

Christian Services International

Reflecting on the past enables us to be ready for the future

CFI



Monika Hölzl, rural development consultant, with colleagues in northern Mozambique

Many of our partners in countries of the Global South describe Christian Services International's role as that of a midwife helping to birth their work. Whether that has meant providing critical support during the establishment of a small church NGO in Nepal, encouraging people in the fragility of a country torn apart by civil war (South Sudan), or advising a long-standing partner organisation in Latin America during a period of restructuring: time and again we hear that whenever something new begins, there are challenges to overcome – but that then something new, innovative, and good is able to grow. The founding of Christian Services International is in itself an interesting story. Some were critical of a new development agency being established. However, the Federal Minister for Economic Cooperation and Development himself, Jürgen Warnke, and the Bishop of the Protestant Church of Württemberg, Hans von Kehler, raised their voices in our support. It was by no means an easy period, but since the first professionals were sent out in 1986, many exciting projects have followed.

SUPPORTING PEOPLE IN OVER 80 COUNTRIES

Since then, over 900 development workers have been sent abroad along with their families. We still talk about the nurses who went out to the disaster zones in the Philippines with great respect today. Huge transit camps had been constructed for the Vietnamese “boat people” who – after all that they had already suffered – were then covered with ash from the eruption of Mount Pinatubo. It's incredible to reflect on what those nurses achieved.

But times have changed – and so have the tasks we face. In the '90s we established the first private university in China, setting up a department for Bachelor studies in German as a foreign language. Hundreds of young Chinese students were able to learn about the German language and culture.

Today, we are actively involved in North Korea – once again setting up the very first private university in a country which we hope will soon experience peaceful reunification.

For our work in Uganda, we received the German Innovation Award for our maize briquette project at Ndejje University. Professional evaluations and reviews by the German government confirm that our work is done with great passion and idealism, and that Christian Services International does “in deed” stand for the Christian devotion of the pietism in which we are rooted – but also that our work is carried out highly professionally, providing outstanding assistance to Christian partners in over 80 countries.

Of course, Christian Services International cannot save the world by sending just 60-70 people, but at a micro and meso level the results are strong. And while it might be true that we are thrifty with our financial resources, like the proverbial “Swabian housewife” here in the region we are based, and that our employees also sometimes have to do without – this creates a closer affinity with our brothers and sisters in the often impoverished regions in which we work, as part of God's worldwide church which we are part of every day, and not just from Monday to Friday.

WILLINGLY GIVING A PART OF OUR LIVES

We don't know what's going to happen tomorrow, neither with the fragile peace agreement in Colombia nor in North Korea which is so often in our news. We don't know what will happen in war-torn Eastern Congo or in the rapidly growing Ethiopian Kale Heywet Church to which our first professionals were sent in 1986. We cannot predict changes in the global economy, to our climate or to political corruption, let alone influence them ourselves. But what we can do is share what we have: a part of our lives – as a way of saying “thank you” for all that we have received as Christians and as citizens of a very wealthy country, without having done anything to deserve it. And at the end of the day, to come back to our roots: the results are in God's hands and that's where they'll be for the next 33 years, too.

A CPI professional in Mexico

Building a health clinic in Central America

My wife and I met when we were studying medicine in the 1970s. At that time we both sensed a growing willingness – arising out of our Christian conviction – to go and work with and for people who had to live without medical care and to bring the love of God closer to them by doing so. After an initial encounter with an indigenous tribe during a short mission in Mexico, the willingness became a calling which was to shape the rest of our lives.

A LABORIOUS START

In those days it still wasn't easy to get hold of information about the region you were going to. An inaccessible mountainous region in Central Mexico and an indigenous population that had no access to medical care while also exhibiting a high mortality rate, alcoholism, fear-charged animism, and a high suspicion of any kind of foreign influence – that was about all we knew about the area we were being deployed to when we went out as a young family in 1986 with the support of CPI. During another short mission to Mexico, we had already heard about the situation in the highlands and gotten to know a Native colleague, who offered to help us and then became an indispensable bridge across the linguistic and cultural divide.

But we had a difficult start: Visiting the villages, presenting our plans, negotiating with leaders until we obtained their consent, searching for a plot of ground, and building a sufficiently large clinic – everything took longer than expected and was also hampered by the resistance of healers and priests and the theft of building materials and tools. During this early phase we lived in the state capital, Puebla, and were able to build up valuable contacts.

Just when visiting the building site, we already saw first-hand the most prevalent diseases: intestinal parasites, all kinds of infectious diseases, especially tuberculosis, serious fungal infections, and wounds which the Native people inflicted on each other with their sharp machetes during drunken disputes. We distributed medicines, which people were increasingly willing to take after our first dramatic successes at healing people.

THE CLINIC BECOMES ESTABLISHED

1990: After we moved to the tribal area, we were able to systematically improve the medical treatment we provided. My wife took over obstetrics and the care of pregnant women, while I was mostly doing surgery. As we became better known, the catchment area grew: Sometimes patients were coming to us from about 50 villages and keeping us busy around the clock. In addition to curative medicine, we introduced preventive measures as well. We showed films and got our employees to give lectures in the indigenous language: Wear shoes and build



latrines, treat diarrhoea properly, make sure you have clean drinking water – these were the key messages. To our delight, there was a steep decline in the mortality rate, and people were falling ill less often too.

As people's confidence in our abilities grew, they also talked to us about things which didn't have so much to do with medicine: Did we know what to do about the threat posed by evil spirits? Or how to tackle the problem of alcoholism? People had only had bad experiences with the witch-doctors' use of curses. When we told people about our faith in Jesus Christ, it was surprisingly well received. First a congregation sprang up and then additional congregations in the villages round about. Both alcohol abuse and the crime rate declined steadily. People became interested in sending their children to school to be educated. Eventually the school system was built up so that young people could leave secondary school with a baccalaureate.

FORMATIVE FOR THE WHOLE FAMILY

When we returned in 1999, so that our children could complete their secondary education in Germany, we were able to leave the clinic in the hands of local people. A young doctor from Puebla now runs it with the help of staff who were trained by us. Some financial support still comes from Germany, but more and more funding comes from Mexico as well.

Thanks to our regular visits to the project and the people there, we still feel closely connected. We are very pleased that we were able to "light a candle" in that part of the world, as one Native woman put it as a way of saying "thank you". Those intensive years in Mexico had a lasting influence on our whole family. Our children's career choices have been motivated by a concern for people in need.

Karl-Heinz Schmalenbach with patients in the clinic in the Mexican highlands

Dr. Karl-Heinz Schmalenbach, medical doctor 1986 - 1999: Mexiko, CFI