



AL MARKAZ PROJECT NEWSLETTER

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BARRIERS & CHALLENGES

to Youth Accessing Sexual and Reproductive Health & Rights (SRHR) & Gender-Based Violence (GBV) Services in the West Bank and Gaza

Across the West Bank, including East Jerusalem, many young people, especially women, girls, and persons with disabilities (PWD), struggle to access basic SRHR and GBV support. Movement restrictions, cost, and stigma mean help is often out of reach, particularly in marginalised areas such as Area C and H2 in Hebron. In many communities, services are either unavailable or difficult or dangerous to reach. As a result, young women and girls are often left without information, support, or safe options when facing violence or health concerns. The ongoing humanitarian crisis and the war on Gaza have collapsed access to healthcare and protection services in the Gaza Strip. Displacement, overcrowding, and lack of privacy have increased risks of violence and made it even harder for women and youth to access health care and support when they need it most.



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AL MARKAZ PROJECT

The MARKAZ ('centre' in Arabic) Project for Youth in the Occupied Palestinian Territory (OPT) is a three-year action implemented in the West Bank (including East Jerusalem) and Gaza to advance gender justice and improve youth access to integrated, holistic, and youth-centred SRHR and GBV services, responses, and prevention. It is implemented by Oxfam in partnership with the Palestinian Medical Relief Society (PMRS, MRS in East Jerusalem), the Abdel Shafi Community Health Association (ACHA), and The Center for Women's Legal Research, Counselling and Protection (CWLRCPC) and funded by the Belgian Government through the Belgian agency for international cooperation - Enabel. MARKAZ targets marginalised communities and promotes a "one-stop" model through One Stop Centres (OSCs) and mobile outreach that brings together medical, psychosocial, and legal services in one place, focusing on women, youth, and PWD.

In the West Bank, PMRS operates two OSCs, one in Hebron and one in East Jerusalem. Since the start of 2025, 15,122 individuals have been reached with critical support through the OSC services and mobile outreach activities. In Gaza, ACHA operates one OSC and mobile outreach activities, while the CWLRCPC operates the Riwaq Hub safe space linked to Hayat shelter for women. In 2025, the Gaza activities have reached 2,475 individuals. Overall, the approach helps to ensure that marginalised women, girls, and youth can access critical services and information despite substantial barriers.

Behind every service delivered is a person navigating risk, stigma, or crisis. The stories below show what "one-stop" support looks like in real life, where health care, psychosocial care, legal help, and referrals connect so that youth and women don't have to search for support alone.



SABHA'S MATERNAL HEALTH JOURNEY

When Sabha, a 35 years old young woman from Gaza City, became pregnant during the Israeli war on Gaza, what should have been a time of hope turned into months filled with fear and uncertainty. Displaced multiple times and forced to live in overcrowded conditions, she struggled to access food, water, healthcare, and basic privacy. She worried constantly about her own health and the safety of her unborn child.

Sabha received devastating news: she was diagnosed with gestational diabetes. In Gaza's shattered health system, securing needed medical support and medication felt almost impossible.

The stress of displacement and high-risk pregnancy also took a serious toll on her mental health. She began experiencing severe anxiety, disrupted sleep, and chronic exhaustion. There was nowhere she felt safe enough to speak openly about her fears.

Sabha eventually accessed support at ACHA's OSC through the MARKAZ project. There, she received medical care, nutritional guidance based on what food was available, and regular monitoring to reduce risks for herself and her baby.

“I knew my condition needed special care, but the circumstances were really difficult. I was very afraid for my baby, and I felt guilty, even though I had no choice.”

She was also connected to specialised psychosocial support. For the first time in months, Sabha found a safe space to talk about her fears. Through individual counselling sessions, she learned simple but effective techniques to manage stress and regain a sense of control.

As her due date approached, close coordination by the OSC staff ensured that Sabha reached the hospital in time. She gave birth safely under medical supervision- a moment of relief and hope after months of fear.

After her delivery, Sabha continued to receive postnatal and newborn care through the OSC. The psychosocial support focused on helping her process the trauma of war, pregnancy, and childbirth, while strengthening coping skills, self-care practices, and social support networks. In the weeks after childbirth, the specialists followed up on her health and continued supporting her transition into motherhood.

“I am stronger now,” Sabha said. “I learned skills that helped me control myself. I feel better.”

