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Training students in ‘problems worth solving’: Case Global Venture Lab Finland

This article aims to present a case of a university based business creation platform aimed to teach students how to address problems worth solving (GVL, 2011). The article demonstrates the live case methodology by presenting the story of cooperation between a Finnish university, an Indian university and an Indian rural health social enterprise. It introduces the challenges and requirements involved in carrying out such a teaching process while examining the opportunities available for universities to engage in such an international collaboration process.

Approach

The paper is based on four years of collaboration at the Global Venture Lab Finland faculty of University of Jyväskylä from 2007 to 2011. Formally founded in 2009, the Global Venture Lab Network is an international alliance of 26 founding universities from around the world, interested in promoting entrepreneurship education and developing venture creation platforms in their respective universities (Seppä, 2012; GVL, 2013).

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DISCUSSION

Findings

The paper argues how students from a Nordic country such as Finland could be taught social entrepreneurship by the participation in the development process of a social enterprise in India. The authors propose their insights from their experience of the involvement in the collaboration process which involved strategy development, live cases and organization of publicity events. Finally, the four important points required for a collaboration process between universities, a social enterprise and companies are proposed.

Originality

The experience of a university based business creation platform for problems worth solving is presented while portraying the partnership between a Nordic welfare state and a developing country.

Keywords: *Teaching Social Entrepreneurship, Social Enterprise, International Collaboration, Business Creation Platform, India, Finland*

Introduction

The question of how universities could collaborate with enterprises solving 'wicked problems' is a widely debated one. Recently, in the wake of financial crisis, the role of universities, especially business schools, in training students to be socially responsible individuals has been discussed (Thorpe & Goldstein, 2010). The important role of universities in training students to be entrepreneurial is widely discussed in European Union and in Finnish society (Kyrö & Ristimäki, 2008; Heinonen & Hytti, 2008). Social entrepreneurship is the activity of developing organizations focusing on social value creation (Mair & Marti, 2006; Austin, Stephenson & Wei-Skillen, 2006). Social entrepreneurship courses are being offered in universities around the world and are gaining popularity among students (Brock & Steiner, 2009). Training, education and learning about social entrepreneurship is identified as one of the future research themes in the field of social entrepreneurship (Haugh, 2005). The process of teaching social

entrepreneurship in universities present a unique challenge as social enterprises face issues in managing accountability, managing double-bottom line of profits and social mission as well as managing identity (Tracey & Phillips, 2007).

In this paper, we present the effort by a Finnish faculty to train the students in social entrepreneurship. We will detail 'live cases' through which the Global Venture Lab (GVL) students in Finland dealt with a 'problem worth solving' in India. In 2009 and 2010, GVL faculty members from University of Jyväskylä in Finland visited the Indian Institute of Technology, Kharagpur (IIT Kgp), West Bengal, to identify project cases that Finnish students could work on as a live case. They determined the Indian health care scenario as one area where collaborations would be possible. The authors describe how a faculty of a business school in Central Finland collaborated with the Indian social enterprise in their marketing processes while teaching students about social entrepre-

neurship. The case enterprise is delivering health care services in the non-metro regions of India, with ambitions to provide services in energy, education and environmental sectors in the future. This paper evolves from an Indo-European collaborative case study conducted within the experimental university-based Global Venture Lab faculty in Finland. The first section presents the concept behind the Global Venture Lab. The second section explains the case of the Indian health care social enterprise. The third section elaborates how the students and GVL faculty of University of Jyväskylä in Finland collaborated in the development of the social enterprise. The fourth section describes the lessons learned from the Indo-Finnish collaboration. The paper is finalized with a section on conclusions from the case.

GLOBAL VENTURE LAB CONCEPT

In 2007, three professors from University of Jyväskylä in Finland, University of California Berkeley in the USA and Indian Institute of Technology Kharagpur in India founded the Global Venture Lab (GVL). The aim was to create a global program for a *Distributed Business Creation School*. GVL aimed to create a sustainable business creation unit inside the participating universities by focusing on the integration of humanities with business. GVL used collaboration between students, experienced mentors, researchers in entrepreneurship and companies to develop a platform for supporting growth ventures for sustainability. It aimed to enhance interaction of university research professionals with practitioners of new and established businesses. Moreover, GVL intended to employ students as a resource to deal with 'problems

worth solving' by engaging them in current problems of existing businesses and organizations. This concept would give them a hands-on experience in resolving issues that any real organization faces. Global Venture Lab aspired to bring together three areas of research, teaching and business (GVL, 2011). It aimed to embed entrepreneurship studies into other disciplines in the university to create entrepreneurial university (Heinonen & Hytti, 2008).

