



**clowns without borders  
south africa**  
~no child without a smile~

PO Box 18810, Durban, SA 4014, +27 76 384 9478, [www.cwbsa.org](http://www.cwbsa.org), [info@cwbsa.org](mailto:info@cwbsa.org), NPO# 057-149

**“Storytelling, Drama, and Play in Psychosocial Interventions for Communities Affected by HIV/AIDS in Southern Africa – Developing Pathways to Locally Sustainable Care”**

**- Jamie Lachman, Clowns Without Borders South Africa, 2009 (ed. 2010)**

**Abstract:**

Over the past 5 years, Clowns Without Borders South Africa (CWBSA) has developed an innovative strategy to address the psychosocial needs of orphans and vulnerable children, guardians, and community caregivers affected by the HIV/AIDS crisis in rural Southern Africa. Incorporating drama, storytelling, song, circus arts, and mindfulness based stress reduction (MBSR), CWBSA's Njabulo HIV/AIDS Intervention Programme aims at strengthening child-to-caregiver relationships within existing family structures while developing a sense of emotional wellbeing and resiliency for those who have been directly impacted by the pandemic. Participants explore imagination, play, compassion, gratitude, and loving kindness through various exercises designed to help them connect to each other at home through loving and nurturing relationships. Particular attention is given to learning coping mechanisms for stress and grief associated with the loss of a loved one and with economic challenges. Njabulo HIV/AIDS Interventions have been implemented in South Africa, Lesotho, and Swaziland. We also provide local capacity training to partner organizations so that they can continue integrating psychosocial support in their service to communities. We have 5 current local capacity programmes in rural Southern Africa: 1 in Swaziland with the Lutheran Development Services, 1 in Lesotho with Malealea Development Trust, and 3 in KwaZulu-Natal with Ingwavuma Orphan Care, Khuphuka Project, and the Woza Moya Project.

This paper will highlight CWBSA's evolution from brief interventions to programmes that focus on developing local sustainable PSS practices through drama, storytelling, play therapy, and MBSR. It will exemplify the need for arts based interventions that focus on improving the daily emotional lives of children and guardians at the family level. The paper will shed light on our innovative practices that combine disciplines in order to have a holistic community-centred impact that is rooted in the cultural context of our beneficiaries. Finally, this paper will discuss challenges and difficulties in maintaining local capacity as well as in expanding this programme on a wider level.

**Prologue – A Story of Patience**

*Patience is a 24 year-old woman living the community of Sinyanmanthula in southeastern Swaziland – an area plagued by severe drought, economic depression, and an HIV prevalence of over 45% of adults. All her family members had recently passed away from HIV/AIDS leaving her with no home to live in. At the same time, two very young children ages 8 and 10 were orphaned and left alone in their home. The community elders of Sinyanmanthula responded to the situation deciding it would be best for Patience to take care of the children. She needed a place to live; the children needed a caregiver. Soon afterwards, however, the community realized that Patience was not taking good care of the children. They were dirty, malnourished and wearing ragged clothes. Needless to say, they were not happy. The breakdown in family structures had led to a dysfunctional dependency between Patience and the children. A dependency that was devoid of empathic care, compassion, and love.*

## **Background of CWBSA**

### **History**

Clowns Without Borders was founded in Barcelona in July 1993 when Tortell “Jauma” Poltrona, a professional Catalan clown was invited to perform in a refugee camp in Croatia. Upon his return to Spain, Jauma founded Clowns Without Borders as a means to provide psychological relief to children affected by crisis. The idea of clowning without borders quickly spread to France, Sweden, and Belgium as artists performed in the Balkans as well as the Middle East and Latin America. By 2000, there were 5 different CWB chapters including the United States and Canada with over 100 expeditions launched.

In 2003, while performing with a physical theatre company in New York City, I met Moshe Cohen, the founder of CWB-USA. I was instantly captivated with concept of awakening joy and laughter in the hearts of children affected by crisis and HIV/AIDS, in particular. A year later, I returned to my home country, South Africa with 3 colleagues from Ireland and the United States for a 3-week exploratory expedition. It was an epic trip working with over 15 different organisations and performing over 20 times for more than 3,000 children in Gauteng, Mpumalanga, KwaZulu-Natal, Free State, and Western Cape.

