

SOCIAL WELFARE STRATIGIES FOR COMMUNITY EMPOWERMENT AND POVERTY ALLEVIATION IN KURDISTAN

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ABSTRACT

This study focuses on the strategies used to empower the community and reduce poverty levels. The Kurdistan Region Government is part of Iraq. Following an attack from ISIS, fluctuations in oil prices, and internal conflicts, many internally displaced persons from Iraq and refugees from Syria were forced to flee, resulting in increased poverty and unemployment in the community. Poverty rates is 39% because of financial crisis occurred in Iraq due to lack of security and factual in dollar price. The poverty rate in Kurdistan was 12.5%. The employment rate for individual 15 years and older was 10.8 in 2014. To conduct this research, a social survey carried out by an organization was relied upon, along with the five-year plan developed by the Directorate of Care, and Social Development in Duhok. The main findings of the research indicate the importance of empowering women within the community and focusing on education. The poverty rate increased in rural area compared to urban area because of higher fertility rates and population growth. The poverty increased in urban area is occurred because of migration from rural area and live in slums. To decrease poverty, we need a multi-dimensional and comprehensive approach, as well as community empowerment in collaboration with local and international agencies.

1. INTRODUCTION

The poorest countries in the World consist of ten countries, South Sudan has been plagued by violence since gaining independence in 2011. Most of the population engages in traditional agriculture, and extreme weather events often hinder planting and harvesting. **Burundi** is a small, landlocked country suffers from a lack of natural resources and has been affected by a civil war. **Central African Republic**, despite its wealth in gold, oil, uranium, and diamonds, the country remains one of the poorest nations, with much of its territory under the control of militias and anti-government groups. **Democratic Republic of the Congo** this country faces ruthless dictatorships, political instability, and ongoing violence, with about 100 million people surviving on less than \$2.50 a day. **Mozambique** is struggles with adverse climate conditions, political instability, and internal conflict. **Niger** has rapid population growth and threats from desertification contribute to high food insecurity, disease, and mortality rates. **Malawi** was vulnerable to climate-related shocks, experiences extreme food insecurity in rural areas and has been hit by an economic crisis. **Liberia** has high unemployment and negative economic growth have led to widespread. **Madagascar** has experienced political instability, and corruption. The country is also vulnerable to climate hazards such as droughts, floods, and cyclones, which cause loss of life,

and damage to infrastructure and crops. **Yemen** is home to 35 million people, and has faced internal and external conflicts since 2014. (Global finance, 2024).

After the Second Gulf War in 1991, the Kurdistan Region of Iraq (KRG) became a fly zone for the Iraqi Government (see figure No.1). The Kurdistan region was administratively and politically separate from Iraq. (KRG) create their government but faced an embargo from the Iraq. Therefore, they faced significant economic issues because of economic embargoes and social challenges. In 1992, an internal war broke out between the two main parties, which lasted until 1998. After the Iraqi liberation war in 2003 Kurdistan participated politically with the Iraqi federal government. In response, the KRG has implemented various poverty alleviation programs to improve living standards, create job opportunities, and enhance social welfare for their population.



Figure No.1 Kurdistan map

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https://www.researchgate.net/figure/Map-of-Kurdistan-Region-of-Iraq-Adapted-from-BBC-2017_fig1_343444428

The primary Program objectives to alleviate poverty in KRG through reducing unemployment. The distribution of food to all families is known as the Oil-for-Food Program, which was established by the United Nations in 1998. Income generation activities for poor families. Enhancing education focusing on vocational training program and provide necessary skills for the job market. Improving access to basic services like health care, and clean water sanitation facilities for rural area. Supporting vulnerable populations, such as marginalized groups—including women, children, and persons with disabilities—from Syrian refugee and internally displaced persons (IDP) camps is crucial for those who fled Iraq and Syria following the ISIS conflict in 2012.

The poverty rate decreased in 2012 compared to 2007, dropping from 22.5% to 18.9%. However, it rose again to 22.5% by the end of 2014 due to the deteriorating security situation in Iraq. After observing an increase in poverty and unemployment in rural areas, the Iraqi government developed a strategy to improve productivity and agricultural growth, as well as to enhance infrastructure. There has been a rise in poverty rates in rural areas compared to urban areas from 2007 to 2017 due to poor economic and social conditions. As well as higher fertility rates and population growth. In urban areas, the poverty rate was 39.1%, which decreased to 30.7% in 2012. The population growth rate in rural areas is 3.5%, compared to 2.5% in urban areas (Yassin ,2019).

