Scaling impacts through social franchising in low-income country contexts: a case study of a health clinic network in South Africa

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Abstract

This paper addresses the way a health social franchise network can be set up and managed in order to scale social impact in contexts of poverty while dealing with potential mission drift. Through inductive qualitative research, our results highlight that implementing the 'right business model' is not enough to successfully scale impact as it also needs careful management of the social franchise network. Whereas the social-driven activities of health franchisees could suggest a low risk of mission drift toward profit, the role of the social franchisor appears crucial to avoid it. Ensuring operational and economic performance, boosting social cohesion, and encouraging social franchisees commitment toward the community and the social franchise network may contribute to scaling deeper and broader impacts while preventing the network from mission drift. Not only social franchising may be useful to scale impact in contexts of poverty, but also to align social and economic missions.

Key words: Social franchising, Scaling impact, Contexts of poverty, Health Care

Résumé :

Cet article analyse la manière dont un réseau de franchise sociale de santé peut être mis en place et géré dans des contextes de pauvreté afin d'accroitre son impact social tout en faisant face au risque potentiel de dérive de mission. Nous avons effectué une recherche qualitative inductive fondé sur une étude de cas unique d'un réseau de franchise sociale de santé en Afrique du Sud. Nos résultats mettent en évidence que la mise en œuvre du « bon business model » ne suffit pas pour faire évoluer l'impact d'une franchise sociale car elle nécessite également une gestion minutieuse du réseau de franchisés. Alors que la visée sociale des activités des franchisés de la santé pourrait suggérer un faible risque de dérive de la mission vers le profit, le rôle du franchiseur social apparaît crucial pour l'éviter. Ce dernier s'assure alors de la performance opérationnelle et économique des franchisés, renforce la cohésion sociale au sein du réseau et encourage l'engagement des franchisés sociaux envers la communauté et le réseau. Ces stratégies permettent alors de stimuler la création d'impacts sociaux étendus et profond tout en réduisant le risque éventuel de dérive de mission. Ainsi, le système de franchise sociale apparait pertinent pour mettre à échelle une initiative et ses impacts sociaux dans des contextes de pauvreté, mais aussi pour aligner ses missions sociales et économiques.

Mots clés : *Franchise sociale, mise à échelle d'impact, Contextes de pauvreté, Services de santé*

1. INTRODUCTION

Last December 12th, the World Health Organisation organised the universal health coverage day to highlight the need for all people to get quality health services. Why? Because still 400 million people do not have access to primary health services. As pointed out by the WHO, *"Scaling primary health care interventions across low and middle-income countries could save 60 million lives and increase average life expectancy by 3.7 years by 2030."* [1] Thus, working on the Sustainable Development Goal n°3 "Good health and well-being" appears crucial, especially with the current COVID19 pandemic that show the incidence of inadequate or absent health infrastructure. If achieving this goal mainly relies on macro-level interventions conducted by governmental and international organisations, private organisations can work at a micro and meso leveql – for instance following the Guidelines for Social Life Cycle Assessment of Products or the ISO 26000 norm. Providing accessible primary health services for vulnerable populations is getting more attention due to this crisis, however it used to be under-studied in the academic community of management science (Fisk et al., 2016).

The literature on subsistence market or low-income country contexts looks at practices that private organisations could use to alleviate poverty and give access to essential products and services – such as health care. Providing information on the way organisations should behave with low-income populations, it highlights the need for organisations to consider populations' poor living conditions in order to design business models that not only makes staple products and services available but also creates social and economic value (Prahalad, 2004). However, considerably and sustainably improving the social and economic well-being of these populations is still challenging. This is why organisations seek to scale their impact (McKague et al., 2015). Whereas scaling-up impacts in such context requires a distinctive scaling approach, few research focus on the topic (Desa & Koch, 2014). From this perspective, we assume organisations operating in these contexts of poverty not only should pay attention to implement a business model that enable economic and social value creation, but also to sustainably scale their impacts.

If hybrid models have been seen appropriate to deal with these dual objectives – social and economic value creation - in such context, few articles in the literature focus on their scalability (Bocken et al., 2016; Ometto et al., 2018). The risk of mission drift - i.e. when one aspect of

[1] World Health Organisation. (2019). Primary health care on the road to universal health coverage: 2019 monitoring report: executive summary. World Health Organisation.

the missions is overemphasised - faced by these organisations have been largely studied (Battilana et al., 2015), but the topic is surprisingly few studied in a context of scaling (Ometto et al., 2018). The literature mostly suggests that social franchising is an interesting option for social enterprise to scale in contexts of poverty and especially in the health sector (McKague et al., 2017). Indeed, it enable to use the franchise model principles to reach a social purpose. The social purpose being at the centre of scaling processes, social franchising is seen as an attractive scaling strategy for social enterprise in such context. Moreover, it is seen as an easy and cheap way to replicate a model that can be accessible for a largest number of people. This is also why, franchising models in the health sector is growing in developing regions (Asemota & Chahine, 2016). However, the outcomes of this scaling model for the population well-being and health are still questioned (Nijmeijer et al., 2014) and no guidelines are available on the way organisations manage their hybridity is such scaling process (Giudici et al., 2020). This is why, not only we aims to understand the way such process is conducted but also the way organisations deal with the mission drift they may face during their scaling process. Therefore, we seek to analyse how social franchising can be used to scale impacts of health initiatives in contexts of poverty while decreasing the risk of mission drift related to their business model.

To handle this research question, we first review the literature on scaling impact through hybrid models and social franchising models before focusing on the risk of mission drift that these types of models may face. Then, we introduce our inductive approach methodology and our case study. Following this section, we present our main results. We highlight the key role of the social franchisor to create a frame that reduce the risk of mission drift event if the activities led by studied initiative are socially-driven. We suggest that ensuring operational and economic performance, boosting social cohesion, and encouraging social franchisees commitment toward the community and the social franchise network may contribute to scaling deeper and broader impacts while preventing the network from mission drift. Finally, we discuss the role of social franchising not only to scale social impact in contexts of poverty, but also to align the social and economic missions of a chosen business model.

