn 2011). These goals usually target the end users.

Micro-franchising is a type of social franchising (Naatu and Alon 2019) where micro-franchisors 'develop and promote by sale small businesses that the poor can afford to enter and operate' (Christensen, Parsons, and Fairbourne 2010). Whereas other social franchises *can* employ the non-poor as social franchisees, micro-franchises mainly employ the poor as franchisees. The term 'micro' refers to the size of the investment that might be needed, or the cost of the goods sold. Examples of micro-franchising systems in Africa include One Family Health (OFH) in Rwanda, Woman360 in Ghana, Child and Family Wellness Shops (CFW) in Kenya.

Social franchising is a nascent area of academic enquiry, and its practice and relevance is on the rise. It uses innovative processes and strategies in the exploitation of opportunities to create social value. As social enterprises, they are complex organisations that have dual identities emanating from their social and commercial goals (Zafeiropoulou and Koufopoulos 2013). Therefore, tensions emerge from having to address the challenges associated with both motivations (Moss et al. 2011). Marrying both social and commercial goals, they are neither purely for profit, nor strictly non-profit organisations. They are on a continuum and could lie anywhere in between both extremes (Austin, Stevenson, and Wei-Skillern 2006).

Micro-franchising for instance, is a 'market-based enterprise-led approach' used to provide much needed goods and services to low-income communities, particularly in BOP markets (McKague, Menke, and Arasaratnam 2014). While it is increasingly being adopted in the health sector to improve access to healthcare services in marginalised communities, sustainability and scaling remain its biggest obstacles (Sundin, Callan, and Mehta 2016). Although these problems are common in almost all social enterprises (Dumalanède and Marielle 2018), higher cost of franchisee selection, training and opportunism are thorny challenges particular to the sustainability and scaling of social or micro-franchises (Kistruck et al. 2011). This is because micro-franchising generally involves the transfer of knowledge from the franchisor to the franchisees. In the setting of BOP market, illiteracy is higher, hence the cost for the search and training of micro-franchisees is also high. Further, the weak institutions make it easy for opportunistic micro-franchisees who after acquiring the know-how to easily cheat by ceasing ongoing payment (Kistruck et al. 2011). These are consistent with Oliva and Kotabe (2019) suggestion that, the barriers to knowledge management could be environmental, organisational or human.

The literature attributes the opportunistic behaviours, and differences between micro-franchisors and franchisees in their goals identification as factors affecting the survival of micro-franchises in BOP markets face (Giudici et al. 2020). Thus, an effective understanding of how to manage these tensions and franchise know-how is critical. Knowledge management is an organisational practice aimed at developing, acquiring, storing, discarding and using knowledge that is essential in value creation for an organisation (Oliva and Kotabe 2019). It is especially crucial for franchise system survival (Iddy and Alon 2019). Surprisingly, how to successfully sustain and scale micro or social franchising has received scant attention from the scholarly community (Kistruck et al. 2011; Giudici et al. 2020).

A great deal of the extant literature on social entrepreneurship simply points to the existence and types of tensions (e.g. Doherty, Haugh, and Lyon 2014; Moss et al. 2011). The other studies exploring how to balance these tensions are largely conceptual and review the existing literature (e.g. Ebrahim, Battilana, and Mair 2014; Phillips et al. 2015). To the best of the researchers' knowledge, no study has explored how micro-franchisors can influence organisational identification among micro-franchisees, or how shared identification can affect the management of micro-franchise know-how and survival.

Theoretical Underpinning

Organisational identity and legitimacy theories are well-established theories. They provide rich theoretical lenses for understanding the complexities of social organisations including how they acquire social capital and perceived social worthiness in the eyes of institutional stakeholders to improve performance and increase their chances of survival (Diochon and Anderson 2011; Moss et al. 2011). Organisational identity refers to the enduring attributes that constitute the collective view of the organisational members about the organisation (Moss et al. 2011). Organisational identification, on the other hand, is about how employees or internal stakeholders view themselves as part of their organisation (Chen et al. 2013).

Legitimacy is a social judgement of acceptance, appropriateness and desirability that makes it possible for an organisation to access the resources it needs to survive and grow (Moss et al. 2011). According to Herrbach and Mignonac (2004) organisational identification is a function of organisational identity. Legitimacy and organisational identity logics are often used together when examining the complexities of the dual goals of social entrepreneurship. For instance, using the lens of identity theory Moss et al. (2011) suggested legitimacy concerns in relation to the incongruities between organisational identities. Similarly, Diochon and Anderson (2011) highlighted the interface between identity and the establishment of legitimacy.

Culture and attribution are also connected to organisational behaviour. Culture is the 'collective mental programming that is part of human conditioning that people share with other members of their nation, region, or group but not with members of other nations, groups and regions' (Hofstede 1983). It is an important determinant of how people view themselves and their social world (Gyekye 2006). Hofstede (1983) classified culture into two groups: collectivist and individualistic cultures. In the

classification most western countries are categorised as individualistic cultures, while Asians, Africans and Latin Americans are considered collectivists. Individualists are largely motivated by their need to fulfil their obligations to themselves. Hence, their concern is mostly about self-actualisation and self-respect. Collectivists do not seek actualisation at the expense of their identified groups. They try to fulfil their obligations to their in-group such as their family, or their loyalty to the group to which they belong such as their organisations or country (Hofstede 1983).