Following this expedition, I established Project Njabulo to focus on children affected by HIV/AIDS, poverty, and violence in South Africa (“*njabulo*” means “*happiness*” in isiZulu). I expanded Project Njabulo in 2005 and 2006 to include communities in Lesotho and Swaziland with almost half a year of activity in the field. At this point, all of our funding came from the generosity of individuals in the United States. Over this period, Project Njabulo reached more than 60,000 beneficiaries in brief once-off performances and weeklong arts workshops.

In 2007, while working in Durban, I founded Clowns Without Borders South Africa in collaboration with many local professional and amateur artists from KwaZulu-Natal. Our first project involved an exploratory expedition in partnership with CWB-USA in the Eastern Cape and KwaZulu-Natal with 8 artists and facilitators performing 8 shows for over 8,000 children. CWBSA followed this trip with an adaptation of Project Njabulo’s intervention methods to create the Njabulo HIV/AIDS Intervention Programme in KwaZulu-Natal with Woza Moya Project and Robs Smetherham Bereavement Service for Children. This deepened our ability to provide lasting psychosocial support to children and their guardians beyond the momentary relief of performances and 1-day workshops.

In 2008, CWBSA expanded its projects, reaching over 40,000 beneficiaries with 100 performances and longer interventions for almost 1000 children and 120 adults. In partnership with our sister CWB chapter in Sweden, we initiated a year round local capacity building project in Swaziland with the Lutheran Development Service. We also continued to send interventions and performances to communities in KwaZulu-Natal, Limpopo, Lesotho, and Swaziland with existing and new partners. In order to expand our own capacity, we also began a professional development programme with local youth artists in Durban that addressed issues of xenophobia in response to the violence in May 2008.

2009 has seen a continuation of CWBSA’s growth as we have established a local office in Durban and begun three additional local capacity building projects in KZN and Lesotho. We have also doubled our operating budget each year for the past two years receiving grants from ArtAction,

the National Arts Council, PEPFAR (through Ingwavuma Orphan Care), Yale University, Canadian International Development Agency (CIDA), and the Ethekwini Municipality. CWBSA has also worked in areas outside of Southern Africa including the Middle East, Ethiopia, and Southern Sudan.

Since our inception in 2004, CWBSA has provided interventions for over 185,000 children through more than 400 performances, workshops, and arts interventions.

### **Programmes**

CWBSA has the following programmes in our intervention strategy:

1. Performances for Marginalized Communities Affected by Crisis
2. Njabulo HIV/AIDS Intervention Programme - Psychosocial Support for Orphans and Vulnerable Children and their Guardians
3. Community Youth Theatre and Empowerment
4. Social Circus Programmes for Affected Children
5. Local Artist Development
6. Community Capacity Building
7. Raising Awareness
8. Monitoring and Evaluation

### **Who We Are**

At this point, it is important to emphasize that the aesthetic of clown performance in Clowns Without Borders is derived from traditions of physical comedy in both Western and African contexts. Unlike the stereotypical birthday clown, the clowns come from a background of physical theatre and circus with many other art forms such as singing, music, dance, puppetry, rhythm, and physical art being incorporated in the work. Furthermore, due to the holistic nature of our programmes, Clowns Without Borders does not limit participants in projects to only artists but also includes facilitators. As a result, we think of ourselves as “facilitating artists” who move seamlessly between the worlds of performance and arts education.

### **Why Clown Performance/Education?**

The art of the clown is an essential aspect in all of our work. Whether in performance or in workshops, facilitating artists embody the spirit of play and humor to connect to audience members and participants on a participatory, democratic, and anti-didactic level. There is an element of acceptance and humility in the clown that permeates our work. The clown exists *for* the audience; there is no fourth-wall or division between the performer and the audience – the laughter exists between the performer and the audience. As the clown must read and understand its audience, our facilitators are trained to respond to the immediate needs of the participants and to adapt when necessary. Furthermore, the humour that is inherent to clown and play opens doors and opportunities to transformation. There is a powerful potential of laughter for cathartic emotional healing. Clowns have been effective in relieving suffering in clinics, refugee camps, hospitals, and hospices. Likewise, laughter is alive throughout our workshops and performances by connecting to the joy of play. Finally, our artistic and pedagogical aesthetic is grounded in improvisation. In clown, one must be completely vulnerable and resilient in the present moment in order to *play what is happening and be funny*. It is a world where anything is possible. When something unexpected arises, it is the task of the clown to find a way to *play* with whatever it is. Likewise, our facilitators help participants discover the means to respond to difficulty with ease and acceptance and find the necessary