A financial crisis occurred in in the provinces controlled by the Islamic State in Iraq and Syria (ISIS), along with the decline in oil prices. The poverty rate rose from 19% in 2012 to 22.5% in 2014 due to ISIS occupying three provinces in Iraq: Anbar, Nineveh, and Salah ad-Din. The income of citizens who lived under ISIS rule decreased by 61.6% due to a decline in work income and by 62.5% because of job losses. Additionally, the unemployment rate rose to 27% compared to the rest of the population, and the poverty rate increased from 23% to 38%, which is double the increase seen among the rest of the population (وزارة التخطيط, 2018). The unemployment rate for individuals aged 15 and older was 10.8% in 2014, and unemployment continues due to poor management and ineffective resource utilization. In the governorates that were under ISIS control, the poverty rate was doubled from 19% to 41.2%. (وزارة التخطيط, 2018) (Republic of Iraq,2018).

According to the Iraqi government and the Kurdistan Region, several programs are in place to reduce poverty look figure No.2. This study will focus on social welfare activities and plans to reduce poverty and empower the community. The Directorate of Care and Social Development was established in March of 2008 to be the linking line between the ministry and all state directorates, institutes, and centers working in the field of social welfare and development at the level of Duhok Governorate and its surrounding districts. In addition, the

General Directorate manages, organizes, and supervises these administrative units. This Directorate is concerned with working to protect marginalized/vulnerable groups within society through its different institutions. Furthermore, it works concurrently to support groups that require various kinds of care through its residential/shelter institutions. It also works on mobilizing the resources and potentials of individuals and society as a whole. Besides, it works on guiding the targeted groups to become productive and contribute to the process of building a society with vigorous social and economic ties to activate the development system in partnership between the relevant state actors with the private sector and private agencies (DOLSA plan,2022).

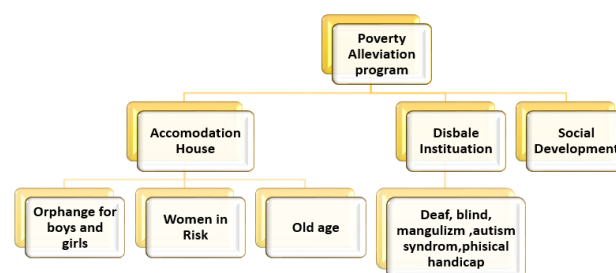


Figure No. 2 Poverty alleviation program in DOLSA

POVERTY ALLEVIATION PROGRAMS IN THE KURDISTAN REGION GOVERNORATE

Poverty alleviation in the Kurdistan Region of Iraq (KRG) has been a focal point for both government initiatives and international aid organizations, particularly in the aftermath of prolonged conflict and economic challenges. Understanding the data related to poverty and its alleviation is crucial for assessing the effectiveness of these programs and shaping future policies. There was also increase in poverty rates in Kurdistan to 12.5%. The KRG have fluctuated significantly due to various factors, including economic instability and the impacts of the Syrian refugee crisis. The percentage of people living in extreme poverty (defined as living on less than \$1.90 a day) remains a concern, particularly among displaced populations and marginalized groups (وزارة التخطيط, 2018).

In addition, we must understand the appropriate strategies to reduce poverty, as shown by previous studies. The Poverty alleviation measures are supported by four strategic pillars: (i) attaining quality growth via better public expenditure allocation. (ii) the growth of road transportation, the revival of the rural economy, food security, and effective resource management as the foundation for the expansion of productive sectors, (iii) ensuring that those living in poverty have access to essential social services like education; (iv) bolstering human resources and combating corruption and decentralization (Government of Niger ,2002). Poverty alleviation strategies may be categorized into four types including community organizations based micro-

financing, capability and social security, market-based, and good governance (Singh, & Chudasama, 2020).

2. LITERATURE REVIEW

Osei, and Zhuang, (2020) noted that how rural women entrepreneurs leverage their strong social networks and interactions with customers, and leaders to discover new ideas, and strategies that boost their business growth and overall well-being. The study indicates that dimensions of social capital positively influence rural poverty reduction through women's entrepreneurial activities. Grounded in social network theory, the findings show that women who build trust and establish both formal and informal relationships with other businesspeople can enhance their incomes and improve their families' welfare.

Income-generating community projects offer several advantages. They provide households with small, regular cash inflows that help meet immediate needs. These financial gains allow participants to enhance the health and nutrition of their families. Additionally, they experience boosts in self-esteem and overall satisfaction. Such projects also strengthen social networks, reducing feelings of isolation by fostering a sense of belonging (Hortensia, 2009).