Attributions are mechanisms individuals use to make sense of their own behaviour and the actions of others and events around them (Cardon, Stevens, and Potter 2011). They help take actions based on their interpretations of the causes of events (Cardon, Stevens, and Potter 2011). They also explain why people engage in productive and counterproductive organisational behaviours which consequently impact the relationship between management and members of an organisation (Harvey et al. 2014). Thus, Martinko, Harvey, and Dasborough (2011) posited that all rewarding or punishing organisational behaviours are influenced by attributions. The process of attribution, in turn, is affected by the culture of the individual.

Collectivism and individualism are useful in predicting the influence of culture on the process of attribution (Higgins and Bhatt 2001; Gyekye 2010). For example, people in both individualistic and collectivist cultures attribute positive events to actions they themselves have taken, whereas collectivists generally attribute negative events to uncontrollable, external factors. Collectivists have a strong attachment to and identification with their in-groups (McCormick and Shi 1999) and ascribe the blame for negative events to out-groups rather than in-groups. In addition, they are very loyal to (Hofstede 1983) and identify with their employers when they feel that they receive organisational support from them (Edwards and Peccei 2010; Eisenberger et al. 1986).

The Case

We investigate the issues noted above using the context of Rwanda. Almost on the verge of collapse in 1994 after four years of civil war and genocide, the country has made great strides in terms of development and improvements in health (Pose and Samuels 2011). However, as of 2011, 60% of the population still lived below the poverty line (Pose and Samuels 2011). The total population was 11.6 million, with 81% living in rural areas (Charles, Moe, and Bartlett 2013). Health systems and resources were centralised in urban areas and the country was critically short of health workers. There were only 625 physicians and 8,513 nurses and midwives in the entire country (Charles, Moe, and Bartlett 2013). In other words, there was a ratio of 1 doctor per 17,150 people, as opposed to the WHO's suggested ratio of 1 doctor per 10,000 (Charles, Moe, and Bartlett 2013). It was in this context that Primary Family Health (PFH) came to be.

Primary Family Health (PFH) is a pseudonymous name chosen for confidentiality. It is a good case for the study because the organisation is a micro-franchise, operates in a BOP market and has survived for eight years amidst the challenges of Rwanda. It is a unique and interesting organisation with theoretical and practical implications. Indeed, organisations such as the World Health Organisation (WHO), The Bertha

Centre for Social Innovation, Oxford University, and London School of Hygiene and Tropical Medicine have recognised it as an entrepreneurial social franchise model worthy of emulation in other developing parts of the world (Van Niekerk and Chater 2016). As a micro-franchise, it creates job opportunities for the franchisees to fulfil its primary social goal—increasing access to healthcare for the marginalised.

PFH was launched in 2012 under a public-private partnership agreement between the PFH Foundation, MauPLUS, Rwancobank, DannyStore Holdings (DSH) and the Rwandan Ministry of Health (MOH). The stated mission is '*To improve access to quality essential medicines and basic healthcare services in isolated communities, using a sustainable business model to help underserved communities build health as an asset*'. While its aim is to increase access to primary healthcare among the rural poor, an important by-product is reducing joblessness through entrepreneurship.

The franchise network was integrated into the government's public health strategy for Rwanda's Vision 2020 based on a similar model the franchisor had managed as a CEO for three years. The franchisor had more than 29 years of experience in the health industry. As a hybrid model, profit making is secondary, and the social mission is prioritised. PFH sustains itself through the sale and distribution of pharmaceuticals, marketing and franchisee fees (5% profit margin from the sale of medication, 3% from distribution, 2% monthly contributions from franchisees for marketing, and 6% monthly royalty fees) (Van Niekerk and Chater 2016). The public-private partnership agreement restricts franchisees to using mid-grade nurses to avoid creating a shortage of highly qualified nurses in the public health sector. These mid-grade nurses however have a broad spectrum of skills that PFH finds useful. Recruitment is done through ads in local newspapers, postings on job boards at district offices, word of mouth, and especially referrals from local nursing administrators.

According to the agreement, PFH was responsible for establishing 500 health outposts by 2018, while DSH provided initial and ongoing training, mentoring, and expert support to the nurses. MauPLUS committed a substantial amount for about 70 initial health outposts and interest-free loans for additional health outposts. Rwancobank bore 24% of the total cost and agreed to provide affordable loans to franchisees for start-up costs, and ongoing nurse training and development. MOH's responsibility was to provide physical structures for PFH's health outposts.

Despite being recognised for its achievements, the franchisor confided that since its launch, the organisation has faced several challenges ranging from financial and institutional obstacles to operational and personal challenges. In addition, the situation worsened in 2019 because of a change in the law. The new law increased the challenges to sustaining the project, leading to the pull out of MauPLUS and Rwancobank, and the defection of eight franchisees. Nevertheless, the franchisor (the CEO) remains optimistic because he has always had the support and dedication of most of the franchisees and employees.