steps and decisions to recover and move forward. As a result, like the clown at every level, CWBSA's work comes from the heart and is offered freely to the community without demanding anything in return.

### **Providing Psychosocial Support (PSS) through Arts Interventions to Children and Guardians Affected by HIV/AIDS**

#### **Development of Intervention Model**

CWBSA has developed our PSS intervention model, the Njabulo HIV/AIDS Intervention Programme, through an organic evolution of programmatic implementation over the past 5 years using principals of participatory action research (Figure 1).

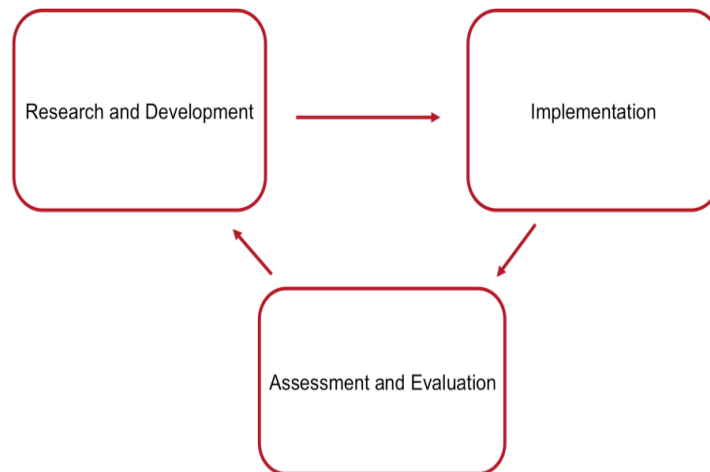


Figure 1. – CWBSA participatory action research methodology.

This cycle of research-implementation-reflection was essential in formulating an intervention methodology that could respond to the needs of our beneficiaries. By incorporating existing research publications, partner and beneficiary feedback, and internal evaluations, we developed a more accurate picture of the situation for families affected by HIV/AIDS in Southern Africa and how our interventions might have a positive impact. Because CWBSA is primarily an artist-based organisation, we relied on a number of studies and consultations with professionals from the psychology and sociology fields. In particular, a study by the Human Science Resource Council published by the Bernard Van Leer Foundation called “Where the Heart Is” was extremely influential in our beginning stages of project development.<sup>1</sup> Likewise, the experience of the Regional Psychosocial Support Initiative was helpful in understanding the psychosocial effects of trauma caused by HIV/AIDS.

We began by assessing the PSS needs of communities by asking 3 basic questions:

1. Who were our target beneficiaries?
2. What was the situation and PSS problems facing them?
3. What could we do given our limited resources?

---

<sup>1</sup> Richter, L., Foster, G. and Sherr, L. (2006) Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS. The Hague, The Netherlands: Bernard van Leer Foundation, 2006.

## Beneficiaries

Clowns Without Borders South Africa is adamantly against the prevalent dehumanization of humanitarian aid recipients into acronyms. As a result, we resist temptation to refer to orphans and vulnerable children as “OVCs”. In fact, HIV/AIDS and poverty have affected a wide variety of children – all of whom are vulnerable in Southern African rural society. Many of these children are orphans, living with HIV themselves, living with foster children who are orphans, and caring for sick and dying parents.<sup>2</sup> Likewise, we found that the guardians of the children also are struggling to provide emotional and material support to their children. Many are elderly women, relatives, friends, or neighbors living on the edge of poverty and unable to cope with the added economic burden of additional children. They are also suffering from losing a loved one from HIV/AIDS and find themselves disconnected from the experience of childcare due to age and grief. As a result, we needed to expand our programme to have a community-wide approach while still focusing on the most vulnerable – children and guardians who are part of our local partners’ existing community support programmes.

