

Healthy Homes: A Transformative Project by Reach International Children Center (RICC)

Adekola Alao¹, Mary Cappa², Amy Carter³

¹SUNY Upstate, Department of Psychiatry, Reach International Children Center, Bungoma, Kenya

²Reach International Children Center, Bungoma, Kenya

³Reach International Children Center, Bungoma, Kenya

ABSTRACT

Children living in the streets of Bungoma, Kenya, live in a gruesome life associated with substance abuse, impoverishment, and broken families. The Reach International Children Center (RICC) addresses this crisis through its comprehensive "Healthy Homes" initiative, which seeks to rescue, rehabilitate, and restore boys from the streets while simultaneously empowering their families. The proposed project is based on a family-centered approach, which integrates therapy, employment training, health education, and neighborhood support to address the underlying reasons of homelessness, addiction. The program has already changed the lives of dozens of boys and their families with the success rate of restorations set at over 75 percent. Healthy Homes is a sustainable model of social rehabilitation in resource constrained environments because it focuses on long-term interaction rather than liberating on a single, finite event; economic empowerment as well as reforming the system itself to better engage individuals in a long-term interaction. In quantitative results and qualitative testimonies alone, the initiative proves that sustainable change can be achieved when families are provided with the instruments, encouragement and dignity that support them flourish.

KEYWORDS: homelessness, family-centered intervention, rehabilitation, Kenya, Healthy Homes, child welfare, social reintegration, public health.

INTRODUCTION

In Kenya, a country known for its rich cultural heritage and resilient communities, a crisis persists in the shadows one that affects some of the most vulnerable members of society: street-connected children. These children, often referred to as "street boys," face an existence marred by hardship, neglect, and danger. In Bungoma County alone, there are over 3,000 street-connected children, a number that continues to grow at an alarming rate. Within the city of Bungoma, it is estimated that around 120 children sleep on the streets each night. Over 50% of these children are involved in substance abuse, primarily inhaling substances such as glue, paint thinners, and other readily available solvents.

This tragic reality is more than a social concern it is a profound public health and humanitarian crisis. These children often resort to inhaling toxic substances not out of choice but as a coping mechanism to suppress hunger pangs, endure cold nights, and dull the psychological pain of abandonment and trauma. However, the very substances they turn to for relief cause long-term damage. The inhalation of volatile substances can result in life-threatening medical conditions, including pulmonary hypertension, cor pulmonale, restrictive lung defects, cognitive impairments such as encephalopathy, and severe peripheral neuropathy. Moreover, chronic

exposure leads to both physical and psychological dependence, making it exceedingly difficult for these children to escape the grip of addiction. The plight of street-connected children underscores broader systemic issues. These children are disproportionately affected by preventable diseases, malnutrition, violence, and premature death. Their lives are a reflection of the failures in child protection systems, social support structures, and economic opportunity.

Recognizing the gravity of this escalating issue, the Kenyan government has taken steps to address the problem of street-connectedness, acknowledging it as an urgent matter that demands immediate, sustained attention. However, government action alone is not sufficient. It requires the combined efforts of civil society, community organizations, and dedicated individuals who can reach children where they are and guide them toward safety and restoration. One such organization making a significant impact in Bungoma is the Reach International Children Center (RICC). With a passionate mission and a proven track record of success, RICC is dedicated to rescuing, rehabilitating, and restoring the lives of street-connected boys in Bungoma. Their work is not only helping children escape the streets but is also laying the foundation for long-term change in the community.

THE MISSION OF RICC

RICC was founded with a clear and compelling mission: to rescue street-connected boys, rehabilitate them through comprehensive care, and restore them to their families and communities. This three-pronged approach forms the cornerstone of the organization's activities.

The impact of RICC's work is best understood through its outcomes. With a remarkable success rate of over 75%, the organization has helped dozens of boys transition from a life on the streets to one filled with hope, structure, and purpose. These are not just statistics they are lives changed, futures reclaimed, and communities strengthened.

But RICC also recognizes that rescuing boys from the streets is only the beginning. Without addressing the root causes that led them there, the cycle of homelessness, addiction, and poverty is likely to continue. That is why RICC's model is deeply committed to family transformation. It understands that sustainable change requires more than temporary shelter or basic care it demands a shift in the entire ecosystem surrounding the child. This understanding led to the creation of one of RICC's most ambitious and impactful programs: the Healthy Homes project.