Method

Using a qualitative inductive case study to conduct an in-depth analysis, the researchers sought to investigate whether shared identification in a mission can be achieved,

and how it can be achieved in micro-franchising. Single cases are more illuminating and revelatory (Yin 2009) and inductive studies are particularly useful in deriving theoretical insights in areas that the extant literature does not adequately address (Ozcan and Eisenhardt 2009). One of the few social franchises in Rwanda; Primary Family Health (PFH), has survived for a relatively long period of eight years. Hence, making it a unique case to examine why the micro-franchisees' chooses to identify with the organisation both in periods of calm and times of crisis.

Data Collection

Primary data were collected through interviews, semi-structured interviews and observation. These were then triangulated with secondary data (published cases, reports, website contents) for confirmation. Augmenting the primary data with the secondary information improved the understanding of how a mission-driven shared identification is achieved in PFH. The data collection began in 2018 and ended in 2019. The interviewees for the study were key informants such as a consultant to PFH, the franchisor (CEO and Managing Director), franchisees (10 out of the 111), employees (9) and matrons (3). A former government official who witnessed the signing of the public-private partnership agreement was also interviewed. Participants consented to take part in the study after they were briefed about the academic nature of the research. During the period of crisis, participants were assured of anonymity to make them confident and candid in their report.

Between 2018 and 2019, the organisation experienced two phases: a 'normal period' (1st and 2nd occasions in 2018) and a 'struggle period' (3rd and 4th occasions in 2019). During the normal period, PFH was plagued by financial issues, but the operations continued as usual, and everybody was clearly optimistic about the future of PFH. The subsequent phase (the struggle period) was extremely challenging. During this period, the participants seemed a bit more uncertain about the organisation's prospects. The third interview, which was scheduled to take place in November 2018, was postponed to December 2018 and later to February 2019 because of the challenges the organisation was facing. See Table 1 for details.

Participants were asked retrospective questions to capture how the franchisor-franchisee relationship evolved over time. For instance, the franchisor and his managing director were asked whether they and the franchisees had common values and mission, and how they managed to get the franchisees to share their mission and values. Similar questions were asked of the franchisees. Examples include: How is your relationship with the franchisor and the other franchisees? What binds you together? How did the relationship develop? Because the responses from the franchisor revealed the effect of their relationship with the government and nursing matrons (administrators) on the creation of their identity, the study included a former government official and three matrons in the interviews. Interview sessions were recorded with the permission of the participants and transcribed immediately after. On average, each interview lasted for about 45 to 60 minutes. The first and second authors coded the material together while the third author translated and transcribed the data collected in Kinyarwanda. To ensure the reliability of the information, steps were taken to validate

Table 1. Data type, period, sources and reason.

Primary data period	Occasion	Participant	No. (68)	Data source	Reason
(a) Normal period	1st Occasion February 2018	CEO Consultant MD	1 1 1	Interviews	To understand the mission and operations of PFH social franchise.
	2nd Occasion June 2018	MD Employees Franchisees Gov't official	1 9 10 1	Semi-structured interview and observation	To understand the relationship between the franchisor and franchisees, and how the relationship was established.
(b) Struggle period	3rd Occasion February 2019	CEO MD Employees Franchisees	1 1 9 10	Semi-structured interviews and observation	To understand the effect of the change of law on PFH and the franchisor-franchisee relationship.
	4th Occasion July 2019	MD Employees Franchisees Matron Gov't official	1 9 9 3 1	Semi-structured interviews and observation	To gain more insight into the franchise relationship and what the franchisees and other key people think about the challenges. To understand the factors influencing the franchise relationship in a period of crises.
Secondary data				Published reports, Newspaper articles, Company's website information	To confirm and triangulate the primary data and observation.

the emerging findings by crosschecking the results with the interviewees and triangulating through secondary data. Doing so helped confirm the various perspectives. Table 1 details the types of data, time periods, sources and reasons for collecting the information.

Qualitative Analysis of the Data

Gioia, Corley, and Hamilton (2013) established analytical process was used to examine the emerging empirical observations. Thus, the data was approached without any preconceived hypotheses. The analysis consisted of three key steps. First, it started by building a database (Gioia, Corley, and Hamilton 2013) consisting of the transcripts, field notes, reports and published cases to create a coherent narrative of PFH's story. Next, the transcripts were read through for open coding using in-vivo codes. In the process, records of the researchers' thoughts about the emerging information and the existing literature were kept in memos. The data were constantly compared and contrasted throughout the process of analysis taking note of repeated words on each