Some of these aspects include prioritizing relationships over careers, figuring out what makes their existing sources of income enjoyable (comfort, extra food, flexible schedule, etc.), and making plans for their dependents rather than themselves. Furthermore, overall income is directly impacted by the quantity of money-generating activities and educational attainment (Stokes, et al., 2015).

It was discovered that only some Self-Help Group members began new income-generating ventures because of the numerous financial and marketing-related issues that arose throughout the planning, execution, and battle to generate consistent revenue from the activity. (Dhake, & Narkhede, 2019). Empowering the community will reduce poverty, particularly by emphasizing women's empowerment, which is crucial for raising family income. Women's empowerment can boost social involvement and enhance the well-being of families and communities (Gunartha and Utama, 2020).

The effectiveness of tourism in reducing poverty varies by region, with the eastern part of Jiangxi Province showing lower efficiency compared to other areas. While the overall performance of tourism-related poverty alleviation in Jiangxi remains relatively stable, some regions are experiencing a decline in effectiveness. This suggests that there is a need to optimize the allocation of tourism resources in the province to enhance the efficiency of poverty alleviation efforts. (Xiao et al., 2023). To enhance quality of life, it is essential to focus on human capabilities, survival, and overall welfare. A social protection framework is vital for addressing vulnerabilities and ensuring social security, for specific groups such as orphans, individuals living with HIV/AIDS, people with disabilities, and the elderly. The enhancement of quality of life relies on the availability,

affordability, and access to quality food and essential services, including education, healthcare, and prevention for HIV/AIDS, and social protection programs (Vice President's Office, 2005).

Obot, Afia, and Johnson (2022) noted that community initiatives can enhance people's quality of life and create opportunities for socio-economic activities. Participation and empowerment are essential to development. Nevertheless, the challenge lies in determining how to actively promote participation and empowerment to achieve developmental benefits, such as improving living conditions. India's strategy to combat poverty in urban and rural areas consists of three main components: fostering economic growth, enhancing human development, and implementing targeted programs to tackle the various aspects of poverty (Suresh, 2012).

To eliminate poverty, it is essential to offer micro-finance through effective community organizations, improve the skills of the impoverished while establishing social safety nets for vulnerable groups, ensure good governance in community institutions, diversify livelihood opportunities, and create market connections for small producers. The insights from this research are expected to enhance the design, management, and execution of poverty eradication initiatives in developing nations (Singh, & Chudasama, 2020).

3. COMMUNITY EMPOWERMENT

After taking a look at the poverty alleviation programs and the appropriate strategies for them, we come to an important topic, which is community empowerment. Community empowerment refers to the process of enabling communities to increase control over their lives. Community empowerment necessarily addresses the social, cultural, political and economic determinants that underpin health, and seeks to build partnerships with other sectors in finding solutions. (WHO, 2024).

Definition of sustainable development as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (United Nations General Assembly, 1987, p. 43).

Community empowerment begins when people truly listen to one another, engage in meaningful dialogue, recognize shared interests, and develop new strategies for change. Through conversation, we can gain insights from different perspectives and find innovative approaches to challenges. By examining how influential voices in society frame issues and solutions, we can better understand both the obstacles and opportunities for empowering the community (Wallerstein, & Bernstein, 1994).

Community empowerment focuses on the social, cultural, political, and economic factors that influence health, aiming to collaborate with various sectors to find solutions look figure No.3. It acknowledges the importance of reconnecting different aspects of community life and ensures that power is distributed at both local and global levels. Effective communication is

essential for fostering community empowerment. Participatory communication methods that promote discussion and debate enhance knowledge, awareness, and critical thinking. This critical thinking empowers communities to grasp the various influences affecting their lives, enabling them to make informed decisions. (world health organization, 2024).

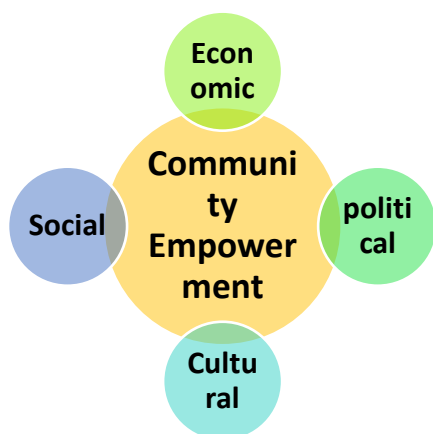


Figure No.3 Elements of community empowerment

As part of the community empowerment and poverty alleviation strategy, communities are empowered to identify and address the underlying causes of poverty by being given the tools they need to take control of their own development. Here are some key aspects of community empowerment: “Community participation and empowerment are community-based actions, policies or programs that are driven by community members which can affect local factors that can influence health, and has the potential to promote healthy communities” (Obot, Afia, and Johnson, 2022).