2. SCALING SOCIAL IMPACTS OF HYBRID MODELS: ALIGNING ECONOMIC AND SOCIAL VALUE THROUGH A SOCIAL FRANCHISING MODEL

2.1. SCALING SOCIAL IMPACTS IN CONTEXTS OF POVERTY

2.1.1. Operating in contexts of poverty through hybrid models

In contexts of poverty, private organisations tend to get involved toward low-income populations that suffer from the lack of infrastructure and access to essential product and services (Prahalad, 2004; Viswanathan et al., 2010). In order to improve the population's well-being, organisations seek to create innovative business models that make their offer accessible to the poorest while creating economic and social values (Caneque & Hart, 2017). In this perspective, hybrid models constitute interesting alternatives to purely commercial or philanthropic models (Kolk et al., 2014; Nielsen & Samia, 2008). Most commonly called social enterprise (Battilana et al., 2015), hybrid organisations can be defined as non-profit organisations that are fully committed to achieving social objectives towards the community (Defourny & Nyssens, 2008). If some school of thought consider for-profit companies with a social goal as social enterprises (Austin et al. 2006), we prefer to adopt a narrower definition such as the previous one that has been suggested by the EMES (European research network for social enterprises). Combining characteristics from multiple business models (Battilana et al., 2015), these hybrid organisations enable social value creation and financial profitability (Santos et al., 2015). However, they tend to struggle to align their dual missions. Whereas they must handle with the risk of mission drift, they do not necessarily have the resources and competences to achieve this (Battilana et al., 2015; Santos et al., 2015). Even though appropriate accounting tools, human resources management for space negotiation or specific organisational governance practices can mitigate this phenomenon, management difficulties remain (Battilana & Dorado, 2010; Ebrahim et al., 2014). If they fail in managing their financial and human resources or the alignment between their activities and their mission, they can compromise their ability to provide low-income clients and/or beneficiaries with an adapted offer; which would make them unsuccessful (Doherty et al., 2014; Gupta et al., 2018). Therefore, their hybrid logic must be carefully handled to positively affect vulnerable communities.

Hybrid models appears promising in contexts of poverty since it facilitates the creation of sustainable economic and social value – if they compromise with internal tensions. However, there is no guarantee that they achieve significant and sustainable impacts. This is why organisations with a hybrid logic not only harness their dual logic but also work on scaling their social impact i.e. "to expand or adapt their output to better match the magnitude of the social need or problem being tackled" (Desa & Koch, 2014, p. 148).

2.1.2. Scaling social impacts in contexts of poverty through social franchising

As the social franchise model can be applied to "any social goal-oriented activity that maintains an independent coordination network to support the individual activities of network members" (Bishai et al., 2008, p. 190), it appeals many organizations to scale in contexts of poverty. Similar to commercial franchising, it consists of "an organization (the social franchisor) allowing others (social franchisees) to offer its social solution using its brand name and operational processes in exchange for upfront and ongoing fees" (Giudici et al., 2020, p. 2). The social purpose of the franchise model is what constitutes the main characteristics of social franchising, compared to commercial franchising. For this reason, social franchising is considered as a promising strategy for non-profit or hybrid organisations to scale impacts in developing countries (Beckmann & Zeyen, 2014; Crawford-Spencer & Cantatore, 2016). However, the concept of social franchising is still blurred in the literature and is used for multiple non-profit and hybrid activities.

With the same principle of replication known in commercial franchising, social franchising facilitates the possibility for organizations to reach a larger number of people that can beneficiate from the solution. In social entrepreneurship, this scaling process refers to *scaling breadth impact*, which can be seen similar to *scaling up* that consists of "reaching out new beneficiaries in geographical locations not yet served by the venture" (André & Pache, 2016, p. 665). Besides, organisation can also seek to *scaling deep impacts*, i.e. achieving better - and deeper - social improvement on the beneficiaries (Kickul & Gundry, 2015) and/or to *scaling across* i.e. sharing the social innovation with other actors (André & Pache, 2016). The multiple distinctions and definitions found in the literature (Kickul & Gundry, 2015) makes the scaling concept harder to appreciate. However, it can be understood as the processes "to expand geographic reach and/or products/services scope in serving the needs of the developing world" (Desa & Koch, 2014, p. 148). In other words, scaling aims to amplify social and economic impacts as well as getting into new markets (Kickul et al., 2018).

When studying scaling impact in contexts of poverty, the literature mainly refers to micro-franchising – a variant of social franchising (Du Toit, 2017). It is considered promising to contribute to employment creation and poverty alleviation through the "implementation and the promotion, by sale, small businesses that the poor can afford to enter and operate." (Christensen et al., 2010, p. 596). For this reason, micro-franchising is seen as a good strategy to operate and scale in low-income countries (Burand & Koch, 2010). Even if the size of the micro-franchisees is smaller compared to social franchisees, scaling through micro-franchising is still challenging

since it also requires the creation of the 'right business model' to be replicated. Moreover, most of the micro-franchising models do not subsist after their pilot stage (Naatu et al., 2020) and suffer from higher risk of mission drift as they seek to reach have different target beneficiaries (Santos et al., 2015). They must also face the risk of opportunistic behaviour from the micro-franchisees, which implies for the franchisor stronger cost of monitoring activities and tools and challenges the financial sustainability of the network (Kistruck et al., 2011).

Social franchising appears suitable for hybrid organisations to scale social impact in low-income countries as long as it considers the context and ensures both economic and social missions. Not only appears vital to consider the context of poverty where the scaling is led, but also the characteristics of the initiator of such processes. Indeed, scaling processes depend on the ecosystem conditions in which organisations are embedded as well as the resources and competences they have to shape a suitable business model and evolve there (McKague et al., 2015). While the social entrepreneurship and the low-income country literature incite organisations to carefully design business model that enables social and economic value delivery, social franchising is understudied and lacks insights on business model adjustments that can be useful (Giudici et al., 2020).