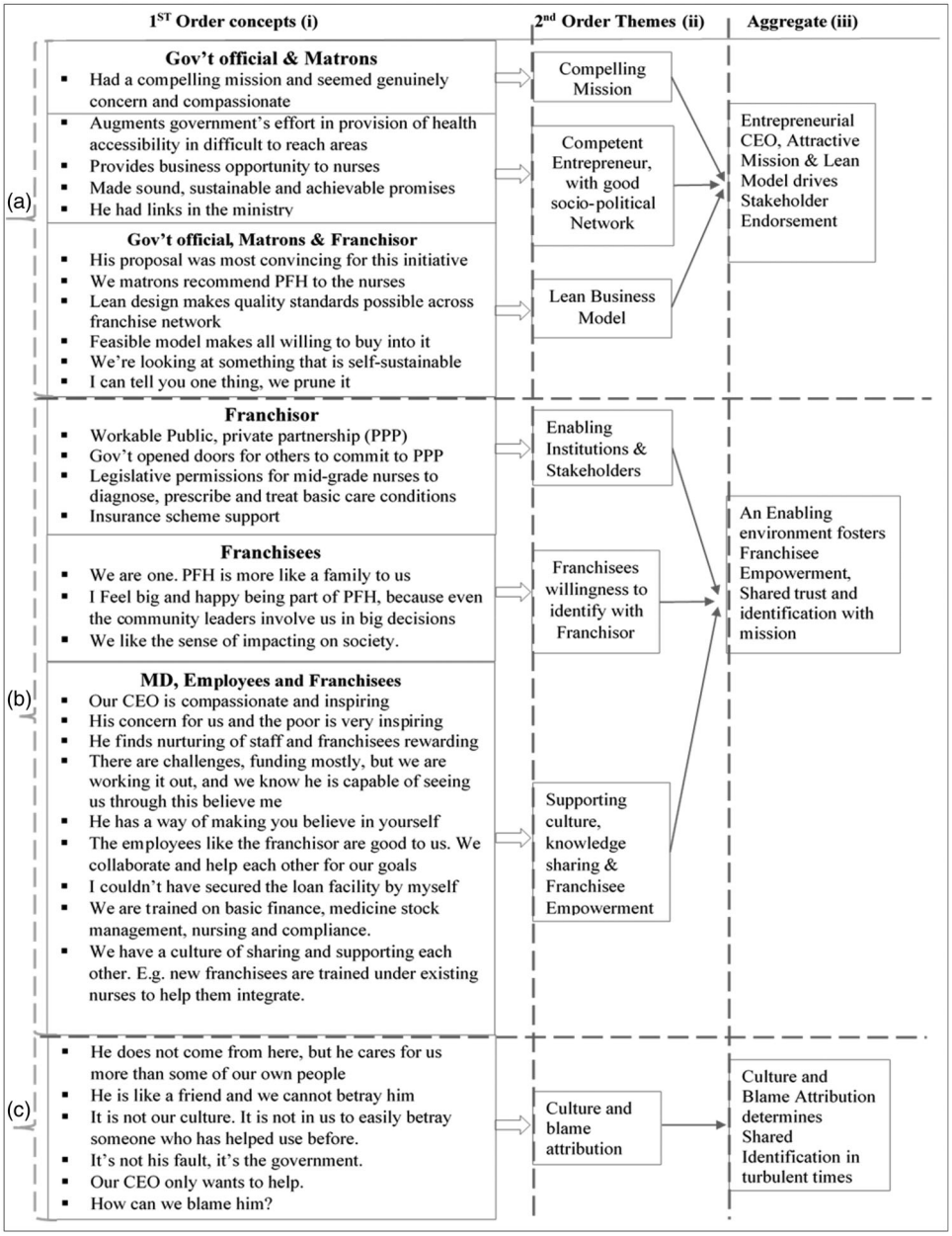

Figure 1. Structure of the coding. *Source*: Author's construct.

occasion. The terms or words repeatedly used by the participants during the interview process were then used in the coding. For instance, 'we prune it', an in-vivo code was used to describe the streamlined services of PFH designed for cost efficiency and to address the problem of variability. The open coding led to numerous codes, which were consolidated into the first-order categories reflecting the participants' ideas and concepts.

During the second stage, termed 'axial coding' (Gioia, Corley, and Hamilton 2013) differentiation among the first-order codes (Figure 1(i)) was done based on the similarities and differences. Acting as knowledgeable agents to interpret the emerging evidence, the researchers labelled them with descriptors common to each category, trying to stay as close as possible if not using the participants' terms. For example, they used terms that they heard from the participants such as 'positive, multi-skilled and goal-oriented employees. Next, they searched for patterns and relationships between the second-order themes (Figure 1(ii)) to classify them into 'aggregate dimensions' (Figure 1(iii)) (Gioia, Corley, and Hamilton 2013).

The third and final stage of the analysis was influenced by the approach Giudici et al. (2020) used which entailed the development of propositions. They tried to understand the relationship between the concepts, themes and dimensions, and how together they built a logical presentation of the phenomenon under observation. The emerging explanations were compared with extant literature to theoretically develop and contextualise the findings. At this stage, the researchers iterated between their data and theory, and began to focus on the extant literature related to creating an identity based on a shared mission and how the findings might fit with the literature.

Results and Discussion

As Figure 1(ii), illustrates, there were seven themes that emerged from the data in the second-order themes: (1) a compelling mission, (2) competent entrepreneur with good socio-political network, (3) a lean business model, (4) enabling institutions and stakeholders, (5) franchisees' willingness to identify with the franchisor, (6) supporting culture, knowledge sharing and franchisee empowerment, (7) culture and attribution of blame. The themes were then aggregated into three dimensions (Figure 1(iii,a–c)) during further analysis.