THE VISION OF HEALTHY HOMES

The Healthy Homes project was born from a simple yet powerful idea: every child deserves a safe, stable, and nurturing home. But for many street-connected boys, the concept of "home" is often associated with trauma, neglect, or extreme poverty. Reuniting children with their families, therefore, is not a straightforward process it requires careful planning, extensive support, and a deep commitment to healing both the child and their family.

At its core, Healthy Homes is about transformation. It seeks to rebuild not just the lives of individual boys, but the foundations of the families they come from. RICC understands that children end up on the streets for a variety of reasons, including family breakdown, poverty,

abuse, neglect, and lack of educational opportunities. Healthy Homes tackles these issues head-on by working directly with families to resolve underlying problems and equip them with the tools they need to thrive.

This initiative also acknowledges the systemic nature of poverty and homelessness. It is not enough to simply remove a child from the street; efforts must be made to ensure that they do not return. By supporting families economically, emotionally, and socially, Healthy Homes aims to break the intergenerational cycle of poverty and homelessness.

FAMILY-CENTERED APPROACH

The success of the Healthy Homes project lies in its holistic, family-centered approach. Rather than treating the child in isolation, RICC addresses the entire family unit. A dedicated team of social workers, counselors, field officers, and program coordinators work collaboratively to assess family dynamics, identify needs, and create customized support plans. The program provides a wide range of services designed to foster healing, empowerment, and resilience.

1. **Family Therapy:** Family therapy is one of the most critical components of Healthy Homes. Many of the children who end up on the streets do so after experiencing conflict, violence, or emotional neglect at home. RICC's licensed counselors conduct regular therapy sessions to help families rebuild trust, improve communication, and resolve deep-seated issues. Therapy also helps parents better understand the psychological and emotional needs of their children, allowing for healthier and more supportive relationships.
2. **Job Training and Employment Support:** Poverty is a key factor in family instability. To address this, RICC provides job training for both the boys and their parents. Boys are trained in practical skills such as carpentry, tailoring, agriculture, and basic computer literacy. For parents, especially single mothers, RICC facilitates vocational training programs and connects them to local businesses and micro-enterprise opportunities. This economic empowerment is vital for creating stable, self-sufficient households.
3. **Health and Nutrition Education:** Health is another cornerstone of the Healthy Homes initiative. During their time at RICC, boys receive regular medical checkups, psychological assessments, and nutritional support. In parallel, families receive education on topics such as hygiene, meal planning, preventative healthcare, and child development. These efforts ensure that restored boys return to homes capable of supporting their physical and emotional growth.
4. **Community Building:** RICC believes that strong communities are essential for lasting change. The organization hosts community events, support groups, and training sessions that bring families together. These activities not only reduce social isolation but also foster a network of shared support, accountability, and celebration. Families learn from one another, share their journeys, and draw strength from a collective vision of growth and transformation.

PREVENTION OF ONGOING POVERTY

The Healthy Homes project doesn't just rescue children it prevents future street-connectedness by addressing the root causes of poverty. Families that once struggled with unemployment, substance abuse, or domestic conflict are now finding new footing. By equipping parents with skills, access to resources, and emotional support, the program helps ensure that boys have a stable, loving home to return to.

A significant part of this work involves follow-up. Even after a child is restored to their family, RICC continues to provide check-ins, additional support services, and emergency assistance when needed. This long-term engagement is what sets the Healthy Homes project apart. It is not a one-time intervention but an ongoing relationship built on trust, respect, and mutual commitment.

STRATEGIC INTERVENTIONS

Every aspect of the Healthy Homes project is underpinned by strategic, evidence-based interventions designed to maximize impact. RICC tailors its support to the unique needs of each family, creating personalized action plans that address everything from housing insecurity to educational barriers.

These interventions include:

- **Education Sponsorships:** Ensuring children can return to school through fee waivers, uniforms, and school supplies.
- **Microloans for Small Business Startups:** Helping families become financially independent through seed funding and mentorship.
- **Parenting Workshops:** Teaching caregivers how to support their children's development and manage stress.
- **Drug Rehabilitation Support:** Assisting both children and parents in overcoming addiction when necessary.

This individualized and multifaceted approach ensures that families are not just surviving, but truly thriving. As a result, many families report improved mental health, stronger relationships, and renewed hope for the future.