Research

The faculty of GVL were involved in research where the data came from cases of growth companies in which students worked to develop the solutions. In this sense, they were conducting action research (Baskerville & Myers, 2004; Dubois & Gudde, 2002) by actively participating in the development of the companies. The direct interaction of researchers with businesses helps them to enhance their academic knowledge about new venture creation and management. GVL had research projects in collaboration with growth ventures in Finland including developing business models for entry to developing countries and business growth strategies for start-ups. Research seminars were held periodically to help advance PhD theses and research article development. In addition, EBRF conference was held once a year to enhance communication of research results in the academic areas of entrepreneurship and new venture creation.

Teaching

Experiential learning is crucial in entrepreneurship education. Tracey & Phillips (2007) argued that the experiential learning factor could be added by providing projects for students to act

as consultants. In the Jyväskylä University School of Business and Economics, the students had the possibility to enrol in a minor program or individual courses from GVL Finland faculty. GVL Finland faculty provided courses in two minor subjects of Technology Business and Service business for students who did not have a major from the business school. In addition to the theory lectures in the courses, the students were offered the possibility to work with cases of real companies through 'live cases'. Each 'live case' was assigned a mentor from GVL, usually a 'Director to Doctor' PhD student (similar to Entrepreneur-in-Residence Program) who had returned to academia to conduct research after gaining considerable experience in new business creation. The students would work in groups, directly interact with the representative of the company and get advice from their GVL mentor. The whole process could be termed 'live case', as the students dealt with an existing problem of a growing company. Entrepreneurial team learning is considered as one way to enhance entrepreneurship skills among students and teachers (Peltonen, 2008). The live cases offered through the minors provided the first opportunity for many students to apply theoretical knowledge gained in their studies in a practical and concrete manner while working in teams.

1.3 Business

The business angle in the GVL concept came from companies wanting to improve their current businesses. They collaborated with GVL to obtain insights in areas such as marketing and firm growth strategies. One of the ways in which they collaborated was the live case where they presented a problem of the company to GVL

students to develop a solution as part of their studies. A group consisting of students from various academic disciplines, worked together to find a solution to the problem of the company. During the live case, the researchers in GVL offer an outsider perspective on the business to the entrepreneurs. A second way was by participating in 'Runway to Growth' (R2G) events organized by GVL faculty in Finland (GVL, 2011). R2G are events where growth ventures in the initial phase could present their problems to and receive advice – from experts in finance, governance, marketing, accounting and legal domains in a day – under a co-entrepreneurial spirit rather than consulting towards for a fee. In addition, GVL offered several seminars on conducting business to SMEs free of charge as part of the research projects. The research results directly benefited the SME companies who were partners in the projects (R2G, 2013).

GVL live case was the mechanism through which the three aims of research, teaching and business were combined. Live case provided an opportunity for a company to seek solutions for an existing problem using students as a resource. While solving the problems through their projects, the students learn about the operations of a company. The data evolved from the live case teaching method is used to conduct research on new venture creation by the researchers in the GVL Finland faculty. Thus GVL live case combined action research, action learning and action business. By action business we refer to active participation that companies had with students in solving the problems of their growth ventures (Porter, Joseph, Seppä & Biswas, 2010).



Figure 1 GVL live case description (Porter et.al, 2010)

INDIAN HEALTH KIOSK ADDRESSING A “PROBLEM WORTH SOLVING”

In India, inefficient public health care infrastructure, mismanaged international aid based health programs and unaffordable private health sector result in the inaccessibility of basic health services to the majority of the population. A Professor at IIT Kgp, decided to tackle the issues in health care delivery in the region surrounding Kharagpur with a unique technology-based solution. His idea was to develop health kiosks that would act as diagnostic points, where trained local entrepreneurs would deliver diagnostic services for people in West Bengal. The Society of Social Entrepreneurs (SSE) was also set up to train local villagers who have a drive for entrepreneurship to start new health access points where diagnostic services and basic medical insurances would be provided. The entrepreneurs operating the kiosks

were chosen through a highly selective process by SSE after which ten applicants were selected to run the kiosks. The first health kiosk was inaugurated in July 2009. With the training provided to the ten entrepreneurs, the team at IIT Kgp helped establish 10 new health kiosks in West Bengal by November 2009.