## Chronic Psychosocial Trauma of HIV/AIDS

There are many studies into the psychosocial trauma associated with HIV/AIDS. Our main resource was the work done by the Regional Psychosocial Support Initiative (REPSSI). They found that in addition to the preexisting pressure of poverty, there is considerable chronic trauma associated with the HIV/AIDS pandemic. This includes family disintegration, witnessing the death of a loved one, malnutrition and sleep deprivation, inability to pay school fees, and social stigma and discrimination from peers. These sources of trauma combine to have many adverse psychosocial effects on the lives of children from low self-esteem, chronic depression, and apathy to reduction in coping skills and resilience. Many children withdraw from social interaction and become involved in drug abuse and/or criminal behavior resulting in an increased risk of HIV/AIDS infection.<sup>3</sup> Clowns Without Borders began to see this as a cycle of suffering (Figure 2).

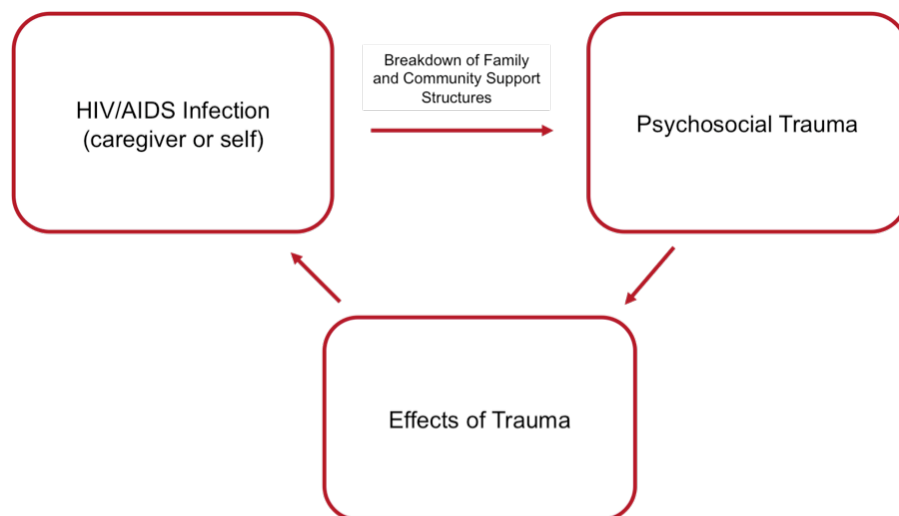


Figure 2. – Cycle of Suffering from HIV/AIDS pandemic.

<sup>2</sup> Richter, et al, 19.

<sup>3</sup> Regional Psychosocial Support Initiative. “Psychosocial Care and Support. Mainstreaming Guidelines.” Creative Commons. 2008, 4.

Time after time, we needed to remind ourselves that we were not psychotherapists or social workers but rather *artists* and *facilitators*. Nevertheless, we believed that arts and mindfulness interventions could be utilized to have a positive effect on breaking this cycle of suffering by providing key skills for emotional resilience and recovery to children and guardians. However, before implementing an effective project, we needed to take a closer look at what other organisations were doing as well as our own practices.

### **Rethinking Our Methods**

Clowns Without Borders South Africa's mission is focused on improving the psychosocial wellbeing of children affected by crisis through play and laughter. Initially, our arts interventions were composed of brief visits involving performances at schools and short workshops at drop-in centres or orphanages. However, we soon began to question whether our work was having the impact we desired on the children and if not, how could we change to better meet the needs of our beneficiaries. In "Where the Heart Is", studies showed that interventions that are integrated within existing support structures, in particular, on the family level, tend to have a more lasting and beneficial affect on the lives of children. To our dismay, we found that brief interventions that were isolated from other forms of support may actually have an adverse affect by implying that the "community cannot cope on their own [and] erode rather than reinforce resilience that psychosocial programmes aim to strengthen."<sup>4</sup> Furthermore, many humanitarian interventions required a high level of expertise and used foreign intervention methods that failed to resonate in the local cultural context. This resulted in unsustainable practices fueled by misguided good intentions on the part of many organisations. In fact, on closer inspection, we were forced to admit that Clowns Without Borders was indeed one of these organisations. If we were going to continue working in communities affected by HIV/AIDS in Southern Africa, we needed to have a dramatic shift in our implementation methodology

