A Review Of Social Franchising: Consolidation Of Literature And Future Research Direction

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Abstract: We take a holistic review of literature on social franchising focusing theories and results. Initially, 97 articles were selected out of which 65 have been narrowed down by our research objectives. All the articles were from databases of ISI Web of Science and Scopus covering the period 2002 to 2019. We identified resource scarcity theory, agency theory, stewardship theory and social networks theory underlying the research of social franchising. Subsequently, theories were integrated with contemporary research to identify research gaps and future research direction. The research finds that social franchising although uses commercial franchising theories, however because of social objectives, requires deepened monitoring. Further, there is a need to conduct researches from a managerial perspective as current researches mostly focus health perspective.

Index Terms: Social Franchising, Theories of Social Franchising, Management Perspective

1. INTRODUCTION
Poverty is the leading global social challenge. About 25% of the global population residing in developing countries is surviving at less than 2 USD per day. (Kuo et al., 2016). Organizations around the world have spent billions of dollars to resolve this problem, but the results have not been fruitful (Magley, 2007). Various stakeholders that include social entrepreneurs, policymakers and the governments itself always try to develop new solutions to this problem and refer to SDGs (sustainable development goals) the new sustainable development agenda “Transforming our world: the 2030 agenda for sustainable development” was adopted by UN general assembly in September 2015 Amongst others, social entrepreneurs deploy marketing strategies for enhancing the health and wealth of individuals in general and society as a whole (Zajko & Brada_cHojnik, 2018). A major hurdle in this regard is to enhance the strength and capabilities of masses (Zajko & Brada_c Hojnik, 2018). Social franchising is increasingly being applied as a marketing strategy by international stakeholders (Maciejewski et al., 2018). It acts by employing the commercial franchising strategy for brand based quality services that are of social importance (Penn-Kekana et al., 2018). In such a strategy, individuals or businesses which adopt brands for provision of services pay fee and royalties for the use of an already established brand (Rosado-Serrano, Paul & Dikova, 2018). Although social franchising is growing all over the world, its impact and success do not commensurate with its growth (Tougher et al., 2018). A historical review of social franchising states that around 100 social franchises have been established in two decades since 1994 to 2015 in various countries around the world (Mumtaz, 2018). These programs have been mostly established with the aid of donors from the United States, United Kingdom and Norway, with a major chunk coming from Bill and Melinda Gates Foundation (Mumtaz, 2018). So far, the studies on franchising mostly focus on the relationship between franchisors and franchisees in commercial settings neglecting social settings (Rosado-Serrano & Paul, 2018). Therefore information about social franchising is in its infancy (Maciejewski et al., 2018). This makes the investors conscious about their investments of billions of dollars due to the non-availability of appropriate success/failure factor reports (Mumtaz, 2018).

Keeping in view this gap, we have made an effort to take a global perspective on the literature of social franchising and related phenomenon to consolidate conclusions and derive related future directions. We follow the approach of Tracey & Jarvis (2007) to synthesize the literature and establish the following research questions:

What are the factors deriving social franchising?
What are the inter-linkages between literature?
What have future research directions been established?

Initial works on social franchising such as Montagu (2002) are in the area of health service; however, those can be clustered into theoretical motivations, modus operandi, and the impact. This can be argued as a conceptual framework for social franchising. The next section of the research provides a detailed review of the literature, followed by the methodology and conclusions.

2. REVIEW OF LITERATURE

2.1. Comparison of Commercial and social franchising
Commercially speaking a franchise is a contract between two independent persons for sale or use of goods, services, tradename and business format in return for some fee (Lafontaine, 1992; Alon et al., 2015), wherein the case of tradename franchising, franchisors only distribute goods of the producer and in the case of business the franchisees work as a part of franchisor (Alon et al., 2015). Reasons for the existence of franchising include resource scarcity, market saturation, ambition for profit, and competition Alon(2004); Tracey & Jarvis(2007); Rosado-Serrano et al. (2018), with full assumption of corporate social responsibility (Calderon-Monge & Huerta-Zavala, 2015). However, social franchising, on the other hand, is a contractual arrangement similar to commercial franchising but to achieve social goals (Montagu, 2002; Du Toit, 2017).
2.2. Parameters of Social Franchising

Current literature lacks consensus about social franchising parameters (Crawford-Spencer & Cantatore, 2016). Authors are divided about the role of social franchising in commercial and non-commercial activities. For instance, Du Toit (2017) stresses that it is a non-profit organization, while Koehlimoos et al. (2009) extend its role in commercial activities as well. The difference stems from the motives behind establishing a franchise (Giudici et al., 2018). For instance, the purpose may be jobs for the vulnerable or health facilities for the masses below the poverty (DuToit, 2017; Ravindran & Fonn, 2011).