2.2. SCALING HEALTH IMPACT FOR HYBRID ORGANISATIONS IN CONTEXTS OF POVERTY

2.2.1. Scaling impact despite the risk of mission drift

Being an interesting option for social enterprises to successfully scaling impact in contexts of poverty, social franchising still requires the creation of a business model that well reconciled social and economic missions. It constitutes a way to scale – deep, breadth or across, but "it appears more challenging in practice than what is suggested by its appearance as a "ready-to-wear" business model (Giudici et al., 2020, p. 5). As they usually struggle to align their missions and do not rely on standardised business models, organisations with a hybrid logic tends to have more difficulty than other organisations to implement scaling processes (Blundel & Lyon, 2015; Doherty et al., 2014). Aligning both missions appears even more critical during their scaling process as the tension between the dual logics tend to be harder over time (Giudici et al., 2020). Moreover, scaling through franchising is more likely to create tensions in hybrid organisations compared with commercial ventures (Blundel & Lyon, 2015).

Many ways of avoiding mission drift have been highlighted in the literature (Battilana et al., 2015), but it has not been done in regards with the scalability challenge (Ometto et al., 2018). If André & Pache (2016) show that scaling up can create tensions with the ethical principles of

social entrepreneurs, they give few evidence to apprehend mission drifts in such scaling process. However, mission drift may constitute an important threat for hybrid organisation that intend to scale social impacts and tackle social problems, notably through social franchising.

2.2.2. Scaling impact on health for low-income populations

In developing regions, the health sector has been affected by the increase of social franchises in recent years (Asemota & Chahine, 2016; Montagu, 2002). Global health challenges in Africa are addressed and analysed through micro-franchising – as a reminder, a variant of social franchising. It usually takes the form of distribution models either through commercial agents (such as Living Goods in Uganda) or through networks of clinics and pharmacies (such as BlueStar in Ghana). Even though this scaling process enables the standardised replication of micro-clinics with a defined business model, the latter is often inefficient for impact scaling and financial sustainability (McKague et al., 2014). In addition, its ability to sustainably improve the health of the poorest is still debated (Mumtaz, 2018; Nijmeijer et al., 2014). Effectively scaling impact on health in contexts of poverty require organisation to improve their strategic capabilities and their commitment toward the fulfilment of low-incomes populations needs (McKague et al., 2014). To ensure the relevance of scaling, organisations should previously assess the potential impacts of their social franchising model (André & Pache, 2016), which, in turn, would emphasise the need to design the 'right' model that would be tested and replicated. Ultimately, we can question the ability of organisations to create social franchising model that scale both deep and breadth impacts of health services in such contexts, without suffering from mission drift. Therefore, it appears crucial to further study social franchising in low-income countries, for which empirical research seems insufficient (Cumberland & Litalien, 2018); and to focus on health services, for which social franchising is largely used (Asemota & Chahine, 2016).

Finally, we wish to address the topic of scaling social impacts in low-income country contexts, looking at the risk of mission drift that health organisations with both economic and social missions may experience. We seek to understand the way organisations deal with mission drift when scaling through social franchising, which is one of the most common ways of scaling social impacts in contexts of poverty, and especially in the health sector. Ultimately, we aim to understand how social franchising may influence organisation in dealing with mission drift – while pursuing the objective of scaling health impacts. We believe that being concerned with the risk of mission drift when hybrid organisations seek to scale their impacts in contexts of poverty could enrich the social entrepreneurship literature and provide insights on the way

organisations sustainably improve the well-being of vulnerable communities in low-income countries - especially through the creation of adapted health franchising models.

3. METHODOLOGY

3.1. APPROACH AND CONTEXT OF THE RESEARCH

As we seek to treat a topic that is newly addressed in the literature and implies context-related questions, we adopted an inductive qualitative approach. Conducted a single case study (Yin, 2014) in South Africa, we analysed a private initiative that offers an affordable and quality primary health care services. The non-profit company Unjani NPC[2] has launched Unjani, a social franchise network of micro-clinics owned and operated by professional black South African nurses. Delivering health services to low-income communities, it constitutes an alternative to inefficient public solutions.

South Africa lacks of health infrastructure and medical personnel which makes the public system suffering from overcrowding of clinics and hospitals, excessive wait times for patients, and variable quality of care. Even if the public authorities are gradually seizing on the subject, the conditions of care in public infrastructure remain poor - or even non-existent in some isolated areas. On the contrary, private health initiatives are multiplying. However, they remain too expensive for low-income populations (Rao et al., 2014). Due to this, health inequalities persist despite the improvement of social services and the government announcement (June 2018) of a national universal health coverage project (Ribadeau Dumas, 2018).

This context therefore underlines the interest of analysing an initiative of health care delivery in a country where the health public system is so deficient that people's access to primary health care is compromised.

3.2. DATA COLLECTION AND ANALYSIS

In September 2017, we conducted 31 semi-directive interviews in the province of Gauteng, in South Africa, with the Unjani NPC team, the nurses and their staff from the clinics' network and their patients (See Appendix 1). We planned interviews with the staff beforehand while we directly met the patients in the clinics before and/or after they have experienced the service. We designed our interview guides on topics relative to the operations of the clinics – activities,

[2] A non-profit company under South African law is equivalent to a social enterprise according to the definition of Defourny & Nyssens (2008, p. 205).

relationships with local communities and value creation – and to the role of Unjani NPC in developing the network. They were adapted to each category of respondents – the NPC members, nurses, their staff and their patients – and took into consideration the main themes that come from the literature on low-income country context and business model. Interviews were conducted in English and last about 45 minutes for the members of Unjani clinics and Unjani NPC and 10 minutes for the patients. Each one was recorded and transcribed.

Our analysis followed an inductive approach with an iterative process (Glaser & Strauss, 1967). Our focus on the way Unjani NPC deals with the challenge of mission drift emerged after we observe the divergent visions and missions the franchisor and franchisees could have and the need for Unjani NPC to maintain the creation of both economic and social value. The social entrepreneurship literature helps us discuss the topic. Our first stage of analysis led us to identify how Unjani clinics deliver inclusive healthcare, i.e. health services that are financially, socially and culturally acceptable to low-income patients (Angeli & Jaiswal, 2015, p. 2). On this basis, we coded our data with the use of NVivo, which lead us identify the standardised clinic business model that Unjani NPC has built. Then, we looked closely at the way Unjani NPC manage social franchising processes to scale impacts locally. We explored how Unjani ensure deeper and broader impacts while creating a balanced combination of social and economic value. Iteratively, we go back and forth between code and data to gain a better understanding of this phenomenon.