Looking back, Sabha reflects on how access to integrated care in the OSC transformed her experience. “What I went through was much harder than I imagined, but having people who cared about my health and my mental well-being brought my spirit back. It gave me the strength to keep going.”

Sabha's story highlights the critical importance of integrated services for pregnant women in emergency settings. By combining medical care, mental health support, and referral pathways, the MARKAZ project helps bridge gaps in access to care with safety, dignity, and support. In 2025, ACHA supported 103 women and girls, including PWD with individual psychosocial counselling and follow-up sessions, including specialised case management services.



DANA – FROM CONSTANT FEAR TO REGAINED CONFIDENCE

Dana is a 28-year-old mother of three from Hebron, in the south of the West Bank with two daughters, aged 10 and 13, and a six-month-old baby boy. In the area where she lives, access to support is limited, and she had never sought psychosocial help before. Like many women, Dana was also carrying the weight of community expectations, especially pressure from her in-laws to “finally” have a son. During her pregnancy, she was repeatedly told she was carrying a girl until the moment after giving birth, when she first discovered her baby was a boy.

This traumatic experience, paired with the years of pressure, led to significant distress she couldn’t explain. Over time, the impact of this trauma intensified into constant fear, intrusive thoughts, and social isolation.

She first came to the PMRS mobile clinic asking for a simple vitamin D test, trying to make sense of her exhaustion and mental distress. But she was immediately referred to Fatima, a psychosocial specialist, after the doctor noticed how overwhelmed she was. That referral became Dana’s first step toward getting the support she needed.

Dana attended in-person psychological sessions and followed up by phone when needed. Initially, she was hesitant to engage due to concerns around privacy and judgement, which she described as common fears among women seeking psychological support. But as her sessions were delivered in a safe and comfortable environment in the OSC, her confidence in sharing her feelings grew. *“Fatima assured me it was complete confidentiality... and I truly felt safe. I found someone who understood me, and I trusted her... that changed everything.”*

Before receiving support at the OSC, Dana stayed home, isolated herself, and struggled emotionally in front of her daughters. She tried to protect them from seeing her distressed. *“My daughters were always around me, asking, ‘What’s wrong, Mom?’ I tried to hide my distress from them.”*

After the sessions, Dana described a new outlook on life: she felt able to resume her activities, leave the house, and reconnect with others with more confidence. She also began encouraging other women to seek professional support.

She started thinking about herself again, her identity, and her future. She began planning to learn new skills and use her time in new ways. *“Now when I walk in the street, my confidence is high... I feel like a normal person, carrying my baby, happy not afraid.”*

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“I was shocked... I couldn’t process it. Every time the story comes up, I start crying.”

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“I had terrifying fear and stress... I felt like I was going to die... like something bad was about to happen.”

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FATIMA FINDS HER SPACE

Fatima is a 17-year-old Tawjihi student living in the old city of Hebron in the south of the West Bank. She has lived with hearing loss and delayed speech most of her life. In her community, support exists, but is not always visible or easy to access, especially for youth with disabilities.

While hearing aids helped improve her speech, she faced bullying and isolation from her peers. The social impact was harder to manage, especially now as Fatima has begun navigating social expectations that come with life after high school. She often struggles to feel comfortable around others and feels isolated. Her mother describes Fatima as kind and gentle but growing up for her wasn't easy. What affected Fatima most was her relationships with her peers.

Fatima's mother heard about PMRS' OSC through a local community session. After meeting the facilitator and hearing about the activities, she decided to visit because she felt alone and unsure how to support her daughter beyond home and school. For Fatima, the OSC became an opportunity to access integrated support.

“She didn't feel like other girls... she faced bullying, and she started closing in on herself.” Said her mom.



Fatima joined psychosocial and life-skills style sessions designed for adolescents offered by the OSC, as well as group activities including a camp, where she practiced social interaction and confidence building in a safe environment. Through these simple, interactive activities, she began to open up.

Before joining, Fatima rarely went out alone out of fear of judgement. “She used to stay at home... she wouldn't go anywhere unless I was with her.” After joining the centre's activities, she became more socially confident, engaged, and ready to try new experiences. “Now she's more social.”

“She started talking... laughing... even telling stories like, 'I went on a trip, I did this, I did that.'” Said her mom.

When asked if she enjoyed the camp, Fatima answered simply: “Yes.” Fatima is now thinking about her future, her studies, and what she wants to become.