### **Dramatic Shift in Intervention Methodology**

Based on our experience and research, in 2008, Clowns Without Borders South Africa made a strategic decision to design a new intervention model using our strengths as artists and facilitators to provide PSS support to children and guardians affected by HIV/AIDS. We decided to implement longer artist interventions that focused on strengthening relationships at home instead of only doing performances. Our new vision was to facilitate mutually beneficial empathic interaction between children and guardians while relieving stress and trauma associated with HIV/AIDS. The foundation of our methodology rests on the integration of local cultural mediums of storytelling, song, and African drama with innovative techniques such as Mindfulness Based Stress Reduction, play therapy, and symbolic play. We also began to work closely with partner community based organisations so that our interventions complemented existing support structures such as HIV prevention, food and water security, gender awareness, and paralegal support. Finally, in order to assure sustainable implementation of our practices, we restructured our methods so that they could be accessible to local community care workers and volunteers. As a result, while performances continue to act as an introduction of CWBSA to the community, the transference of skills to the community level has become the central aspect of our intervention strategy in applying the arts to provide lasting PSS to children and guardians affected by HIV/AIDS.

---

<sup>4</sup> Richter, et al, 33.

## **Njabulo HIV/AIDS Intervention Programme**

The Njabulo HIV/AIDS Intervention Programme, CWBSA's signature intervention model, involves 4 interwoven parts: performances, arts-based interventions, local capacity building, and ongoing monitoring and evaluation.

### **Performances**

Send in the clowns! Over the past 7 years, CWBSA has performed for over 185,000 children and adults in communities affected by crisis. Even though the performances are brief interventions that provide momentary emotional relief, they remain a crucial aspect to our intervention methodology. As an introduction to the community, our performances are a combination of drama, circus, and music that help transform places from grief and emotional suffering to joy and happiness by creating an atmosphere of celebration. Although CWBSA does not focus on direct HIV prevention and education, the performances raise awareness of important issues facing communities relating to the *experience* of being affected by HIV/AIDS. These include discrimination and stigma, poverty, women's empowerment, coping with death, the loss of a loved one, abandonment, and compassion for those who have been affected by the disease. Performances are offered in neutral locations such as public schools and community centers to reduce the stigmatization of children who have been impacted by the HIV/AIDS. Thus, the performances create a bridge for the CWBSA facilitating artists to immediately connect with beneficiaries on a wide level while setting the stage for deeper PSS interventions in interventions.

### **Arts-based Interventions**

CWBSA's arts education and therapy intervention methodology has been developed specifically for vulnerable children and their guardians affected by HIV/AIDS. Incorporating drama, storytelling, song, circus arts, and mindfulness based stress reduction, the Njabulo HIV/AIDS Intervention Programme aims at developing a sense of emotional wellbeing and resiliency for those who have been directly impacted by the pandemic. Participants explore imagination, play, compassion, gratitude, and loving kindness through various exercises designed to help them connect to each other at home and thus strengthen the bond between children and their guardians. Particular attention is given to learning coping mechanisms with stress and grief associated with the loss of a loved one and the burden of poverty. The programme is implemented in two parts: an initial 10-day PSS intervention and a 5-day follow-up.

### **10-Day Initial Intervention and 5-Day Follow-Up**

The initial intervention addresses bereavement and coping skills through a wide variety of applied drama, music, and arts activities. Working with roughly 35 affected children ages 8-16 and their corresponding guardians, CWBSA facilitating artists lead participants in workshops that explore bereavement issues and parenting skills in a multidisciplinary and holistic approach. Our curriculum incorporates traditional cultural mediums of storytelling, song, dance, and African drama with innovative practices of play therapy, symbolic play, circus arts, and Mindfulness Based Stress Reduction. The core focus is to provide the children with a forum to explore bereavement issues and allow them the opportunity to be children again – to play, be creative, and have fun together – in a safe and nurturing environment. The curriculum involves an adaptation of a traditional Southern African story into a dramatic presentation by the children. This story involves themes that are related to the children's lives including death, dreams, hope, stigma, and community.