The principle of triangulation (Yin, 2012) helps to strengthen internal validity. Referring to multiple data sources makes us cross-check the information collected and to confirm their veracity. We also pay attention to use different collection techniques such as observation, interviewing and documentary analysis to reinforce the reliability of the data and the internal validity of the research. Looking for external validity, we did a "Thick description" of the context (Geertz, 1973) so that we could assess the possibility to transfer our results to other contexts (Ayerbe & Missonier, 2007).

4. MAIN FINDINGS

Unjani NPC - qualified as a utility organization public under South African law under – aims to implement a network of micro-clinics in containers that deliver primary health services to people that cannot afford private services and suffer from the public services inefficiency. Each clinic is owned and run by professional nurses. Unjani NPC takes care of managing and expanding the network. To date, the network is composed of 81 clinics in multiple provinces in

South Africa. When we collected our data, the network only counted 55 clinics. The social innovation that Unjani carries on is the delivery of primary care by professional nurses - instead of doctors – to low-income populations through a social franchise network. In addition to providing health access, it gives the opportunity of entrepreneurship to professional nurses so that they gain more empowerment and improve their living conditions.

Whereas Unjani NPC is a non-profit organisation, the micro-clinics are for-profit organisations with a social purpose. The financial sustainability of Unjani NPC relies on donations, sponsoring and franchising fees, whereas the micro-clinics are self-sufficient thanks to their sustainable business model. Implementing the right business model that enables Unjani Clinics to deliver health to vulnerable people and create a positive impact on local communities constituted a key challenge. Thanks to years of test and improvement, the business model of the clinics is designed so that the break-even is reached the first year of exploitation. Implementing this business model was the first step before contemplating any scaling strategies. In the following section, we present the business model of the clinics of the network to introduce the result of our analysis. Then we present our first order interpretations that enable understand the way Unjani NPC manage the network to align economic and social value creation, before focusing on our second order interpretations that lead us to answer the research questions.

4.1. CREATING A SUSTAINABLE BUSINESS MODEL TO DELIVER INCLUSIVE HEALTH CARE

We focus on the Unjani clinic business model that is used as a basis for the development of the entire Unjani social franchise network. We use the traditional dimensions that composed a business model i.e. value proposition, value creation and value capture (or appropriation) (Shafer et al., 2005) to organise this findings section.

The *value proposition* has been tailored through a market-based approach so that it meets local needs and expectations, and overcome the lacks of resource and infrastructure. It relies on delivering affordable quality health services to low-income consumers through consultations, outreaches programmes, awareness campaigns, and medicine prescriptions and dispenses. Building clinics in containers contributes to low operating costs and larger choices of locations. Affordable prices are set and accessibility is ensured thanks to the implantation of clinics in the heart of communities in rural, semi-urban and urban areas, easily accessible on foot or via public transportation and taxi. Local marketing is done to raise clinic awareness and improve health education of the patients.

Regarding *value creation*, resources, competences and partnership are organised in a way that involves multiple actors and optimises the use of resources that enables the delivery of the value proposition. As previously mentioned, clinics are run by professional nurses i.e. nurses who own a primary healthcare certificate. Due to this, Unjani does not need to refer to doctors for delivering primary care that nurses can handle. It appears especially relevant as they are few in the country and very expensive. In order to guarantee quality services to patients, the nurses must hold the certificate and have at least 5 years of experience. Other human resources can also be hired to support the side activities of the clinics so that the nurses are focused on their health activities. Moreover, electronic and medical devices are used to enhance the quality of health, to improve the service experience for patients and to save cost and time on administration tasks. An Enterprise Resource Planning optimizes clinics activities, resources and costs.

The cost structure is mainly composed of the costs of infrastructure and maintenance charges, human resources and medicines. Revenue streams come from the consultation as well as financial supports from the NPC the first year of operation. Aiming to make the clinics self-sufficient after one year of operation, Unjani NPC has implemented a five-year business plan (See Table 1).

5-year business development period	Number of patients to be reached per months	Current average number of patients
Year 1	180	281
Year 2	250	463
Year 3	350	561
Year 4	400	478
Year 5	450	514

Table 1 : Number of patients to reach to attain the profitability of the clinics (Source: Unjani Annuel Report 2017, p. 22)

Ensuring self-sufficiency of the clinics enables patients and nurses to sustainably *capture value*. Providing continuous accessible quality health improves patient's well-being. Financial sustainability guarantees professional activities and wage for the nurses so that it contributes to their empowerment. It also creates indirect spillovers by the dynamism the clinics bring in their area of location, increasing the economic and social well-being of the communities around.

This business model has been shaped by the Unjani NPC and continuously improved according to the feedback of both nurses and their patients – especially during the pilot stage where five clinics have been tested. From this experience, Unjani NPC has been developing the social

franchise network in order to progressively scale its impact. Finding the franchising model was a challenge, now managing the network is. The following section focuses on the practices that allow Unjani to scale balanced impacts through the social franchising network to which each clinic belong to.

4.2. ENSURING BALANCED ECONOMIC AND SOCIAL VALUE CREATION THROUGH SOCIAL FRANCHISING (THAT AIM TO SCALE IMPACT)

Value creation and capture seem automatically affected by the chosen scalability model, as it influences the way the impacts are maximized. Thus, the challenge for Unjani NPC is to encourage network growth, while preserving accessible quality care to patients. When looking at the way Unjani maintains accessible health care, we have noticed Unjani NPC not only oversees economic value but also social value creation. The non-profit organisation Unjani NPC manages the development of the clinics, which are social purpose for-profit organisations run by nurses. Given nurses are mostly inexperienced and untrained in entrepreneurship, Unjani NPC guarantees their ability to successfully manage their clinics. In doing this, Unjani NPC supervises the economic value creation of the network. However, it also engages in maintaining social value creation, whereas the nurses have an activity that is fully social oriented. As Unjani NPC looks for aligning economic and social missions, we present the levers for actions on which Unjani NPC relies to deal with this.