The kiosks located in the non-metro regions of West Bengal are connected to a partner hospital in the nearest city, resulting in a networked model. The management of entrepreneurs, as well as accounting and financing activities, are performed through the SSE. The kiosk owner normally charges Rs.40–50 (.8 dollar cents to 1 dollar) per patient with an average of 20 patients per day, resulting in a monthly earning of Rs.30,000 (600 dollars). The involvement of higher education faculty in the planning and business model development makes this social enterprise unique. In order to enlarge the network of health kiosks, the IIT Kgp research team

and SSE are collaborating with rural medical practitioners (RMPs). The aim of the health kiosk venture is to have health care access points in non-urban regions all over India, equipped with diagnostic devices and technology provided by higher education institutes. In 2009, the Indian health kiosk venture had fifteen kiosks in West Bengal which are self-sustainable.

AN INDO-FINNISH COLLABORATION AT WORK

In December 2009, the professor from IIT Kgp came to University of Jyväskylä and presented the Indian health kiosk as a live case to the students of the course Business in Asia, in which he was a visiting lecturer. He intended to develop a partnership where the University of Jyväskylä faculty and students could assist with the marketing process of the health kiosks. The students at GVL Finland faculty worked on two different live cases for health kiosk. The first was related to developing marketing skills and second was related to product and service design.

Live case 1 – Branding and marketing strategy development

The students at the University of Jyväskylä started working on the health kiosk in an independent project course in the spring semester of 2010. They were from Finland as well as other European countries. The students were divided into three groups which worked on projects for developing a brand, creating a story and constructing a marketing strategy for the Indian health kiosks. The first group worked on helping in the development process of the brand by exploring the existing known brands in India and developed the concept of Indian health kiosk

from that. They worked on suggesting few possible logos for the health kiosk. The second group worked on developing a story by working on future scenarios of the impact of health kiosk. They also worked on suggesting stories of people from rural parts of West Bengal already impacted by the presence of health kiosk. The personal stories were developed in order to future collaborators and donors of the Indian health kiosk to feel emotionally connected to the kiosk. The third group worked on how to develop a community and presence of the Indian health kiosk in social media. They also developed suggestions on how to improve the website of the health kiosk. The three groups were mentored by an experienced person from the 'Director to Doctor' program. In addition, the group of students presented the concept of health kiosk to experts in the R2G event in May 2010 and received advices in improving their marketing plans for health kiosk.

There were some challenges in the spring 2010 during this process of collaborations between students in India and Finland. One issue was in the communication aspect. There were technical difficulties while setting up video calls through Skype, which interrupted the calls. In addition, European students were sometimes not able to understand the ground realities in rural India as explained by the Indian student research group. This gave rise to some misunderstandings between the Indian and Finnish student teams. The students from Finland were participating in a business minor course whereas the students from India were engineering students. This also led to difference in perspectives. Moreover, the Indian research group had rather high expectations about the results to be achieved by the GVL Finland stu-

dents working on the health kiosk case. All these resulted in difficult conversations between the teams towards the end of the project. As a result of the learning from this project work, the process of communication between the student team in Finland and the researcher team in India was modified. It was identified that the process could be more efficient if the feedback from the Indian team was provided on the final student reports. This resulted in better collaborations between the Indian and Finnish student teams in the following live case. The final student reports of the three groups were sent to the team of students in IIT Kgp working with Indian health kiosk for feedbacks. A Facebook group for Indian health kiosk was created based on the suggestion from the Finnish student groups. In order to manage the donations for starting further kiosks, a new foundation named Aegle Angels Foundation was registered and a website was created for it. The personal stories suggested by the students were added to the website to add a human touch to the website.

