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grow in numbers and without being appropriately identified. One of the main constraining factors has been the inability of various policies and programmes to reduce incidences of poverty both in terms of occurrence and intensity, much of it resulting from failure to identify the chronically poor.

According to the World Development Report 2000-2001, poverty is pronounced deprivation in well-being and this is often more than being hungry, lacking shelter and clothing, being sick and not cared for, or being illiterate and not schooled. It is also about vulnerability to adverse events beyond one's control, being treated badly by institutions of state and society, and being voiceless and powerless. Similarly, much of the literature and Kenya's own policy documents present poverty as multi-dimensional. According to the current Poverty Reduction Strategy Paper (PRSP), poverty includes 'inadequacy of incomes and deprivation of basic needs and rights, and lack of access to productive assets as well as social infrastructure and markets'. It is, however, rightly acknowledged that people define, view and experience poverty in different ways. In the PRSP participatory poverty assessment workshops, however, most people associated poverty with deprivations including lack of land, unemployment, inability to feed oneself and family, lack of proper housing, poor health and inability to educate children and pay medical bills.

The poor are thus characterised by lack of jobs or job security, few assets if any, limited or no access to health and educational facilities, inability to plan their lives, and large families, many of who become beggars in urban areas. As such, the poor constitute a majority among the landless, people with disabilities, female headed households, households headed by people without formal education, pastoralists in drought prone districts, unskilled and semi-skilled casual labourers, AIDS orphans, street families and children including beggars, subsistence farmers, urban slum dwellers, and unemployed youth. Then there is the chronically poor.

The identification of the chronically poor among the poor cannot be derived theoretically, although, depending on the nature of the economy, the possession of assets is likely to be a more or less good predictor. The chronically poor may simply share the same characteristics and causes of their poverty as the poor in general. This is quite likely to be the

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case in a situation where the economy has stagnated for a significant period, and where political structures have remained the same. However, this hypothesis has to be tested in Kenya. If the chronically poor do share broadly the same life situation as the poor, policy development will be easier, as the same policies are likely to have an impact on both. If not, poverty policies will need to be specifically targetted. The question is; what has been the practice in Kenya.

In the 1960s, policies pursued by the Kenya government departed from the premise that economic growth would translate into poverty alleviation. Poverty alleviation was seen as synonymous with raised incomes and these were perceived as a natural outcome of investments in industry, human resource development and improvement in export earnings. The major assumption was that once the economy prospered, benefits would trickle down to all Kenyans and rid them of poverty, ignorance and disease. The driving force then was that the country could not 're-distribute property because even with it, the poor will only be marginally better off while the rich will be so demoralised that force would have to be used'.

Subsequent policy reviews, however, noted that in spite of commendable growth in the economy, the expected trickle-down had failed to take place. Instead, average incomes were still very low and poverty levels were on the increase. In response, government sought to re-distribute the benefits accruing from growth through the provision of basic needs, such as free primary education and health care, with intentions of subsidising the poor. This was guided by an emerging view that the Kenyan society could not prosper before all Kenyans were able to share in the benefits and costs of development. However, in spite of these realisations and accompanying subsidies, subsequent years were no better. The poor were not drawing on these benefits; they were rising in numbers and could not be easily identified.

Henceforth, poverty alleviation strategies shifted to popular participation with the hope that this would mobilise the most needy members of the society while bringing their needs to the fore. To consolidate this further, government sought to decentralise and de-bureaucratise decision-making through the introduction of the District Focus for Rural Development strategy (DFRD). The aim was to address regional disparities that were seen as delaying efforts towards poverty eradication. However, the fact that poverty eradication still pre-occupies policy, civic

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and academic level discussions in Kenya suggests that poverty has become both elusive and diffuse; even more so for chronic poverty.

A major question therefore is the extent to which poverty, and especially chronic poverty, *can* be addressed by policy in order for the latter to have a substantial impact, given the failure of so much past policy interventions. What would be the pre-conditions for successful policy interventions? What changes (other than national or local policy) would be needed to enable a majority of persistently poor Kenyans to emerge from poverty?

With political change following the 2002 general elections, there is a chance that stagnation in the development field will be reversed. A key question for research will be the extent to which political change *per se* from one-party rule to a situation where power alternates can expand the opportunities for and remove the constraints faced by chronically poor people. This approach should offer a distinctive contribution by the IDS to the international debate on poverty. This requires that research be in a position to monitor and gather evidence about the impact on poverty of political change and subsequent institutions as they emerge.

In particular the research should focus on what is being and needs to be done to raise and strengthen the voice of the chronically poor. A set of questions may then be in need of answers: What theoretical and conceptual orientations best explain the situation of the chronically poor? Who is not benefiting from current development policies and why is this happening? What social, economic and political processes keep some groups in poverty while others manage to escape? What are the main similarities and differences between these processes for different groups and in different contexts? What policy changes and actions will bring about a focus on the chronically poor? What is known about the effectiveness of policy and practice with regard to the chronically poor? What key political and institutional changes will make it easier for all concerned to focus on the chronically poor?

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Research into chronic poverty need not be passive, however. A key question therefore is how the research process and outcomes make the poor and the chronically poor in particular, visible and a more important target for forceful intervention in the new political situation in Kenya?