4. METHODOLOGY

This study employs a secondary data analysis approach, utilizing data from the Directorate of Care and Social Development *Survey 2020* conducted by GIZ NGO. This survey was selected due to its comprehensive dataset relevant to our research on poverty alleviation. The original survey utilized a stratified random sampling method, involving a sample size of 1367 families from the original 1765 families look table No. 1 and 2. Then select 5,672 from 6800 participants across various demographics look table No. 3. The researcher selected the valid and complete information. Data were collected through in-person interviews, ensuring a broad representation of the population.

Key variables for this analysis include gender, age, social status, kind of living, kind of accommodation quality of accommodation, healthy house, benefit from the government all measured using validated scales in the original survey. The data will be analyzed using descriptive statistics and regression analysis, employing Excel software to identify patterns and correlations.

Limitations of this approach include potential biases from the original survey design and the inability to control for variables not included in the dataset. Ethical considerations were adhered to, as the original survey ensured participant confidentiality and obtained informed consent.

The next step of the study focuses on DOLSA's five-year plan from 2022 to 2027. DOLSA in Duhok has developed a strategic plan for this period. The strategic objectives are summarized as follows:

Raising the level of quality of services provided and the requirements of sustainable development in line with international standards, according to a comprehensive plan. Preparing a logical program for the possibility of transforming some groups of beneficiaries into productive people, with continuous evaluation of the program's efficiency. Directing efforts to secure adequate housing for the largest number of elderly people in the governorate who do not have a caretaker, through using transparent and aspiring conditions and criteria. Providing medical and psychological care for groups subjected to societal oppression through special programs and plans prepared for this purpose in advance and to be documented before the period of adopting the goals.

Discussion of Findings

The findings from this study highlight significant demographic trends and living conditions within the surveyed population, revealing crucial insights into the socio-economic challenges faced by families in the region.

Demographic Overview

The predominance of male participants (90%) compared to females (10%) raises concerns about gender representation and the potential implications for family dynamics and social support systems look table No.1

Table No. 1

Gender	No.	%	Age	No.	%
Males	1237	90%	19 to 28 years	59	4.5%
Females	130	10%	29 to38 years	349	25.5%
			39 to 48 years	464	33.9%
			49 above	495	36.1
Total	1367	100%		1367	100%

Living Conditions

This study revealed that 91.4% were married and only 8 % of families headed by women—primarily widows or divorced—indicates a vulnerable demographic that may face increased risk of poverty. The study reveals that a

majority of participants live in inadequate housing conditions, with only 16% owning their house. The significant percentage of individuals living in rental properties (45.5%) who need to pay money and with relatives (21.8%) reflects a lack of stable housing options, which can adversely affect family stability and mental well-being. The people who live in slum area rate were 16.7%. (see table No.2).

Table No. 2

Social status	No.	%	Kind of living	No.	%
Married	1246	91.4%	Live in rent house	621	45.5%
Widow	97	7%	Live with relatives	299	21.8%
Divorce	15	1%	Live in slum area	227	16.7%
Single	9	0.6%	Live in own house	220	16%
Total	1367	100%		1367	100%

The gender distribution among families 56.5% were males while 43.5% were females the rates of males were more than females which make gender balance problems. The age distribution data further emphasizes the demographic composition of the families, with a substantial portion of the population being children and young adults (35.1% aged 6 to 15 and 33.9% aged 16 to 25). The peoples who were 56 years and older only 2.4%. (see table No.3).

Table No. 3

Gender	No.	%	Age	No.	%
Male	3202	56.5%	6 to 15 years	1995	35.1%
Female	2470	43.5%	16 to 25 years	1927	33.9%
			26 to 35 years	873	15.3%
			36 to 45 years	448	7.8%
			46 to 55 years	314	5.5%
			56 years and older	115	2.4%
Total	5672	100%		5672	100%

B-General information

Few people live in flats, accounting for 19.1%, compared to those living in houses at 80.9%. Most of the people living in houses have poor quality housing that needs renovation (62.3%), while 37.7% live in good-quality houses. (see Table 4).