4.2.1. Monitoring & Mentoring: Maintaining operational and economic performance

Unjani NPC requires nurses to comply with the rules of the network. They must ensure the viability of their clinic through specific financial management and adapted operational activities. They receive training to get management skills. Moreover, their clinic is regularly assessed by the NPC: they monthly send financial data and a financial audit is conducted at least once a year. Based on the reports, the Unjani NPC accountant can suggest training to the nurses. Moreover, two or three unannounced operational audits are carried out to verify the clinic's compliance with procedures and the clinics' cleanliness. In case of non-compliance, nurses receive a warning and must correct any defects noted. After two warnings, their exclusion from the network is considered.

The training and monitoring systems seem accepted by most nurses, and even valued by some who see it as a source of support and assurance of sustainability for their clinic: *"When I was still doing that alone, I did not even know how to run a business. If you don't know much about*

management, you miss things. You see patients, many patients, but you don't really know where the money goes." (Patricia, Nurse of the Clinic in Tshwane).

However, it can also be seen as very frustrating for others, as stated by a nurse that preferred being anonymous:

> *"Sometimes I don't feel like I am an equal partner of Unjani NPC. I feel like sometimes I am an employee and not an employer (…) Most of the time, you must do this and this and this, that stuff that the network is supposed to make. But I know my clinic and my patients, better than them, and I know my clinic needs (...) I just feel something unfair."* (Anonymous Nurse)

If the monitoring and mentoring process leads to economic and operational performance, we assume the kind of feeling - as expressed in the verbatim - can lead to opportunistic behaviour. As it would hinder social value creation, the role Unjani NPC embodies for encouraging social development of the network appears fundamental.

4.2.2. Caring: Creating a trustful relationship with the franchisees

Besides providing technical support and training, Unjani NPC also brings emotional support to the nurses and works on creating trustful relationships. A WhatsApp group has been created to communicate with the nurses. It is common for Sue - the network operations director - and Lynda - the CEO - to send messages to the nurses to cheer them up for the day (Interview with Sue, Lynda, and the nurses). Also, Sue regularly visits the nurse to check if they are ok and if they have any difficulty. Nurse Pastoria explains *"I call them. Anything that makes me freak out, they know (…) If something bothers me, they know. I talk to them."* If creating flowing dialogue supports the nurses and improve their social well-being, it also contributes to better services for the patients. Indeed, nurses feel free to make suggestions to improve the value proposition, which, in turn, contributes to providing better health services and experience.

Besides, Unjani NPC set up incentives to motivate nurses to achieve financial objectives. For example, the nurses that obtain the best annual results among the clinics of the network won a prize. While this might set up some rivalry between them, it seems to motivate them. Thandy from Tshwane says it allows them to improve when Nonceba de Soweto explains that this gives her confidence in the future, that she can also be successful and achieve this level of performance. This incentive system gives the opportunity for the nurses to get recognition from Unjani NPC and the other nurses. It helps them boost their social satisfaction and their willingness to successfully run their clinic.

4.2.3. Giving flexibility to franchisees: Encouraging the clinics' local embeddedness

Unjani NPC provides a level of flexibility to the nurses so that they develop personal engagement toward their clinic, the network and their community. Choosing themselves the location where to implant the clinic, they usually get established in their community in which they show strong concerns on the impacts they can trigger there: *"It gives me an opportunity to give back to my community. I am now financially stable and I employ others. So, I created employment with these 2 clinics assistants who are helping me."* (Mirriam, Nurses of the West Rand Clinic). As South Africa is known for a high level of unemployment, these recruitments truly benefit the employees that can increase their economic well-being and gain social achievements.

Moreover, their involvement in their community is also noticeable through the way they seek to create personal relationships with patients. Thandy, the nurse of Tshwane Clinic, insists in creating trustful relationships with the patients: *We have to have open communication to them (…) So, these persons have confidence in you, even though there is Dr Google somewhere, they still come back to you for the relevant information. They still trust you more than the other things".* As explained by Nomsa, Nurse of Villa Lisa Clinic, their commitment seems to go beyond quality primary care services: *"I like to be perceived as the member of the family, not as the professional who is out there."*

Besides leaving the nurses chose the location of the clinic, Unjani NPC also leaves them to make some adjustments to their clinic. If Unjani NPC provides standardised clinic layout, they leave the nurses adapt to their needs and desire. For example, Nurse Patricia is committed to establishing a welcoming atmosphere *"I want to make sure it is a warm environment for us, for the patient to be comfortable, and for the staff, to feel we are in the beautiful place."*

The nurses' engagement can be seen by their willingness to recruit people from their community and to create personal relationships with their patients. Being flexible on the clinics' location and layout as well as the staff recruitment, Unjani NPC contributes to encouraging the clinics' local embeddedness and acceptation, which allows the nurses to create stronger impacts in their community.

4.2.4. Bringing the network to life: Ensuring social cohesion between nurses

Not only Unjani NPC encourages better communication with the nurses, but also between the nurses. It works on bringing the network to life by organising common meetings and creating spaces of discussion for the nurses (e.g. A WhatsApp group for the nurses, the annual network

day, the special events meeting). Due to this, the nurses get to know each other and provide each other with mutual assistance. Nomvoyo, the nurse from Erkurhuleni Clinic, explains:

> *"Sometimes you are asking for advice or sometimes you're even asking about the patients: 'Remind me if a patient is this and that, what do I do?' You need to talk about these things. We even have a WhatsApp group for the Unjani network nurses, the way we share pictures or campaign that we have. It is our social media."*

The nurses have created a real relationship with each other, either as colleagues or friends. Developing an emotional attachment to each other contributes to a better cohesion. Sue explains why Unjani NPC get involved in encouraging this*: "I don't want them to feel lonely, like 'I am the only one who is not seeing patients today'. When they start having a friendship, they have that cohesion."* Assessing this cohesion can appear touchy and be interpreted by the way Unjani NPC conveys the 'perfect picture' of the network. However, the way nurses help each other and show goodwill to each other seems to corroborate this cohesion. For example, when we attended the annual meeting, the results of each clinic were presented and the best one gets awarded, they were congratulating each other and exchanging advice - whereas this might have induced some rivalry.

In this perspective, Unjani NPC also encourages the word of mouth to recruit new nurses in the network: *"We prefer that the nurses come from recommendations from our existing network. Because they know the nurse, they know her personality, they would know if she would make this work."* (Sue, Network operations director).