As Figure 1(iii) illustrates, three major dimensions emerged as powerful factors in creating a shared identification. First, a competent entrepreneurial CEO (the franchisor) with a compelling mission and a lean business model together drives the endorsement of key stakeholders. Second, an enabling and supporting environment fosters franchisees' empowerment, nurtures a sharing culture, and promotes trust and a shared sense of purpose. Third, the culture and the attribution of blame play a significant role in franchisor-franchisee relationships during challenging times. Figure 2 provides a graphical representation of how this process works. The mechanism moves from 2a, the creation of legitimacy and identity, to 2b, building shared identification, then finally to 2c, maintaining the shared identification during a crisis.

The Normal Period

During the normal period when the situation was calm, several key findings emerged.

Creation of a Legitimate Identity through a Compelling Mission, a Competent Entrepreneur with a Good Network and a Lean Business Model

In answer to the question, 'How did you make the franchisees willing to identify with your mission?', the data indicated that the franchisor needed proof of a legitimate

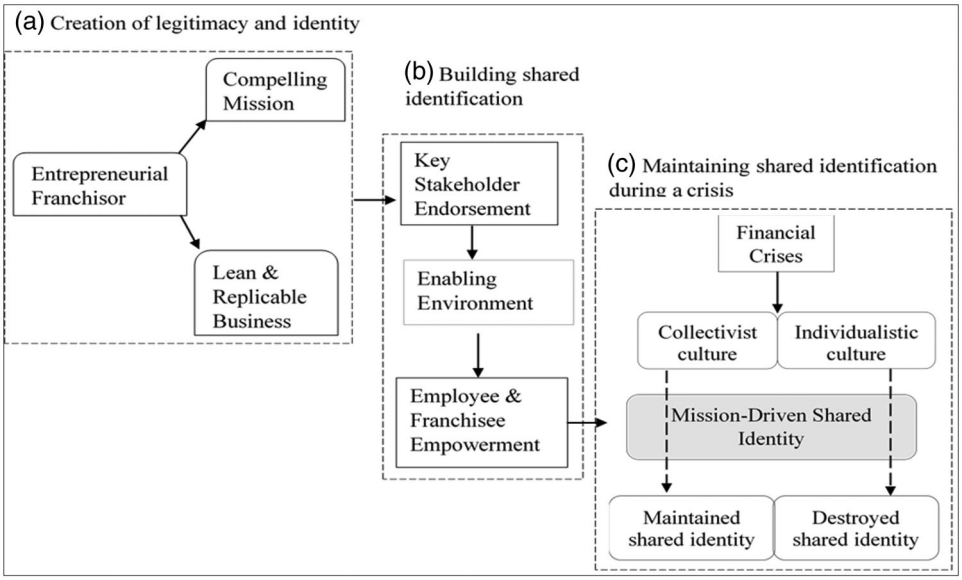

Figure 2. The mechanism and drivers of mission-driven shared identification. *Source*: Author's construct.

identity to attract resources and the right kind of franchisees. To accomplish this goal, he needed government support to push other institutions and stakeholders such as MauPLUS, DSH and Rancobank and the matrons (i.e., the directors and deputy directors of nursing services) to believe in and support the organisation. Hence, the franchisor said, '*The government opened doors for others to commit to the public-private partnership*' (Figure 1(i,a)).

The findings were in line with the growing evidence that the survival and success of social enterprises depend on the level of legitimacy they command (Sarpong and Davies 2014). As Doyle and Patel (2008) argued, organisations compete for acceptance and support and Rwanda being a country with a history of civil war and genocide is filled with local and international people trying to establish non-profit organisations. In the early stage the organisation is unfamiliar and must prove its credibility to be accepted (Clercq and Voronov 2009). Therefore, aligning the organisation's operations with the government as the institution of highest authority increased its chances of being accepted and regarded as credible by the general public (Naatu and Alon 2019; Zafeiropoulou and Koufopoulos 2013). Association with the government gives the firm a legitimate identity that differentiates it and encourages other organisations to support it.

The external image of the organisation in the marketplace exerts a direct influence on the external stakeholders and an indirect influence on the internal stakeholders (Herrbach and Mignonac 2004). For instance, the nursing directors intimated that their awareness of '. . . . *the government involvement with the franchisor made them believe in* PFH'. Thus, the matrons were the ones who promoted the organisation to the franchisees. The franchisees also confirmed that their belief in PFH was influenced by the fact that the franchisor was '*highly regarded by the authorities in the field*' (Figure 1(i,a)). Given these findings, it is logical to propose that,

Proposition 1: The government's alliance with or open endorsement of the micro-franchise is necessary in creating a shared identity and promoting the franchisees' willingness to identify with the micro-franchisor.

The elements used to secure the support of the government were the franchisor's compelling mission, his competence, and a lean business model (Figure 1(ii) second-order themes). As he said: '*My competence, compassion, mission and most importantly the lean model I presented secured me the public-private partnership agreement. … with that, we were able to pull together the needed resources and support required to get started*'. Though the literature acknowledges the relevance of each of these factors in social entrepreneurship separately, it has not focussed on the importance of obtaining the government's endorsement and its influence on franchisees. Next, the relevance of each of these elements in this case were examined in comparison to the literature.