Table No. 4

Kind of Accommodation	No.	%	Quality of Accommodations	No.	%
House	1107	80.9%	good	515	37.7%
Flats	260	19.1%	Need renovation	852	62.3%
Total	1367	100%		1367	100%

Poverty Alleviation Programs

The findings underscore the critical role of poverty alleviation programs provided by the Directorate of Care and Social Development. The focus on vocational training and rehabilitation for individuals with disabilities is commendable, as it fosters independence and self-reliance. However, the low uptake of government schemes (only 6.5% benefiting) indicates potential barriers to access or awareness that need to be addressed. From the table we can observe that 55.7% of people live in unhealthy houses because they are living in slum area and 32.1% live in healthy houses (see table.5).

Table No. 5

Healthy house	No.	%	Do you benefit from government care and education ?	No.	%
Good	439	32.1%	yes	89	6.5%
Medium	165	12.2%	No	1278	93.5%
Bad	763	55.7%			
Total	1367	100%		1367	100%

Socioeconomic Status and Employment

The employment statistics indicate a concerning trend, with 56.6% of respondents being students and a mere 6.4% being employed. This low employment rate among adults could be indicative of a lack of job opportunities, particularly for those who are not part of vocational training programs. The high percentage of housewives (25.5%) may also reflect traditional gender roles that limit women's participation in the labor force. Finally, 11.6% of the sample were unemployment for more understanding (look table No.6.)

Table No. 6

Occupations	No.	%
Unemployment	660	11.6%
Housewives	1451	25.5%
Students	3193	56.6%
Workers	368	6.4%
Total	5672	100%

Poverty alleviation programs in social care include accommodation, disable institutions, and social development. This support should be provided by the government and include food, clothing, care, health insurance, pocket money, and accommodation services (see Table 7).

Table No. 7 accommodation houses

S.r	Institute name	location	Beneficiaries ages	Kind of services
1	Boy orphanage care established 1977	Duhok	1 day to 18 years	Food, clothing, enroll in school, pocket money, health insurance and care.
2	Girl Orphanage care established 1977	Duhok	1 day to 18 years	Food, clothing, enroll in school, pocket money, health insurance and care.
3	Nawa Shelter established 2002	Duhok		Food, clothing, health insurance and care, legal issue, pocket money
4	Old Age Care established 2019	Duhok	55 for women and 60 for men	Accommodation, clothing, food, pocket money

The prolong internal and external conflict in Iraq and Kurdistan create number of orphan children who need care from the government. The Directorate of Care and Social Development has five institutions that care for people with disabilities. They have programs in areas such as handicrafts, sewing, computer maintenance, pastry and sweets making, and carpentry. Additionally, they offer pocket money, snacks, and transportation. Their objectives include providing training and rehabilitation programs for mentally disabled individuals to achieve complete independence and self-reliance, as well as developing personal capabilities.

They aim to help children integrate with their families and communities after leaving the institute and to reduce the social and family burden by caring for this group, especially for low-income families. After 2002 because of

violence against women they need to make a shelter for women who live under risk and threaten. The city when develop the need extra services in 2019 they established old age shelter for both men and women. (see Table 8).

Table No. 8 disable institutions

S.r	Institute name	Location	Beneficiaries ages	Kind of services
1	Hiwa institute established 2009	Duhok	6- 15 years	pocket money, snack and transportation
2	Hana institute established 2009	Duhok	15 to 45 years	pocket money, snack and transportation
3	Awat Institute established 2009	Duhok	7 to 10 years	pocket money, snack and transportation
4	Ronahi Institute established 2009	Duhok		pocket money, snack and transportation
5	Autisim center established 2013	Duhok	5 to 7 years	pocket money, snack and transportation

The Directorate of Social Network Protection in Duhok was established in 2003 and has branches in five districts, as mentioned in Table 9. This directorate provides various services in the fields of welfare and social development for children, women, people with special needs, and low-income families. The Directorate of Social Network Protection has good program for needy peoples from 2003 to 2014 after ISIS war against Kurdistan and fled a number of IDP and refugee from Syria they impact on social care program.

They organize requests and claims from beneficiaries in two categories (people with special needs and families in need) to obtain social welfare salaries and disability allowances allocated to them through associated banks, aiming to improve their living conditions according to the guidelines issued by the Ministry of Labor and Social Affairs. This process involves creating special files for both categories, which are submitted to the Directorate of Social Protection Network Protection in Duhok, along with completing the annual census of people with special needs and beneficiary families registered with the directorate (see table No.9).