Ultimately, Unjani NPC contributes to creating cohesion among the nurses through events or meetings for example. It increases the nurses' involvement toward the network and pushes them to respect the network rules and improve their performance. It also provides a great atmosphere in the network, which enables the nurses to feel comfortable.

4.2.5. Co-creating the network identity: improving the nurses' sense of belonging

Following franchising principles, Unjani NPC leads a branding strategy that is shared by the entire network. The objective is to develop a standardised brand image that is meaningful to patients. The term Unjani, which means "How are you?" in Zulu and Khosa, was chosen to reflect the holistic nature of the service delivery, as opposed to public health services. *"Because the nurses often do social work, people come to see them with mental issues or just depression, and they just need to talk to the nurses. It's about the entire wellbeing." (Lynda, Unjani NPC CEO).* This meaningful brand name and the logo - in the shape of the medical cross – increase brand recognition and recall by the patients, which enables to attract more patients. This

branding strategy is quite traditional in franchising but the way Unjani NPC handle it appears not to be that much.

Indeed, the objective of Unjani NPC is to make local adaptations possible and to leave the nurses to look after the network identity. As Lynda explains *"It is really about the community clinic, not necessarily about the brand. We don't do big marketing campaigns around Unjani, it is all around the individual clinic that we will do."* If nurses must comply with branding codes, they do their own local marketing. It gives them flexibility and makes them raise their responsibility toward their clinic and the whole network. Doing this, Unjani NPC lets the nurses absorb Unjani brand so that they embody the network identity.

Belonging to the community in which they operate, they convey a local identity to Unjani brand and give trust to the community. The commitment they have toward their patients and their community humanizes and personifies the Unjani brand. A nurse explains: *"Most of them* (the patients) *they come here, because, some of them when they see my name in the newspaper they say, 'we are going to Sister L'.* Unjani is no longer associated with a brand network, but with committed and empathetic nurses integrated into the communities. Novoyo adds*: "The people didn't know Unjani before, the name exists because we exist. And in this neighbourhood, when you talk about Unjani, they know me. They want me, not the name."* Reinforcing the network identity, the nurses encourage the acceptance of the service among the community members. Reciprocally, given the gratefulness they receive from their patients and community, they are proud to influence the network and get themselves attached to the identity they create.

Along with their sense of belonging, the nurses also communicate on the network, which helps Unjani NPC attract new nurses to join the network *"I was just chatting with her* [A colleague] *that I would love to have my own practice and then she told me about the lady she used to work with who owned its own clinic which is Unjani."* The positive image they convey seems also useful to achieve this: *"Sister N. (a nurse) told me about Unjani, that the environment is good, and I really thought that it is good."*

Ultimately, co-creating the brand identity with the nurses helps Unjani NPC to reinforce the sense of belonging the nurses have to the network, which creates influence on their interaction with their community and their colleague. Also used to increase the network with more nurses, it enables recruiting trustful nurses, who are more likely to get along with others and fit the network culture.

The described 'strategies'[3] used by Unjani NPC helps the nurses to create both economic and social value. As expected, Unjani NPC strongly guides the nurses to manage their clinic as a proper business, especially offering training, mentoring and monitoring. However, our results also show its influence on social value creation and commitment toward their community. Boosting social cohesion and sense of belonging also seems to trigger a more committed attitude and behaviour toward the network, which, in turn, improve their concerns toward their professional implication. In this perspective, we consider the role of Unjani NPC fundamental in managing the network socially to align social and economic missions. As we focus on the way Unjani scale its impact, we also highlight strategies that enable deeper and/or broader impacts. This is the subject of the following section.

4.3. How do the previous strategies help Unjani NPC scale impact and create a frame in which mission drift is controlled?

The first challenge for Unjani NPC is to check the compliance of the clinics with the pilot business model and the rules of the network. This is why management monitoring and mentoring appear important to reduce the risk for the clinic to be too much social oriented. Moreover, it seems that multiple stakeholders manage to get a good appropriation of the created value thanks to the way Unjani NPC handle the network and oversees the social value creation. The strategies we presented earlier not only influence value creation but also the way Unjani can scale impact to enable many stakeholders to capture value. These analyses help us identify the extent to which Unjani scales deeply and broadly and acts on the risk of mission drift. Whereas the social-driven activities of the nurses could suggest a low risk of mission drift toward profit, the role of Unjani NPC appears crucial to avoid it.

4.3.1. Broader impact and mission drift

Providing vulnerable populations with affordable health services, Unjani clinics automatically triggers social spillover in terms of health benefits for the patients but also for the nurses that enhance their economic and social well-being from this activity.

The pilot business model and the 5-years business development strategy definitely contribute to achieving financial sustainability, which implies social spillovers. Thus, scaling up clinics

[3] We use the term strategy in its generic sense to refer to activities or actions aimed to achieve a goal.

with the defined business model in different geographic areas and neighbouring allows the social impacts to be broader.

The trustful relationship established between the nurses and Unjani NPC also contributes to scaling broader. It helps to attract new members for the network through the recommendations of the Unjani nurses. Besides growing the network, relying on the confidence other nurses have toward their potential colleagues allows Unjani NPC to enhance the chance to recruit nurses that fit the culture of the network and develop a strong involvement toward their patients. Recruiting more nurses would influence the network growth and scale broader impact. Giving priority to recommended nurses helps reduce the risk the new social franchisees develop inadequate behaviour that could conduct to mission drift.

As mentioned earlier, Unjani NPC encourages the nurses to be locally embedded. This would also allow a broader impact as they would intend to reach more people - not only the patients but also other stakeholders such as their employees or local actors with who they can tie social links. For example, Nonceba collaborates with the school of her neighbourhood to raise children' awareness of drug abuse:

> *"Next door we have the school, and I went there I spoke to the principal. I asked if there is a need that must be addressed and then he told me that they have a problem with children who are using drugs. I managed to arrange with the social workers who were dealing with the drug abuse and then we went there, together we were able to gather the children who some of them are suspect some of them are doing drugs."*

It is because nurses are embedded in their community that they feel fully committed and intend to create social benefit toward more people, going further than their direct patients, such as local actors or potential employees. Influencing the willingness and ability of the nurses to scale impact on their community, local embeddedness contributes to deliver quality health services to more patients, as well as allowing a larger of people to benefit from the spillovers that steam from the clinics' activities. Due to this, embeddedness affects the ability of the network to scale broadly, as the impacts triggered by each clinic would reach more people. But, the commitment it generates for the nurses especially ensures the clinics to align with their social mission.