One type of social franchising is micro franchising wherein a replicable business model is sold to interested small entrepreneurs in consideration for a fee (Christensen et al., 2010; Du Toit, 2017; McKague et al., 2017). Here the intention is to create jobs through micro franchises (Fairbourne et al., 2007). In such franchises, end-customers pay the price for the whole business-setup through prices of services. Payment for service has also been found to be a selective phenomenon that has been found in the Indian context (Du Toit, 2017) but not in Africa (Alon et al., 2010).

2.3. Motivation and Performance in Social Franchising

Social entrepreneurs are attracted to the benefits of scalability (Zajko & Brada cHojnik, 2018). Scalability factors include minimum agency cost, mobilization of cheap capital, and expertise (Montagu, 2002). Besides, success factors include commitment, management competence, successful replication of the model, meeting social demands, integrating natural resources and collaborations with others (Tracey & Jarvis, 2007; Weber et al., 2015).

2.4. Conceptual Frameworks of Social franchising

An early framework of social franchising was presented by Montagu (2002), which was about the health sector. It indicated four aspects of social franchising namely availability of services, service quality, awareness of services and use of services. Kistruck et al. (2011) discussed the conceptual framework of social franchise performance. They found theories of resource scarcity and agency, and the concepts of standardized operations and brands as the factors. They also found that the success of a social franchise is very much dependent upon social audits and customization. Beckmann and Zeyen (2014) utilized the Hayekian perspective in social franchising and distinguished between “end-connected-logic” of small groups and “rule-connected-logic” of big groups.

They found that transition from small to large groups is a difficult process according to large group logic. They indicated that social franchising offers a strategy of self-selection and monitoring while reducing agency costs to scale small groups. McBride (2015) indicated that the success factors of a commercial franchise need to be observed keenly to make social franchises more successful. These include adopting a relevant business model, customer demand management, commitment to management, and succession planning. Zafeiropoulou (2017) worked on the interaction and adjustment of social franchises with the environment. He indicated three components of a social enterprise, namely, governance, partner selection, and performance, which are affected by the political environment, social environment, and behavior of individuals and organizations. All the above models highlight one or another important factor of social franchising and do not present a holistic approach. Specifically, the connection of end-user is missing in the whole context, which should be a part of the model McBride (2015). Naatu & Alon (2019) used the holistic model of Penn-Kekana et al. (2018) and presented a holistic framework of social franchising which has been presented hereunder:

![Holistic model of Penn-Kekana et al. (2018)](image)

In the above figure, factors of social franchising have been presented in boxes, while directions have been indicated with arrows. This figure presents a holistic model of social franchising indicating the factors as “environment, end-user needs, motivation, a model of operation, and performance.” Amongst these “environment” and “end-user needs” are the factors which form the basis of the ultimate results of a social franchise (Doherty et al., 2014; McBride, 2015). Penn-Kekana et al. (2018) presented a case study of Matrika’s social enterprise in India to highlight the importance of brand quality, promotion, and staff recruitment in social marketing. They indicated poor performance in these areas renders a social franchise ineffective. This confirms that the integration of these internal factors with the needs of end-users (Ahmad & Ahmad, 2018; Du Toit, 2017). On the other hand, external factors primarily focus on systematic failures in societies (Zafeiropoulou, 2017). Social franchises also have a role in protecting people from institutional voids (McBride, 2018). However, to achieve this, they must have the capacity to address social issues and must have a relevant model (Alon et al., 2010; Zafeiropoulou, 2017). Zafeiropoulou and Koufopoulos (2013) indicated institutional factors as a challenge to social franchises because such factors exist in settings that lack strong institutions. This requires all stakeholders of social franchising to invest in capacity building (Shane & Foo, 1999). For instance, DuToit (2017) indicated that the influence of the Indian government in family planning yielded fruitful results.