RESULTS: EVALUATING IMPACT

Since its inception, RICC has rescued 45 boys from the streets of Bungoma. Of those, 23 have been successfully restored to their families, and 16 families have been directly impacted by the Healthy Homes program. These numbers, while significant, represent only a fraction of the overall potential of the initiative.

RICC has developed a robust framework for evaluating the effectiveness of its programs. This includes both quantitative metrics such as number of boys rescued, school attendance rates, and income increases and qualitative indicators like family satisfaction, behavioral improvements in children, and emotional healing.

HEARTWARMING TESTIMONIES

Perhaps the most compelling evidence of the program's success lies in the stories of those who have experienced it firsthand. One mother shared how the Healthy Homes counseling sessions transformed her relationship with her teenage son. After years of estrangement and misunderstandings, they are now rebuilding their bond with love and patience. She credited RICC with "opening her eyes" to the emotional needs of her child and providing her with the tools to be a better parent.

Another family spoke of how a father's participation in the job training program allowed him to gain stable employment. Once unable to afford even basic necessities, the family is now able to send their children to school and put food on the table. "RICC gave us more than help," the father said. "They gave us dignity."

QUANTITATIVE AND QUALITATIVE DATA

RICC believes in a balanced evaluation approach. Numbers alone cannot capture the full scope of transformation. That's why the organization integrates detailed case studies, interviews, and family feedback into its reporting process. This helps them continually adapt their methods to better serve the evolving needs of the community.

From reductions in substance use to increases in school retention, the Healthy Homes project is generating measurable, meaningful change.

CONCLUSION

The Healthy Homes project at Reach International Children Center is more than a social program it is a lifeline. It proves that with the right support, even the most vulnerable families can overcome enormous challenges and build a better future. Through its holistic, family-centered approach, RICC is restoring hope where it was once lost and replacing cycles of poverty with cycles of opportunity. As the program continues to grow, its success serves as a model not only for other regions in Kenya but for global efforts to address child homelessness and poverty. The work of RICC demonstrates that when we invest in families, we invest in the future of our children, our communities, and our world.

REFERENCES

1. Kilbride, P. L., Suda, C. A., & Njeru, E. H. N. (2000). *Street children in Kenya: Voices of children in search of a childhood*. Greenwood Press.
2. Veale, A. (1992). *Street children and the psychological impact of life on the street*. Irish Council for Overseas Students (ICOS).
3. Lalor, K. (1999). *Street children: A comparative perspective*. In A. Rahim (Ed.), *Child Labour: A Global View* (pp. 59–74). Greenwood Publishing Group.
4. Embleton, L., Shah, P., Gayapersad, A., Kiptui, R., Ayuku, D., & Braitstein, P. (2020). Characterizing street-connected children and youths' social and health inequities in Kenya: A qualitative study. *International Journal for Equity in Health*, 19(1), 147.
5. Devathanan, G., Low, D., Teoh, P. C., Wan, S. H., & Wong, P. K. (1984). Complications of chronic glue (toluene) abuse in adolescents. *Australian and New Zealand Journal of Medicine*, 14(1), 39–43.

6. Alao A, Cappa M, Carter. Rescue, Rehabilitation, and Restoration: An innovative approach to solving the burden of street connectedness in Bungoma, Kenya. *International Journal of Scientific Research*. 2024 June Volume 13 Issue 6 Volume-13 | Issue-6 | June-2024.
7. Ayuku, D., Ettyang, G. A., Odero, W. W., & Ndeti, D. M. (2003). Psychosocial and health aspects of street children in Eldoret, Kenya. *East African Medical Journal*, 80(2), 74–79. <https://doi.org/10.4314/eamj.v80i2.8654>
8. Aptekar, L., & Heinonen, P. (2003). Methodological implications of contextual diversity in research on street children. *Children, Youth and Environments*, 13(1), 1–21. <https://www.jstor.org/stable/10.7721/chilyoutenvi.13.1.0001>
9. Ward, C. L., Seager, J. R., & Tamasane, T. (2007). Children of the streets of South Africa: An evaluation of a street children's programme. *Child Abuse & Neglect*, 31(9), 947–960. <https://doi.org/10.1016/j.chiabu.2007.02.007>
10. Thomas de Benítez, S. (2011). *State of the world's street children: Research*. Consortium for Street Children. <https://www.streetchildren.org/resources/state-of-the-worlds-street-children-research/>