In a context where many girls with disabilities often face social exclusion and self-doubt, being able to participate equally and build confidence reflects a meaningful shift in how Fatima relates to herself and the world around her. In 2025, PMRS supported 466 PWD with access to OSC services, awareness, and outreach activities.



HAMSAH – WHAT TO DO WHEN “REPUTATION” BECOMES A THREAT ONLINE

Hamsah, a 21-year-old married medical secretary student from Hebron was raising her young son, caring for her family, and pushing forward with her studies. Determined to build a better future, she continued investing in her studies and training. Proud of what she was achieving, Hamsah shared a post online, as many young women do. But sharing her achievements online quickly led to an entry point for online harassment.

One evening, a comment appeared under one of her posts, urging her to check her private messages. *“I wasn’t doing anything unusual,”* she said. *“I’ve always shared my achievements online.”*

At first, it seemed harmless. But within minutes, the exchange shifted to online harassment. The messages became insistent, then intimidating. The sender began making vague accusations, pressing her to respond and to confirm personal details, anything that could be used against her.



The intimidation relied on social pressure that disproportionately targets women, using shame, rumors, and “reputation” threats to force a response.

Panic is powerful. In a conservative community, fear spills into family life, marriage, reputation, and a woman’s sense of safety. Hamsah was married and a mother, and she knew how quickly an accusation, even a false one, could grow into a serious crisis.

Hamsah had previously attended awareness sessions by PMRS, and knew to seek support at the OSC. *“I knew they would take me seriously,”* she said. *“I trusted them.”*

It was already after working hours when she reached out. Still, the OSC staff listened carefully, recognised the urgency, and immediately referred her to the legal support services. The OSC immediately began coordinating with protection actors and cybercrime police.

“He kept asking questions like he was trying to trap me,” she said. “That’s when I understood he wanted me to panic.”

“I was afraid that if I told my family right away, it would become something much bigger,” she explained. “I didn’t want more harm. I wanted a solution.”



Step by step, the lawyer guided Hamsah through every response clearly and calmly, including what to say, what to avoid, and when to stop engaging, while staying in close contact until the situation was safely resolved. What felt like the longest half hour of her life slowly came to an end. The harassment stopped.

“*I remember looking at the time,”* Hamsah said. *“In about thirty minutes, it was over. That half hour saved me from making a mistake.”*”

The impact of the experience did not disappear overnight. Like many survivors of online abuse, Hamsah struggled with lingering anxiety and unanswered questions. But the support did not end with the immediate response. OSC staff continued to follow up, providing reassurance, guidance, and psychosocial support to help her regain a sense of safety and control.

Hamsah made changes to protect herself online. She strengthened her privacy settings and became more cautious about what she shares. But she refused to let fear silence her. *“I learned that silence doesn’t protect us,”* she said. *“Support does.”*



Today, Hamsah shares her experience with other young women, hoping they will recognise the signs of online abuse early and seek help without shame.

“*If this happens to you,”* she says, *“don’t face it alone. Go to someone you trust, someone trained to help.”*”

Hamsah’s story shows why it matters to have services in one place, like the OSC, where legal help, emotional support, and protection are available together, because in moments like these, trust and quick coordination can change everything.

Through the MARKAZ project, the total number of individual legal cases supported by the Hebron OSC reached 90 individual cases. Out of these, 30 cases were related to cybersecurity, representing approximately 33% of the total caseload. This highlights the growing importance of cybersecurity issues, particularly among the targeted age groups of youth and adolescents.



SALMA'S PATH FORWARD

Salma is 27 years old young woman, from Gaza City. Though she completed secondary school in 2016, financial barriers prevented her from continuing her studies in university. Instead, she invested in vocational training, studying English, basic nursing skills, and calligraphy. "I wanted to build a future, even if the road was not clear," she said.

In 2021, Salma got married and soon welcomed her first daughter, Alma. Motherhood brought her joy, but also responsibility in a place where daily life was already fragile. During the 2023 Israeli attacks on Gaza, she became pregnant again as the healthcare system was collapsing.

Under bombardment and fear, Salma gave birth at home, guided remotely by emergency responders. She delivered her second daughter, Malak, safely.



Survival, however, did not protect her from loss. As food shortages worsened, Salma and her family grew weaker.

"I was afraid for my life and my baby's life" she recalled. "But I had no choice. I had to survive."

Then their home was bombed in an Israeli airstrike. Salma was seriously injured. Her husband, along with other several family members, were killed. Only Salma and her two daughters survived. In a single moment, Salma became a sole caregiver and a survivor of unimaginable trauma. *"When I lost my husband, I was left completely alone"* she said.