Table No. 9 institution of social development

S.r	District	Beneficiaries ages	Kind of services
1	The Directorate of Social Network Protection in Duhok established 2003	Above 18	Pay salaries for 12 kinds of

		vulnerable peoples
	Social Development office was established in 2009 in five district (Aqre,Amedi,Zakho,Semel and Shikhan)	Pay salaries for 12 kinds of vulnerable peoples
2	Above 18	

Several programs have been launched to address these objectives: a finance program to provide financial support to small business owners and low-income families, helping them meet basic needs and preventing them from falling deeper into poverty; a vocational training center to enhance employability among youth; collaboration with local, international, and UN agencies to help expand their programs for more effective poverty alleviation; and the utilization of local resources for community development. Table no.10 explain categories covered by the disability allowance. Admission requirements/degree of disability determined by the Standing Medical Committee (see table No.10).

Table No. 10 Categories covered by the disability allowance.

No.	Type of disability	Degree of disability determined by Medical Committee.
1	Physical (motor) disability	40%
2	Visual impairment	65%
3	Hearing impairment (deaf and dumb)	60%
4	Mental disability	
5	Dawn Syndrome	80%
6	Thalassemia	50%
7	Hemophilia	50%
8	Autism	80%
9	Schizophrenia	50%
10	Short stature	137 cm for males, 132 cm for females. For ages over 18 years.
11	Diabetes	According to the medical report, and for ages under 18 years.

5. DISCUSSION

In this study most of the household families were married and run by males compared to females. Most of the people in this study live in houses compare to flats. The flat typically offers limited living space, with smaller living areas and bedrooms compared to houses. Additionally, flats often lack privacy, as they are situated close to neighboring units. Residents of flats usually live in urban areas, in proximity to shops, restaurants, and public transportation. In contrast, houses provide more

privacy and greater flexibility for personal customization according to the homeowner's preferences. However, owning a house generally requires a larger financial investment.

But more than half percentage live in unhealthy houses who live in slum areas or live with relatives in old houses and their houses need renovation. The findings suggest an urgent need for affordable housing initiatives and renovation programs to enhance living conditions and, by extension, overall quality of life. Few people only have their own house most of them live in rent houses, live with relatives and slum areas those people need some accommodation program.

Form unemployment problems Yassin, (2019) noted that an increase in unemployment in rural areas, the Iraqi government make a plan to improve productivity and agricultural development, as well as to strength infrastructure. Moreover, the unemployment rate climbed to 27%, while the poverty rate surged from 23% to 38%, reflecting a twofold increase compared to the rest of the population (2018, وزارة التخطيط).

This youthful demographic suggests a potential for growth and development if adequately supported through education and employment opportunities. Strategies to enhance employability, such as vocational training and partnerships with local businesses, could help alleviate these issues. To empower communities, we need to support vulnerable groups such as orphaned children, women, and the elderly. This agree with Vice President, (2005) who stated that a social protection framework is essential to talk to vulnerabilities and ensuring social security, for specific groups such as orphans, people with disabilities, and the elderly. This mean there is bad services for old age peoples.

6. CONCLUSION

The country who lives in war and conflicts, politically instable therefore the country focus on defense instead of productive program. The people will live in poverty, a successful poverty alleviation strategy should be multi-dimensional, addressing the underlying structural causes of poverty. More people live in rent houses, slum area and with relatives because of poverty and un organize migration of people from rural to urban area. The Directorate of care and social development put program for three groups, accommodation institution like orphan, old age and women at risk, disable institution for disable people, and social development institution for low-income families. The study highlights the interconnected nature of demographic characteristics, living conditions, and socioeconomic status. There is a pressing need for comprehensive support systems that address the unique challenges faced by families in this region. By investing in affordable housing, enhancing employment opportunities, and expanding access to social welfare programs, stakeholders can significantly improve the quality of life for these families and work towards reducing poverty in a sustainable manner. It seeks to build power from within, rather than imposing external solutions, and aims to create lasting positive change that

is rooted in local knowledge, values, and aspirations. Data related to poverty alleviation in the Kurdistan Region of Iraq reveals a complex landscape shaped by economic, social, and political factors.

Suggestion

The study suggests that tackling multi-dimensional poverty requires a comprehensive and integrated

approach to poverty alleviation. Community empowerment initiatives that target vulnerable groups such as orphaned children, women, and the elderly are essential for creating a more equitable social framework. Furthermore, the collaboration with local, international, and UN agencies to enhance the effectiveness of poverty alleviation efforts is a positive step.

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