The willingness of the nurses to reach more people could be seen as the way to generate more profits, which would hinder social value creation. If the monitoring process plays a role in managing this risk, boosting the social cohesion may also contribute to ensuring the social orientation. Not only because nurses are naturally engaged toward their health activities, but also because they gain recognition and develop engagement toward the other nurses and the

NPC. Improving social cohesion aims to encourage nurses' involvement in order to reduce the risk of opportunistic behaviour that could result in mission drift.

Finally, the way Unjani NPC encourages sustainable economic and operational performance, social cohesion among nurses and local commitment toward communities influence the risk of mission drift when scaling impact broadly. If doing this allows the greatest number of people benefit from the Unjani network activities, it also helps trigger deeper impacts, that sustainably contribute to tackling social issues.

4.3.2. Deeper impact and mission drift

If the solutions directly improve the health and well-being of patients, the proposed business model also aims to create positive impacts on other actors. For this reason, the network only recruits black professional nurses who are usually less empowered compared to white nurse. Moreover, the pilot business model plans the recruitment of three employees, so that they increase their well-being through the wage they earn. Contributing to the empowerment of the nurses as well as the employees trigger deeper impact. Indeed, it improves their economic and social well-being through better living conditions and social recognition in the community. These spillovers are possible thanks to the shape of the business model, which not restrict the impact to the patients of the clinics.

Unjani NPC gets involved in bringing the clinics network to life in order to reinforce the cohesion between the nurses of the network. It encourages them to share good practices – which makes them generate deeper impacts as they improve their competences. Il also gives them a stronger sense of belonging with an emotional attachment between them. Due to this, leveraging cohesion among the nurses would maintain their social involvement toward the network. Therefore, it can motivate them to achieve good economic results, as well as working for quality health services.

Through the Unjani identity, the nurses gain involvement in triggering significative impacts on their community. Building the identity of the network, the nurses increase their local embeddedness and acceptance in the community. Their local integration gives them the opportunity to trigger deeper impacts on communities' well-being and health. Creating trustful relationships with their patients and engaging in side activities, they reinforce the communities' attachment - and reciprocally - which allows them to generate deeper social impacts. Trusting the nurses, patients consider the nurse's advice and follow their recommendations. Nurse Nomsa, from the Villa Lisa Clinic, explains: "*Most of the people become sick because they*

don't understand, they don't know. If you are going to give all the information from them, it means it is a never-ending story, because tomorrow they will come again if you have not explained to them (…) Once we educate them, it is better." Health education appears fundamental to improve the patients' health, but it implies to successfully convey adapted messages to patients. This is why the relationships between the nurses et their patients would influence the extent to which services can improve patients' well-being and health. Passing them down knowledge improves their health literacy, which would be beneficial for their global well-being, as well as for the health of their relatives. Enhancing the nurses' engagement can help achieve deeper impact and prevent them from being too much focused on their financial results and economic achievement, to the detriment of their social mission.

Along with this, Unjani NPC asks the nurses to conduct local market research to assess the demand where they intend to locate the clinic. If it enables to test the nurses' motivation to enter into the networks, it also helps the nurses to be known in the community as well as obtaining some insights on the local needs and expectation. Accordingly, they tailor their value proposition. In this perspective, Unjani NPC encourages the nurses to get in touch with the community to adapt its solution. Lynda, the CEO of Unjani NPC explains: *"The community will say, we've got a lot of alcohol abuse, please can you do some talks of the danger of alcohol abuse? The community leaders work very closely to the nurses as well to create awareness and work within the community."* Being embedded, the nurses better consider local needs and expectations. It helps them triggering stronger improvements on populations well-being, which contributes to creating a deeper impact. Here, the role of Unjani NPC takes place in allowing nurses to have certain flexibility - in choosing the clinics location and in slightly adapting the value proposition – and improve their local embeddedness and commitment.

Finally, as ambassadors of Unjani, the nurses developed their sense of belonging to the network that they shape themselves. The transparency that exists in the results of the different clinics boosts the nurses to maintain their financial sustainability. It also enables the nurses to exchange their practices so that they can improve their skills. Maintaining financial sustainability and improving their health skills contribute to deeper impact as it gives them tools to achieve this.

If the financial sustainability is undoubtedly caused by the pilot business model and the monitoring processes, it seems the day-to-day role of Unjani NPC is fundamental to ensure that the social-mission of each clinic is well maintained to scale broad and deep impacts to tackle health issue and improve the well-being of local communities and the nurses.

5. DISCUSSION AND CONCLUSION

Through inductive research, this paper explains the way a health social franchise network can be set up and managed in order to scale social impact in low-income contexts and avoid mission drift. Our results first suggest that implementing the 'right business model' is not enough to successful social franchising which would also need careful management of the network. Indeed, social franchisor should ensure economic and social mission alignment inside the network. It is not the business model of the social franchise itself that guarantees balanced social and economic value creation, it is the coordination of the network and the way social franchisees are managed that contributes to guarantying this.

We highlighted strategies a social franchisor can leverage to align its economic and social missions and the way this can trigger broader and/or deeper impacts. Ensuring operational and economic performance, boosting social cohesion, and encouraging social franchisees commitment toward the community and the franchise network may contributes to scaling deeper and broader impacts while preventing the network from mission drift since it would ensure greater economic impact and/or social impact.

The evidence also indicates the way social franchisors can achieve this. Acting as an incubator for social franchisees through mentoring and monitoring process would improve economic performance. Social cohesion can be gained bringing the network to life organising common activities and creating trustful relationships not only between the social franchisor and its franchisees but also between the social franchisees. Finally, enhancing social franchisees' commitment toward local communities and the social franchise network can be done through the creation of a common identity and giving flexibility to social franchisees to gain their local embeddedness.

While providing support to comply with the business model appears fundamental to keep social franchisees financially sustainable, creating social cohesion and local commitment ensures social value creation. In turn, these contribute to avoiding mission drift that would prevent organisations to successfully scale impact deeply and broadly.