3. METHODOLOGY

We have used content analysis supported with bibliometric analysis for this research study following the works of Barreiro (2015); Fetscherin & Heinrich (2015); Apriliyanti & Alon(2017); Alon et al. (2018); and Zamore et al. (2018) using quality research papers published in high-quality journals. We not only followed the works in leading journals but also followed the works of impacting authors and their publications, as was performed by Fetscherin &
Heinrich (2015) and Mumtaz (2018). In this regard, we also follow the recommendations of Falagas et al. (2008) to use ISI and Scopus databases, though they are correlated. The articles selected are from the period 2002 to 2019. Using this methodology we establish the followings streams of research:

3.1. Motivations for social franchising

A general research topic in social franchising is the applicability of theories of motivation from business into social franchising. Montagu (2002) advocated the same logic and settings to be applied in social contexts. However, Tracey and Jarvis (2007) and Beckmann and Zeyen (2014) argue that resource scarcity is the major factor behind social franchising; therefore, such theories business theories are not applicable in social settings. Kistruck et al. (2011), however, limited the difference only up to the developing economies. Regarding the agency theory, Montagu (2002) and Beckmann and Zeyen (2014) explain that the agency does necessarily act in the best interests of the principal. Tracey and Jarvis (2007) and Kistruck et al. (2011) even went on stating that social franchising increases costs and hence called for the need for specific theories for social franchising and Kistruck et al. (2011) stressed for the need to look into specific relationships.

3.2. Operational Settings of a Social Franchising model

Thurston et al. (2015), in their works, described various approaches of franchising related to formation, operation, success, and management. Ravindran and Fonn (2011) described that the organizations that offer social franchising also offer help in building capacity along with community support mechanisms. However, there still exits an argument that there does not exist any difference between commercial and social franchisors (Azmat et al., 2018). Alur and Schoormans (2011) stated that social franchising always has a scaling effect. Munroe, Hayes, and Taft (2015) and Ngo et al., (2017) performed studies on the impact of social franchising in the area of family planning and found that it has a significant scaling effect. Sivakumar and Schoormans (2011) pointed that along with formation and operational details, the selection of franchisees is also a very important step in the formation of a franchise. Working on the same area Melo et al. (2018) indicated that the background check of the franchisee is extremely important because it reflects franchisee's perception of franchisors. Ngo et al. (2009) indicated that the success factors of a social franchise include quality services, clinic infrastructure, relationship management, and cultural brands. De Pree and Su (2011) worked on training for a social enterprise and suggested that the use of templates via mobile phones is the most convenient and cost-effective option. Ravindran and Fonn (2011) worked on quality assurance systems and reported that the results of current quality assurance systems are not conclusive. Working on the impact of quality Montagu and Goodman (2016) argued that quality could be a critical factor in maintaining a franchise relationship, while Buchan (2014) added legal and policy issues. Mumtaz (2018) advised that investments in social franchising should be made cautiously due to limited scope; however, Thurston et al. (2015) suggested that a unique model should accompany each investment.

3.3. Contribution of Social Franchising

Most of the social franchising is clinical in nature (Shah et al., 2011). Brown (2014) argued the inclusion of human security as another dimension. Fredriks et al. (2014) maintained that social franchising could also be used as a tool to trickle-down technology in underdeveloped areas. Summing up, the impact of social franchising remains unclear (Beyeler & De La Cruz, 2013). Lonnroth et al. (2007) reported effective results in Myanmar while treating tuberculosis. Positive reporters of social franchisors include Aunget al. (2014), Bishai et al. (2015), Decker & Montagu (2007), and Nguyen et al., (2013). Gold et al. (2017) reported that a combined focus of pricing and service quality could increase the success of a social franchise. On the other hand, Kozhimmannil et al. (2009) found no significant success of social franchisees in the Philippines when formed for the purpose of midwives' prenatal care. Ravindran and Fonn (2011) indicated that in Pakistan, it failed due to non-adherence to quality standards. Tougher et al. (2018) reported that not all social franchising standards could be applied everywhere. Shah et al. (2011) found that in the case of social franchising, there exists a trade-off between access, cost, and quality care; therefore, it requires a balancing act. Alon (2004) reported that the negative impact of social franchising sometimes becomes irreversible. Lastly, Mohanan et al. (2017) said that empirical evidence for the scaling effect of social franchising is not satisfactory. Decker and Montagu (2007) stressed the need to conduct more researches to identify success factors. They concluded that there exist huge gaps in scaling, nature, formation, success, and operations of a social enterprise. Social franchising has roots in entrepreneurship, psychology, sociology, anthropology, and economics (Austin et al., 2006). Naatu and Alon (2019) identified the following matrix of research in social franchising: Environmental occupational health (34%); health policy services (16%); health care sciences (15%); business (9%), multidisciplinary sciences (5%); tropical medicine (5%); obstetrics and gynecology (4%); general internal medicine (3%); infectious diseases (3%); management (3%); and medical general internal (3%). It indicates that about 88% of the research is in the health sector, and about 12% is in the area of business and management. Therefore, there exists a huge gap in research in the area of business management to explore this topic. Research on social franchising is conducted from two perspectives i.e., microlevel, which means focusing on individuals and macro level, which means analyzing society as a whole (Zamore et al., 2018).