3.2 Live case 2 – Motherhood package development

In August 2010, a group of GVL Finland faculty went for a research visit at the IIT Kgp and visited the health kiosks. One result of this trip was the realisation that for attracting more customers and for scaling purposes, the Indian health kiosk venture has to develop trust among the local community. GVL faculty determined two ways to build trust: to set up a foundation to manage the donor money and to select the key customers for the health kiosks. The GVL faculty identified pregnant mothers as the key customers of Indian health kiosk as a good rapport

with them could result in better ‘word of mouth’ publicity for health kiosks. In addition, they could develop trust towards the health kiosk in the local community.

Maternity information clinics were developed in Finland in the 1920s, owing to the high infant mortality rate and low level of maternity health. Today, as part of the maternity health program, mothers with infants in Finland are provided with a maternity package with baby clothing, toiletries and basic items required to take care of the infant. Since the situation of maternity health in West Bengal currently is similar to Finland in the 1920s, such a program could be adopted for non-metro regions in West Bengal. The GVL faculty structured a project for developing a motherhood program for pregnant mothers coming to visit the health kiosks.

In the spring 2011, students working on the project were given the task of designing a motherhood program that would suit pregnant mothers in rural India. Since the students were familiar with the concept of motherhood package given to all mothers who give birth in Finland, they could develop a similar package for rural Indian mothers. Three groups of students were competing against each other for the design of the best motherhood package. In addition to developing actual motherhood packages, the students were encouraged to develop a community of support for pregnant women through the health kiosks. Furthermore, the project required the students to find a list of probable partners for health kiosk in developing the maternity package and services related to it. The students were given feedback at three different meetings during a period from December 2010 to March 2011. The reports from all three groups were sent to the Indian research team for

feedback. The students' ideas were accepted as good by the Indian team. One of the teams was selected as a winner from the three teams based on the feedback from the Indian team and the GVL mentor. A cost analysis was done by the Indian research team and it was calculated that a donation of 50 euros would contribute to a motherhood program in India.

3.3 More events and collaborations

In September 2010, the health kiosk venture won the Global Academic cup, a competition for academic initiatives resulting in a growth venture, at the EBRF 2010 Conference in Nokia, Finland. This was a major achievement for finding new partners in Finland for future collaboration. After interaction with the GVL faculty researchers, Aegle Angels Foundation calculated that a donation of 4000 euros was enough to start a new self-sustainable health kiosk. In November 2010, GVL faculty members presented the concept of health kiosk to an audience of 100 SME entrepreneurs and journalists at the headquarters of a Finnish media house, *Sano-maTalo* in Helsinki. The notion of Finnish collaboration in an Indian social enterprise was well received. In December 2010, the health kiosk was presented again at the R2G event organized in the Aalto University premises in Helsinki. Several members of Aalto University and the public sector organizations funding innovations in Finland came to know about the Indian health kiosk through their participation. In addition, Dazzle Ltd, a company with ambitions to enter the Indian market, became extremely interested in the Indian health kiosk and provided the donation for the 16th kiosk as a Christmas gift.

In January 2011, the GVL Finland faculty members attended a workshop on the Bottom of the Pyramid (BoP) markets organized by Aalto University in Helsinki and got in touch with companies interested in the BoP markets in India. In the spring of 2011, Finpro, a Finnish organization for promoting international market entry of Finnish firms, started information sessions about BoP market opportunities in India. The idea of these sessions was to connect Finnish SMEs and researchers interested in BoP business and research opportunities with relevant projects from India. In one of the sessions, the Indian health kiosk was presented as a prospective venue for collaboration. The Finnish Funding Agency for Technology and Innovation, TEKES, and Finpro started to look at the Indian health kiosk as a solid project. At this time, GVL Finland faculty planned an event for June 2011 where the professor from IIT Kgp would talk about the health kiosk at the Hanken School of Economics in Helsinki. The event invitations were sent to university departments interested in BoP business research, to several public sector departments dealing with health and education, as well as to companies with interest in developing countries and BoP markets. The event was able to attract several companies interested in the Indian health kiosk venture. Capitalizing on the interest of companies to enter the Indian rural market, a company called OPPO Ltd was established by GVL Finland faculty members in November 2011. The objective of the company was to support Finnish SMEs that would like to venture into the markets in India and other developing countries. In December 2011, OPPO organized an event 'Doing good by doing business' to attract companies and individuals interested in the growing BoP

Public events: Events to publicize the Indian health kiosk venture and opportunities in Indian BoP market to donors and interested companies. These events generated interest and informed companies about business possibilities in the BoP segments in India.

