

UNIVERSITA' DEGLI STUDI DI URBINO "CARLO BO"
FACOLTÀ DI LINGUE E LETTERATURE STRANIERE
(LM 38 - Lingue moderne per la comunicazione e la cooperazione internazionale)

Corso di laurea magistrale in
COMUNICAZIONE INTERCULTURALE D'IMPRESA

Test di lingua inglese

Sample test # 1. After reading the short article, explain the problem faced by Ram Shrestha and use the information provided to explain, in your own words, how intercultural communication skills and knowledge of the local culture were key to solving the social problems described. Your comments should be approximately 200 words in length.



Saving the lives of sickly children doesn't take much: a little money, some medicine, the right food. In Nepal, they've discovered one more factor: the power of the grandmother. It was Ram Shrestha, chemist and health expert, who figured out how to unleash it.

The poverty in Nepal and the toll it exacts on its smallest citizens are staggering. Twenty years ago, the infant-mortality rate was 133 for every 1,000 births, most of the babies claimed by pneumonia and diarrhea. By the 1980s, it was clear that a lack of vitamin A in the Nepalese diet was a factor in the high rates of infant mortality and in a form of blindness. All it would take to reduce both would be a low-cost vitamin-A capsule taken as infrequently as twice a year.

Great news, but how to get the word--and the vitamins--out? The government set up a program to do the job, but in a rugged country like Nepal, with a scattered population innately suspicious of strangers, it wasn't going to be easy.

Shrestha had some ideas. A onetime Peace Corps employee who earned his master's degree in international health at Tufts University in Massachusetts, he returned to Nepal in 1991, at about the time the vitamin program was getting under way, and offered his assistance.

The first thing he realized was that no matter who sponsored the program, the villagers were not going to be receptive unless they felt some ownership of it. So he began traveling through remote areas, explaining the benefits of vitamin A and looking for volunteers to help distribute the pills. When he signed someone up, he would return for a follow-up visit, accompanied by the district chief. Shrestha would make a show of asking passersby for directions to the volunteer's home; with the chief in the car, it was clear they must be on some vital business. "Whole families had to feel it was important," Shrestha says. To make the volunteers more distinctive still, he issued them all green canvas bags stamped with a vitamin-A logo and suggested that they carry the bags all the time, not just on their rounds. He instructed supervisors in the program who had cars to stop whenever they saw anyone carrying a green bag and offer a lift.

Shrestha clearly had a knack for this kind of thing, but his next idea was pure genius. As the need for volunteers grew more acute, he started thinking about which individuals in Nepalese society--or most societies, for that matter--have the most influence in the family but are the least utilized. That's when he came up with the grandmothers. They have the time to distribute the pills and the moral authority to see that the children jolly well take them. And it didn't matter if some of the women were too frail to make the rounds; the program actually worked better when villagers came to them to get the pills. "Even within a limited physical environment," says Shrestha, "the grandmothers can do a lot."

And so they have. Today there are more than 48,000 grandmothers, also known as female community health volunteers (FHCVs) distributing vitamin A to 3.5 million Nepalese children every year. Since the 1980s, infant mortality in the country has been cut in half; the program is now getting the vitamin to pregnant women too, among whom eye disease has plummeted, from 23% to 3%. Shrestha does not minimize what he has accomplished for his country, but he is too modest to make a fuss about it. "As a Nepali," he says, "I figured it was my duty."