4. THEORETICAL LINKAGES

There are four theories that underpin social franchising Naatu and Alon (2019), namely, Resource scarcity Theory, Agency Theory, Stewardship Theory, and Social networks Theory.

4.1. Resource scarcity theory: In a commercial context, this theory states that firms intend to launch franchises due to resource scarcity, which may be repurchased by the principal at some late stage (Alon et al., 2015). Tracey and Jarvis (2007), Beckmann and Zeyen (2014), and Montagu (2002) explained the logic of social franchising. Contrary to this Kistruck et al. (2011) and Zafeiroupolou and Koufopoulos (2013) argue that resource scarcity theory is not applicable in the base-of-the-pyramid markets because such franchisees
have managerial, financial, institutional and system constraints.

4.2. Agency theory: In a commercial context, this theory argues that business owners often delegate management responsibilities to their agents (Lafontaine, 1992). However, agents are humans, like principals focusing their benefits, hence might not well protect the interests of the principal (Alon et al., 2015). To manage this issue principals often monitor performances of agents. However, such costs in companies are higher as compared with franchising (Lafontaine, 1992). Asemota and Chahine (2017) and Montagu (2002) reported that social franchisors prefer lower agency costs. However, agency costs for hiring franchisees are higher in social franchises as compared with commercial franchises. Kistruck et al. (2011) confirmed this argument and reported that this phenomenon exits due to the micro and fragile nature of social franchisees.

4.3. Social network theory: In commercial settings, this theory states that organizations prefer such networks that lower the cost of search and risks of opportunism Gulati (1998). Further, the theory states that “Commitment, trust, solidarity, mutuality, flexibility, role integrity, harmonization of conflict, and restraint of power” are the critical factors of a quality network (Zafeiropoulou and Koufopoulos, 2013). A quality relationship provides information in three forms, namely: Information about potential buyers and sellers, timely information, and business referrals (Gulati, 1998).

4.4. Stewardship theory: This theory is used as an alternative to agency theory (Muth and Donaldson, 1998). According to this theory, managers are stewards who act in the best interests of the principals (Muth and Donaldson, 1998). Their motives are nonfinancial such as respect for authority and work ethics (Etzioni, 1975). Krzeminska and Zeyen (2017), however, argue that this kind of relationship is also prone to errors such as faulty attribution of success and rigidity. Summing up, we can draw upon the argument of Tracey and Jarvis’s (2007) that franchisees in social relationships must-have capabilities to make their ventures successful. It is because expected there exists a high correlation between recruitment of a right franchisee and its performance (Naatu and Alon, 2019).

4.5. Synergy
Taking a holistic review of the literature, we can opine that social franchising is different because its purpose is social. However, it has several potential vulnerabilities. For instance, higher agency costs because of the existence in bottom-of-the-pyramid. Apart from such vulnerabilities, there are several positives, like internal strength of social network embeddedness. This is vital because it can help a long way in screening appropriate franchisees with matching franchisor goals. Furthermore, a cohesive franchisor-franchisee relationship helps ensure end-user satisfaction which ultimately helps improve the overall performance.

5. CONCLUSION
Social franchising is the need of time. However, it requires more profound research and models based on relevant areas wherever it is going to be implemented. Further, it also requires standards and continuous monitoring for adherence to standards. To address this issue, we have undertaken this study to synergize the literature so that a consensus road map could be established to move ahead in the realm of social franchising. A big gap that has been identified is only 12% of research in the area of business management. This needs to be addressed because in the realm of business management alone, many sub-areas need to be addressed individually, geographically and empirically to establish foundations to move ahead. Summing up, this research attempts to comprehend the phenomenon of social franchising, identify future research directions, and identify implications beneficial for various stakeholders which may be helpful for value creation of social franchises in the long run. Lastly, Multidimensional research about social franchising in the area of business management will identify and solve business problems in setting up new social franchising ventures. This will help a long way for motivating employees in setting up new ventures and also solve problems of unemployment.

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