Live cases: The cases in which students worked to develop solutions for the Indian health kiosk using resource leveraging. With the help of mentors and feedback from Indian counterparts they were able to develop a first version of solutions.

Strategy development: Co-creation of development of strategy for the social enterprise, including marketing strategy and donor management strategy. The group involved in the health kiosk venture that was developed by a premier engineering institute gained complementing advice from Jyväskylä University School of Business and Economics.

Table 1 Collaboration activities for the Indian health kiosk venture in Finland

markets in India. The collaboration activities between University of Jyväskylä and the Indian health kiosk venture are summarised in the table above:

REFLECTION

The authors have been involved as action researchers, collaborating with students in live cases, participating in the health kiosk business model expansion strategy development, and presenting the health kiosk in various events in Finland from January 2010 until December 2011. The live cases gave the students experiential learning about social entrepreneurship in a developing country. The students applied the theoretical concepts of branding and product design that they learned for the development of a social enterprise. Furthermore, they learned the basics of growing a social enterprise in a developing country context. With a small guidance from mentors, the students acted as consultants for the Indian health kiosk.

The collaboration with the Indian social enterprise and the Finnish faculty contributed mostly to how the services provided in the

health kiosk venture should be broadened. Finland has emerged as a country that is able to provide good quality health care even in its remote areas. However, with the recent budget cuts in healthcare, the number of public sector hospitals in the remote areas of Finland is being reduced. This has led to a higher use of technology to assess the medical conditions of patients in remote villages and in healthcare for the elderly. Although there are differences in the economic conditions between India and Finland, some knowledge from this experience was utilized in the Indian context where there are people located far from hospitals in remote areas.

Figure 2 explains the collaborative process between university faculties, students and the social enterprise involved. The involvement of GVL Finland faculty in the Indian health kiosk case demonstrates that universities could play an active role in bringing together the companies and social enterprises that would like to collaborate. The GVL Finland faculty acted as a synergizing partner of the Indian health kiosk venture and Finnish companies while utilizing students as a resource.

DISCUSSION

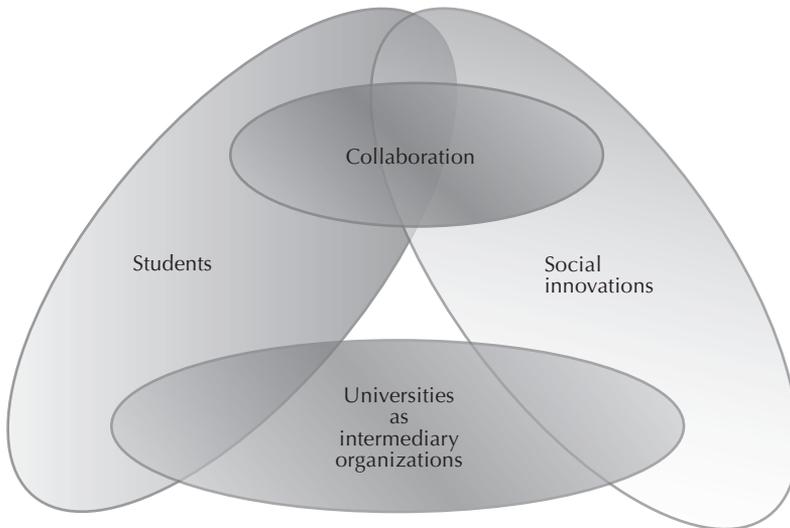


Figure 2 *Universities as intermediary organizations. Adapted from Hautamäki, 2010*

The three main tasks of universities are proposed to be teaching, research, and interaction with society (Hautamäki, 2010). In addition to the traditional roles of research and teaching, universities are encouraged to do social outreach and create an impact in the society. GVL Finland faculty aimed to achieve the interaction with the society by means of creation of new businesses for problems worth solving. Collaboration with social enterprises offers universities the possibility for this interaction in a fruitful manner. In addition, collaboration with universities could help social enterprises to gain trust and acceptance from the community in which they operate, which would help them to grow and scale faster. Hautamäki (2010, 2011) has proposed that universities could act as an intermediary organization between companies and innovations. The same could be said about social innovations as well.