Compelling Mission. Mission statements are valuable tools organisations utilise to create their identity. Hence, social ventures use them 'as a means to gain legitimacy or favourable status' (Moss et al. 2011). For instance, in the Aspire Group, the attractiveness of the mission had the power to fire the government's 'imagination' and its support (Tracey and Jarvis 2007). Similarly, in this case, the former government official described the mission and proposal of PFH as one of '*the most convincing proposals they ever had for such an initiative in the health sector*' (Figure 1(i,a)). He explained that, '*the man … had a compelling mission and seemed genuinely concern and compassionate*' (Figure 1(i,a)). Hence, the attractive statement impacted the government's decision to support PFH.

Competent Entrepreneur with Good Network. It is contended that for social enterprises to succeed the entrepreneurs should have some exceptional influential characteristics unique to social entrepreneurs (Galera and Borzaga 2009; Bacq and Janssen 2011). Examples include competence, intrinsic social motivation and charisma to inspire and mobilise resources for the institution (Dees 1998; Santos, Pache, and Birkholz 2015). The study confirms these characteristics in PFH's franchisor. He used his expertise, networks and over 29 years' experience in the industry to mobilise resources to empower the franchisees through the public-private partnership agreement. For instance, the former government official explained that they were encouraged by the profile of the franchisor, and that '*He had links in the ministry*' (Figure 1(i,a)), and '*he seemed capable of delivering what was agreed upon if the other parties could honour their part of the agreement*'.

Lean Business Model. The major challenge to the survival of social franchises is the absence of 'ready-to-wear' business models (Tracey and Jarvis 2007). For this reason, Tracey and Jarvis (2007) associated the failure of the Aspire Group with the absence of a 'ready-to-wear' business model. Thus, it was not surprising that PFH franchisor had to convince the government of the feasibility of his model (termed '*the most convincing proposal they ever had …*') (Figure 1(i,a)). Most especially when governments and donors have been cautioned in the literatures to be cognisant of proofs of social franchises failures when contemplating future investments in them (Tougher et al.

2018). Thus, PFH franchisor explained that, a perceived '*feasible model makes all willing to buy into it*' (Figure 1(i,a)).

The literature acknowledges the importance of a compelling mission, entrepreneurial competence, and a lean business model as separate factors. However, the study found that their combined effect was crucial in gaining government support, which seemed a vital requirement for other key stakeholders such as MauPLUS, DSH, Rwancobank and the franchisees to trust in and identify with the franchisor. Thus, the next proposition is,

> Proposition 2: A competent social entrepreneur, an attractive mission, and a perceived lean business model are necessary requirements for gaining government support and creating a shared identification with micro-franchisees.

Enabling Institutions and Stakeholders, a Supportive Culture and Franchisees' Empowerment, and Franchisees' Willingness to Identify with the Franchisor (Figure 1b)

Enabling Institutions and Stakeholders. Apart from offering a perceived legitimate organisational identity, the collaboration with the government paved the way for a shared identification. For instance, the franchisor revealed that the '*government opened doors for others to commit to the public-private partnership*' (Figure 1(i,b)). In addition, PFH could employ mid-grade nurses as franchisees. Even though the franchisees are mid-grade nurses, they were given the '*legislative permission … to diagnose, prescribe and treat basic care conditions*' (Figure 1(i,b)). The community members and leaders also trusted PFH (Figure 1(i,b)). These facts coupled with the point that the nursing matrons embraced PFH show how collaboration with the government facilitates an enabling environment for a micro-franchise.

When the government is involved in a public-private partnership, its role extends beyond legal enforcement to a partnership role (Pessoa 2008). But in practice, the government's role in most public-private partnership agreements in developing markets is often simply limited to providing a favourable environment for the other parties (Pessoa 2008). Arguably, this circumscribed role reduces the effectiveness of the public-private alliance. In the case of PFH, it was found that it influenced the image and acceptance of the organisation in addition to the favourable environment that supported the franchisees' empowerment. This factor was evident before the struggle period.

Supportive Culture, Knowledge Sharing and Franchisees' Empowerment. The supportive culture and franchisee empowerment flow from enabling institutions and stakeholders. It points to how government agencies are necessary to improve the sustainability of organisations in emerging markets (Kotabe, Jiang, and Murray 2017; Dumalanède and Marielle 2018). According to Del Giudice and Maggioni (2014) it is necessary for an organisation to be fit into a system that allows cooperation and opportunity to acquire resources. The firm's ability to acquire resources was enhanced through networking with the government officials (Kotabe, Jiang, and Murray 2017). For instance, the parties in the public-private partnership agreement were not only willing to collaborate, but also in the process committed their resources to augment

the franchisor's ability to empower the franchisees. For example, DSH agreed to provide ongoing training, mentoring, and expert support to the nurses. MauPLUS committed $1.4 million for 60 initial health outposts and $2.8 million in interest-free loans for an additional 180 health outposts. Rwancobank shouldered 24% of the total cost and agreed to provide affordable loans to franchisees for start-up costs and ongoing nurse training and development. MOH provided the physical structures for the PFH health outposts.