At the same time, CWBSA facilitating artists work with the children's primary guardians to develop tools for coping with stress in their lives. They rediscover a sense of play and creativity as a way of connecting to their children in a loving relationship. We focus on storytelling, play, and mindfulness based stress relief in these sessions as well as songs, games, and simple movement exercises. The guardians are also given homework each day to begin incorporating these activities into their daily interaction with the children. They report their successes and difficulties with the homework at the beginning of the following session. The final session focuses on continuing the practices and exercises beyond the intervention. They are also invited to the culminating activity of the children's workshop.

#### Culminating Activities

At the end of each intervention, the children and guardians come together in a culminating activity, or Family Day, that celebrates the completion of the programme. This event involves all participants in games, traditional dance and song, and other exercises. It is important to provide an opportunity for the children and guardians to play together as well as share their stories. At the end of the 10-day intervention, the children perform an adaptation of a traditional Southern African story that explores bereavement, discrimination, and hope. In the 5-day workshop, the children create short plays depicting how they will achieve their life dreams in the future. The guardians also share stories they have created during the intervention. Bringing together all the different components of the intervention programme – play, drama, storytelling, mindfulness, and traditional dance and song, the participants experience firsthand the importance of how creative expression can strengthen bonds in the community and at home.

#### **Local Capacity Building**

In order to assure the sustainability of CWBSA's arts intervention practices beyond the limited scope of our organisation, we have begun to implement capacity building programmes with local community partners in KwaZulu-Natal, Swaziland, and Lesotho. CWBSA has 2 transference models that depend on the amount of funding and organisational capacity of our partner (Figures 3 and 4). These models involve intense experiential learning for staff members, community care workers, and volunteers as well as workshops prior to and following interventions. Both models include an assessment and evaluation of our partner's capacity followed by supplemental training to augment skills. Recognizing the diversity of each area and community organisation, these models are by no means rigid but adaptable to the given circumstances in the field. Nevertheless, CWBSA's capacity building programme's ultimate objective is for our community partners to be able to conduct ongoing PSS support groups for children and guardians that meet at least once a month. If necessary, CWBSA continues to provide support and training of community workers in order to maintain the necessary skills to expand and sustain these support groups.