5.1. CONTRIBUTIONS

We mainly contribute to the social entrepreneurship literature by providing empirical evidence on scaling impacts in contexts of poverty (Giudici et al., 2020; McKague et al., 2017). Looking at the risk of mission drift, we show the way social franchising can be managed to sustainably

and successfully scale value to tackle social challenges. We also give insights on improving access to health services to low-income patients.

If implementing formalised system appears important to ensure that franchisees well adopt a pilot business model and comply with the overall rules of a social franchise network (André & Pache, 2015), creating informal relationships between franchisees seems to be crucial. Even if delivering socially-driven services – such as health - reduces the risk of a mission drift (Santos et al., 2015), opportunistic behaviour is likely to occur, reducing the ability for organisations to scale social impacts. Thus, we suggest reinforcing cohesion and social ties within a network to generate emotional attachment between franchisees.

Even though branding strategies are especially seen as a key component in commercial franchising (Cumberland & Litalien, 2018), they also seem important in social franchising. They can improve recognition and recall from external stakeholders, but also strengthen the sense of belonging of the franchisees. However, it appears necessary to leave a level of flexibility to social franchisees, instead of looking for a perfect standardisation. Encouraging the social franchisees to become ambassadors of the network would improve their social engagement looking for deeper impact. Reciprocally, being recognised they would contribute to attracting more end-users as well as potential franchisees, which would scale broader impacts. Thus, we suggest that the identity social franchisees embody and create would help to maintain the overall social mission of a social franchise network.

Finally, we shade the idea that aligning economic and social value is all about implementing the right business model (Santos et al., 2015). In contexts of poverty, social franchising may not only be useful to scale up (McKague et al., 2017) but also to align economic and social value creation. We suggest that hybrid organisations can mobilize social franchising as a lever to reduce the tensions and conflicts that may occur between their dual missions, which in turn, can contribute to tackling grand challenges such as health and employment in low-income countries.

5.2. LIMITS AND FURTHER RESEARCH

Our findings must be appreciated given the main limits of the research. This research is based on a unique case study of health social franchising in South Africa. Given the context-

dependency of the case, it restricts the extent of our results to other geographic areas or industries.

Moreover, we have conducted our interviews in the complex and delicate context of poverty and health; which may have increased the risk of social desirability bias.

Another limitation is from our research process that enables to put forward the levers on which social franchisor can rely on to scale impacts. As we were initially looking at the business model of social franchisees, it may have induced some bias into our presentation.

Finally, we did not discuss the sustainability of Unjani NPC and mainly focus on the network and their clinics. If we understand Unjani NPC mainly rely on donation and the franchise fees to sustain, it would have been valuable to better explore this direction.

This case study generated insights that can influence further research into social franchising and social entrepreneurship.

When we conducted the case study, Unjani NPC was working on its own business model to reach self-sufficiency. It would be interesting to observe Unjani NPC with this focus, also looking at the potential influence it can have on the network management. Along with this idea, we could suggest analysing the evolution of the social franchise and the way Unjani NPC handle its growth.

Seeing the scaling process can be used by to balance dual missions, it could be interesting to look further in this direction, using theoretical background on control and governance to look at social franchising.

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7. APPENDICES

Appendix 1 – Interviews with UNJANI CLINICs, UNJANI NPC & Patients

Position	RESPONDENTS	TIME	CITY	DATE
Patient 1	Lady with sister	15	Gaunteng_Tshwane	18.09.17
Patient 2	Lady with Daughter	11	Gaunteng_Tshwane	18.09.17
Patient 3	Elizabeth	18	Gaunteng_Tshwane	18.09.17
Patient 4	Precious with baby	10	Gaunteng_Tshwane	18.09.17
Patient 5	Magula_18 yo	17	Gaunteng_Tshwane	18.09.17
Patient 6	Lady with Daughter	11	Gaunteng_Tshwane	18.09.17
Patient 7&8	Couple	19	Gaunteng_Jbourg	19.09.17
Patient 9	Lady	9	Gaunteng_Centurion	20.09.17
Patient 10	Nice lady with baby	14.3	Gaunteng_Centurion	20.09.17
Patient 11	Lady-with their phone	12.3	Gaunteng_Centurion	20.09.17
Patient 12	Young woman	16	Gaunteng_Centurion	20.09.17
Patient 13	Imperial girl	13	Gaunteng_Centurion	20.09.17
Patient 14	Young girl	14	Gaunteng_Centurion	20.09.17
Patient 15	Young woman with 2 children	10	Gaunteng_Centurion	20.09.17
Patient 16	Young man with rugby shirt	15	Gaunteng_Centurion	20.09.17
CEO	Lynda Toussaint	52	Pretoria_Centurion	13.09.17
		49	Gauteng_Tshwane	18.09.17
Network General Manager	Sue Hossain	96	Pretoria_Erkurhuleni	15.09.17
Accountant	Fridda	52	Pretoria_Centurion	14.09.17
Accountant	Rita	70	Pretoria_Centurion	14.09.17
Project Coordinator	Mirriam	20	Pretoria_Centurion	15.09.17
Nurse 1	Lucky	69	Gauteng_Erkurhuleni	15.09.17
Nurse 2	Nomsa	67	Gauteng_Erkurhuleni	15.09.17
Assistant Nurse	Roslyn	40	Gauteng_Erkurhuleni	15.09.17
Nurse 3	Nomvuyo	59	Gauteng_Erkurhuleni	15.09.17
Nurse 4	Tandy	53	Gauteng_Tshwane	18.09.17
Nurse 5	Patricia	48	Gauteng_Tshwane	18.09.17
Nurse 6	Virginia	40	Gauteng_Tshwane	18.09.17
Nurse 7	Nonceba	28	Gaunteng_Soweto Brownfisher	19.09.17
Nurse 8	Gertrude	49	Gaunteng_Jbourg	19.09.17
Nurse 9	Martha	52	Gaunteng_Kleimfontain	19.09.17
Nurse 10	Mirriam	19	Gauteng_Midrand	21.09.17
Nurse 11	Pastor / Pastoria	39	Gauteng_Midrand	21.09.17
Nurse 12	Vaciawa	47	Gauteng_Midrand	21.09.17
Total numbers of interviews: 31				
Total duration of the interviews: 13h34				