The success of every mission requires collective actions. Hence, in addition to the resources for empowering the franchisees, the franchisor made sure that there was a peaceful work environment to promote collaboration, sharing and cooperation in PFH. The franchisees mentioned how they got integrated into the franchise system through the support of their senior franchisees who made them understand the practical aspect of what they were taught. According to them, the senior franchisees acceptance made them feel welcomed and part of the family of PFH (Table 1(b)). This culture of knowledge sharing facilitated the transfer of the franchise know-how to the franchisees. It helped them to understand the purpose of the organisation and what the job requires. Further, because of the welcoming environment, the franchisees developed feelings of reliability and trust for each other including the franchisor. For example, all the franchisees interviewed maintained that they, the franchisor and the franchisor's employees had a good working relationship.

Organisational support is the perception of internal members about the 'extent to which an organisation values their contribution and cares about their well-being' (Eisenberger et al. 1986). According to social exchange theorists, if an organisation provides employees with socio-economic support (e.g. the soft loans, and free structures for operation as in PFH), it leads to an exchange-based relationship. The employees reciprocate by emotionally bonding with the organisation through identification (Edwards 2009). This is consistent with the self-esteem argument that organisational support elicits feelings of obligation (Eisenberger et al. 1986) and encourages a return of psychological investment in organisational identification (Edwards 2009). Comments such as, '*We collaborate and help each other for our goals*', '*He has a way of making you believe in yourself*', and '*The employees are like the franchisor who is good to us*' (Figure 1(i,b)) are indications of a sharing culture and organisational support. When employees feel that their organisation supports them, they are likely to identify more with the organisation, put in more effort at work, and express fewer intentions of leaving (Edwards and Peccei 2010). This finding supports the next theme which discusses comments suggesting the franchisees' affective attachment to the organisation and its mission.

Franchisees' Willingness to Identify with the Franchisor. The franchisees made comments such as, '*We are one. PFH is more like a family to us*', '*I feel big and happy being part of PFH, … even the community leaders involve us in big decisions*', '*We like the sense of impacting on society*' and '*He has a way of making you believe in yourself*' (Figure 1(i,a)). These comments imply that the franchisees felt valued and happy to be part of PFH. The comments show the effect of the organisational support on their sense of self-regard and the resulting psychological and emotional bonding with PFH.

It explains why the senior franchisees welcome and willingly share their experience and knowledge with new franchisees to help them integrate into the system. A trusting and friendly environment facilitates knowledge sharing and its retention (Del Giudice and Maggioni 2014). This may partly explain why the researchers observed less opportunistic behaviour among PFH's franchisees compared to Kistruck et al. (2011). The Shared goals held them together and made them share what they know without (Chow and Chan 2008) letting them cheat. Hence, the researchers interpreted this as a shared sense of purpose. Therefore the next proposition is,

> Proposition 3: A shared sense of purpose can be achieved in a micro-franchise in a BOP market if the franchisees perceive the organisation as supportive.

The Struggle Period

During the 3rd and 4th occasions of the data collection (Table 1(b)), there was a change in the law, which created confusion about the operation of the public-private partnership. Previously, the mutual health insurance fund (Community Based Health Initiative, CBHI) was managed by the local authorities at the district level. Claims were credited to PFH's account to be distributed to the franchisees. The new law however demands that the CBHI be managed by the Rwanda Social Security Fund (RSSB). The RSSB removed the franchisor from the chain to deal directly with the franchisees at a higher level. Doing so created a gap, whereby the franchisees could default on their payments. A few of the franchisees (7%) took advantage of this opportunity to default on the payment of their royalties and loans. Foreseeing the cash flow problems that could result, Rwancobank and MauPLUS withdrew their support in order not to incur losses. This move aggravated the financial problems of PFH.

Culture

With this situation, the researchers expected more franchisees to follow suit and cheat. However, over 90% remained loyal to the franchisor. The managing director said: '*Perhaps it's because we could empower them and the employees to work and earn income that won their trust in the capability of the franchisor. They find no reason now to doubt the competence of the franchisor in the face of our current challenges*' (Table 1(b)).

The managing director is not a native herself, but she attributed the loyalty of the franchisees to their culture. She maintained that it is difficult for Rwandans to trust foreigners, a situation she believes stems from their many years of war. However, '… *when you are finally able to win their trust, you can be an everlasting friend*' (Table 1(b)). She also admitted that the franchisees '… *are human*', so PFH has to resolve its financial issues quickly '*because hardship can force them to behave otherwise*'.

Crosschecking with the literature, it was noted that the culture of collectivist societies such as that of Rwanda might influence the franchisees' loyalty to the franchisor. As Hofstede (1983) rightly explained, his description of national cultures is based on average patterns of common elements which cannot be generalised to every individual within a nation. Similarly, in the case of PFH, a few of the franchisees deviated

from the general behavioural patterns of collectivism. When asked why they remained loyal to the franchisor and still identified with him despite the challenges (Table 1(b)), they responded:

> The franchisor has done so much for us and our communities and we respect him for that. I cannot see myself leaving PFH because of our current problems after even I have benefited from it. That is not how we are brought up here in Rwanda! PFH is almost like a family, so we must stay and work things out!