This study presents that kind of a development; the collaboration performed in the context of a social enterprise in a developing country. Following are the lessons learnt from this experience that could be utilized for future collaborations.

4.1 LESSONS OF COLLABORATION BETWEEN UNIVERSITIES AND SOCIAL ENTERPRISES

The process of teaching students through live case needs to be flexible enough to be modified several times during the duration of the project. Furthermore the case selected should be less complex to produce results within a term. In our experience, we found the need to change the teaching model envisaged in the beginning. The process of student collaboration in the live case model had to be changed; the projects that they worked had to be modified as the social

enterprise providing health advanced in its scaling process. We noticed that the Finnish students were able to contribute more in the project that they could identify with. The live case for maternity package design for Indian scenarios worked quite well as they were familiar with the maternity packages given to mothers with new-borns by social security service in Finland. For the students, this live case felt more concrete than marketing strategy design project in Spring 2010.

The process of collaboration between universities and social enterprises requires academics with previous experience in entrepreneurship, growth venturing and knowledge of the field of social entrepreneurship. It can be challenging and expensive for universities to find and maintain them. The health kiosk venture was started by a professor in Indian Institute of Technology, who possessed previous experience in the development of start-ups and an inherent understanding of the needs of non-urban regions of India, gained while growing up in West Bengal. The team in India managing the venture had individuals with vast previous experience. The mentor for the health kiosk student project in Finland had developed several ventures before joining University of Jyväskylä. Their experiences and insights were crucial in each step of the collaboration process. However, the process of finding mentors could be quite difficult and unaffordable for many universities. In the case of GVL Finland faculty, the mentors came from the Director to Doctor program of Jyväskylä School of Business and Economics which made the process easier.

The process of developing collaborations with social enterprises and universities is a slow one. The various actors involved need to be patient to continue in the collaboration process to drive it towards success. The collaboration pro-

cess (Ref. Fig.1) requires the involvement of several actors including the social entrepreneur, academics, researchers, students and company representatives. In our experience with the Indian health kiosk, the partnership started to deliver concrete results for the social enterprise, for example in terms of a donation for a new kiosk, after efforts of one whole year. Furthermore, the health kiosk venture as well as the GVL Finland faculty team did not always possess the resources to develop and implement the changes suggested by each other, which made the process of feedback and changes slower than expected.

CONCLUSION

This paper attempts to offer a perspective on how students in a Nordic university could be taught social entrepreneurship and how the University faculty could collaborate in social enterprise development. We have elaborated the collaboration process that we were involved in, presenting some observations and lessons that could be learned from it. The direct collaborations with a social enterprise give hands-on experience for the students on social enterprises. Furthermore, social enterprises could utilize the students as consultants for the enterprise development process (Tracy & Philipps, 2007). Thus, one way of universities to achieve its society interaction goal is to have collaborations with social enterprises. Although rewarding, we found that it is a complex process requiring involvement of experts, commitment of a large amount of time, and patience.

Finland has been consistently among the top fifteen countries in the Global Innovation Index rankings from 2007 to 2011. It is considered a service-based economy with a speciali-

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zation in mobile-based innovations. This know-how of the Finnish companies in innovations could be utilized for future collaborations with the Indian health kiosk venture. Innovative companies are always in the pursuit of new strategic models of business and path-breaking products. Collaborating with social enterprises in the potential market of BoP gives them an edge. The health kiosk venture had to continuously innovate in products and process delivery to provide accessible medical services to Indians in non-metro regions. These innovations could be directly utilized by the companies which get involved in the social enterprise in return for their investments.

Importantly, the vast differences in the incentive systems, behavioural norms, and scopes of responsibility between academia and business must be acknowledged and duly respected. Within business, there are also notable differences between the contexts of established business and entrepreneurial new business settings. In addition, a social enterprise in start-up phase collaborating with a university has the additional challenge of communicating its social

mission clearly. Hence establishing a live case methodology for teaching entrepreneurship and social entrepreneurship to students in a university requires changes in the processes, structures and resource allocation methods resulting in creation of an enterprising culture (Heinonen & Hytti, 2008; Hynes, 1996).

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