Figure 3 – Intervention Model 1: Basic Transference to Community Level

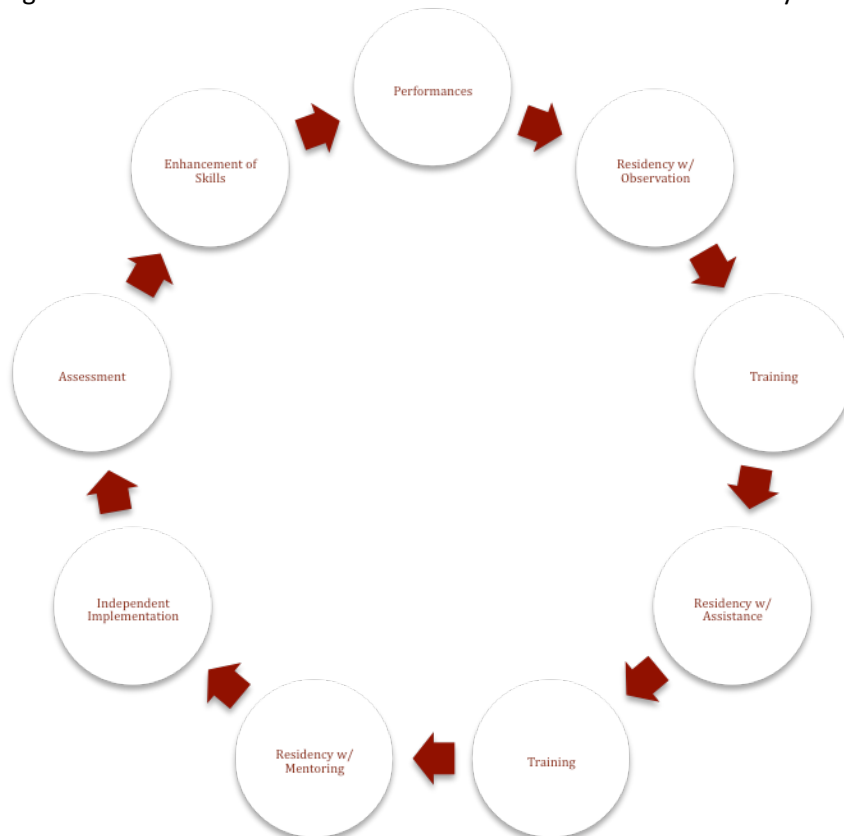


Figure 4 – Intervention Model 2: Complete Transference of Skills to Community Level

As aforementioned, CWBSA currently has 5 capacity building projects: 3 in KwaZulu-Natal with Woza Moya Project, Khuphuka Project, and Ingwavuma Orphan Care, 1 in Lesotho with the Malealea Development Trust, and 1 in Swaziland with Lutheran Development Service. After completing full transference of skills to LDS in Swaziland, CWBSA has handed over Njabulo Intervention implementation to our partners with UNICEF Swaziland while providing additional support to strengthen the sustainability of support groups.

### **Monitoring & Evaluation**

Monitoring and evaluation is an integral part of our development of intervention practices. CWBSA constantly evaluates and assesses the impact of our activities. Beneficiaries, trainees, partners, and facilitating artists participate in focus group reflections, individual interviews, baseline surveys, and evaluations following each intervention and capacity building project. Furthermore, our community partners follow-up with children and guardians on an ongoing basis in order to assess our impact on their already existing support services. CWBSA has also begun to implement a comprehensive evaluation strategy through baseline surveys of our beneficiaries' psychosocial wellbeing. We are presently in the process of evaluating this data and moving towards randomized controlled trials (RCTs) to provide evidence based assessment of our work. It is key to our understanding of how we can continue to improve the emotional wellbeing of children and their caregivers in Southern Africa.

### **Conclusion – Challenges and a Testimony of Patience**

In conclusion, CWBSA's programmes continue to evolve as we learn more about the nature of how arts based intervention practices can be a powerful tool in providing psychosocial support to children and guardians affected by crisis. We face considerable challenges in balancing innovation with standardization, staff turnover, and funding. Furthermore, although the response to the impact of our work from communities and partners has been overwhelmingly positive, we have yet to implement a comprehensive PSS evaluation on our methodology. This is a crucial step in analyzing and adjusting the curriculum to best serve the communities. On the other hand, one can become distracted from incessant reports, evaluations, baselines, and project models losing sight of the children and guardians. At the end of the day, the simplicity of loving interaction cannot be underestimated. This was especially poignant in the story of Patience that began this paper.

In August 2008, when Clowns Without Borders came to Sinyanmanthula in collaboration with the Lutheran Development Service, Patience reluctantly joined the Njabulo Intervention Program for caregivers and their children. Although she was very shy and rarely talked openly, she attended every session and participated in all the activities with the other caregivers.

During the culminating activity when the adults were invited to come watch the children act out their story, Patience arrived with her children. We noticed that the children were clean and were holding Patience's hands. In the reflection with the guardians on our last day, Patience began to share openly about her experience:

*“Being part of this group changed the way I think about the orphans in my care. I used to think of just packing my stuff and leave these children alone. I realized that when doing the awareness activities and body relaxations, I feel better.*

*I now want to be with my children, to share stories and be close to them and care for them. Before I came to this group I always felt alone in caring for these children. Being here made me realize that I am not alone. There are others who are in the same situation and we can support each other.*

*Even my children have changed. I can see an easy connection between them and me. Beforehand, they would not come to me when I came home. But now they come freely to me. They share things that they did at school and in the programme. I want to be there for my children. We love each other."*

Testimonies like Patience's speak volumes as to the positive impact of our work connecting children and caregivers in nurturing relationships and also to the need for more interventions in the field. Guardians rediscover the benefits of empathic care in their families. And children are once again allowed to be children – to play, to laugh, and to be loved. This is the work and play of Clowns Without Borders South Africa.



Guardians and children playing together in uFafa.