> We are facing a big challenge now, and this is not just about our founder, it's about us as a group, but this is the period we have to show our founder that we appreciate his help to Rwandans .... I cannot say much, but I think most of us will never be the same if we leave PFH.

> If our challenges with the government persist, I don't know what can happen. .... And I don't think that that will happen; we will surely find a way.

> This will soon pass, and we will remain faithful to PFH to continue impacting lives like we have being helped.

As the managing director noted, there are understandable reasons that could have motivated the franchisees to engage in behaviour that would promote their self-interests such as leaving the franchisor or defaulting on their payments. Their choice not to engage in such behaviour and instead look out for the good of the organisation is an indication of the influence of their collectivist culture.

Culture and the Attribution of Blame

Comparison of the views of the matrons and former government official (external members) to the views of the franchisees and employees (internal members) related to the perceived role of the franchisor in the current challenges were done. Except for one matron, the view of the matrons was similar to the government official as external members. However, the internal members did not attribute any of the blame to the franchisor.

Two of the matrons and the former government official thought all of the parties in the public-private partnership agreement were to blame. The former government official said, '*An agreement that involves many parties usually have issues ... and one party cannot be blamed*' (Table 1(b)). For instance, they admitted the government had been borrowing from the CBHI fund, ultimately bankrupting it. In addition, the former Minister of Health who promoted PFH was dismissed. While they could not say much about Rancobank, MauPLUS and DSH, they thought they all had their own selfish interests. They also blamed the franchisor for failing to look for other sources of funding.

The third matron thought the franchisor was not competent enough and was not deserving of the public-private partnership. She complained, '*How can you open only 111 health outposts when you promised 500? Currently we are in 2019, but he cannot even boast of meeting half of the target 500*'.

The franchisees and employees attributed the blame to external parties such as the government and Ministry of Health. One said, '*You know how selfish these politicians*

are. After allowing him to invest his time, money and resources into this, they are now disappointing him with laws that make things difficult for us to operate!' (Table 1(b)). They also believed that the previous Minister would have found a way to make the new law work in their favour. In addition, they thought their legal system was weak, allowing the defaulters the opportunity to cheat.

The idea of public-private partnerships is appealing, it bequeaths benefits such as the legitimacy on its private partners. But the practical implementation in developing countries is not without challenges (Castresana 2013; Pessoa 2008). BOP markets are underdeveloped with poor legal institutions and economic conditions. The current situation of PFH clearly illustrates the effect of the macro and micro conditions. Examples include the bankruptcy of CBHI through government borrowing, the new law that failed to take into consideration the effectiveness of the public-private partnership, and the weakness of the legal system. These factors, together with the unknown interests of MauPLUS, DSH and Rwancobank, are bound to raise challenges.

Given this situation, one cannot attribute the current financial crisis to a single party to the agreement. However, unlike the external members, the franchisees and other internal members of PFH ascribed the blame to the government, excluding the franchisor. This is an obvious bias that reflects the bonding resulting from the shared 'organisational identification' (i.e., their willingness to remain with PFH, share its values and mission). According to Hofstede (1983) employees from a collectivist culture such as Africa are very loyal, and identity with their employers when they perceive organisational support from them (Edwards and Peccei 2010; Eisenberger et al. 1986). Their bias in ascribing blame to the out-group is obvious compared to the matrons and government official who were more objective in spreading the blame to include the franchisor. Hence,

> Proposition 4: In a BOP market, if a micro-franchisor succeeds in creating a shared identification with the micro-franchisees based on a common mission, as collectivists they are very likely to remain loyal in times of crisis.

Conclusion

Despite the increased interest in micro-franchising practically and academically, the topic remains less explored and underdeveloped. Hence, it requires more research to identify the factors that affect its success and failure (Kistruck et al. 2011; Giudici et al. 2020). Drawing on the case of PFH, an iteration between the literature and data allowed the researchers to contribute to the micro-franchising and social entrepreneurship literature through multiple theoretical lenses. Theories about legitimacy, identity and identification, culture and attribution explain how the context of a BOP market affects the creation and sustenance of a micro-franchise through a mission-driven shared identification.

The study theorises that organisational identification or in other words a mission-driven shared identification can be achieved in micro-franchising if the franchisees regard the organisation as supportive. An alliance with the government such as public-private partnership or open endorsement by the government is necessary to create a micro-franchise identity and encourage the franchisees to identify with a micro-

franchisor. In addition, if a micro-franchisor succeeds in creating a common sense of purpose, or shared identification in a BOP market, the franchisees are very likely to remain loyal in times of crisis. The study highlights the value of shared identification through alliances, networks, the endorsement of the government, culture of sharing and encouragement of perceived organisational support.

As a single case study, it cannot be established how a mission-driven shared identification can be achieved in other contexts. The researchers thus suggest that future studies explore how to achieve an organisational identification in different cultures using multiple cases. It is hoped this research stimulates further inquiry into how micro-franchises can sustain themselves in different contexts. Empirical testing of the propositions through multiple case studies and context are encouraged.

Disclosure statement

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ORCID

Ilan Alon http://orcid.org/0000-0002-6927-593X

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