Despite everything, Salma decided to enroll in multimedia studies at Al-Aqsa University while caring for two young daughters under harsh conditions. She even completed additional training courses. *"No one was there to hold my hand. But I decided I had to stay strong for my daughters."*

But grief still followed her everywhere. Depression took hold as she and her daughters were forcibly displaced multiple times with almost no basic necessities.



"We lived without safety, without stability" she said. "I was drowning inside and needed somewhere to feel safe."



Salma eventually found Riwaq hub, a women-only safe space in Gaza operated by CWLRCP. *“What made me choose Riwaq,”* she said, *“was that it offered what I actually needed.”*

Riwaq offers psychosocial support, legal, and protection support, alongside something rare in Gaza: stable electricity and internet access. For Salma, this meant possibility.

Since her first visit to Riwaq in August 2025, Salma now describes herself differently: not only as a survivor, but as a woman rebuilding her life. She feels stronger, more confident, and more hopeful. She continues her studies, cares for her daughters, and shares her story as part of her healing.

Salma’s journey reflects the transformative impact of safe spaces and support for women living through crisis, even in the most fragile contexts. Through the MARKAZ project, CWLRCP upgraded part of the shelter to become a one-stop service point in Gaza, enabling 18 women and girls to access safe shelter and protection services in the second half of 2025.

“Here, I started to breathe again,” Salma said. “I felt seen. I felt supported.”



CRITICAL GBV AND SRHR SUPPORT REACHING MARGINALISED YOUTH IN THE WEST BANK

For many young women and girls in rural and marginalised areas of the West Bank, including Hebron H2 and Area C, accessing support is extremely difficult and often feels impossible. Barriers linked to movement restrictions, cost, stigma, and lack of information leave many without safe ways to seek help or make informed decisions about their bodies and wellbeing.

BRIDGING THE GAP: THE ONE-STOP CENTRE AND MOBILE OUTREACH APPROACH

In communities where services are absent or hard to reach, PMRS' mobile outreach teams deliver health information, psychosocial support, and legal guidance, linking individuals to further services when needed. This approach ensures that those most excluded, especially in rural areas and restricted zones are not left behind. For many, asking for help or seeking support can feel pointless when services have been absent for years, and when the road to get there is risky.



One member of the mobile outreach team, Amal, said: *“Working with these communities can be challenging. Sometimes the Israeli army closes the village gate...we were locked inside. In some areas, there are no clinics. Services are almost non-existent.”*

Ranin, another outreach team member, added: *“We adapt to the community’s timing not the other way around.”*

RESPONDING TO GBV AND SRHR NEEDS IN MARGINALISED SETTINGS

In communities that have been neglected for years, trust does not come easily. New faces are often met with suspicion and stigma, especially with conversations around mental health, violence, or reproductive health. The outreach teams prioritise listening, respect, and consistency. Activities are held in familiar spaces such as schools, homes, and local centres, creating safer environments for dialogue.



As Fatima, one of the mobile outreach team members described: “We break barriers first with our tone and how we approach people. Once they feel respected, the door opens.”

Through this approach, women and young people begin to engage, sometimes for the first time, with information and support that directly affects their lives.

Across these communities, the outreach teams encounter a wide range of challenges, including early marriage, psychological violence, early pregnancies, and untreated reproductive health conditions. Many young people lack even basic knowledge about their bodies and health, often due to stigma or lack of access to accurate information.

One of the most persistent challenges the team encounters is early marriage. In some communities, staff described meeting girls and children, only to learn they were already married.

Early marriage exposes girls to serious risks, including early pregnancy, long-term health consequences, and the expectation to raise children while they are still children themselves. Yet many girls are unable to seek care or ask questions openly.

“I thought she was a little girl. Then I found out she was fourteen and a half and married.”

A midwife on the mobile team explained: *“Sometimes the knowledge exists, but shame blocks it. A girl may be thirteen or fourteen with serious concerns, and her mother won’t take her to a doctor.”*

The OSC model also integrates mental health and psychosocial support, a critical but often overlooked and stigmatised need. A psychologist on the team described meeting a young woman suffering from severe postpartum depression, overwhelmed by family pressure and fear.

“She was crying nonstop. I had never seen someone so collapsed.” The first intervention was not advice but listening without judgment. *“Many people don’t need lectures. They need someone to hear them.”*

Through continued support, the mobile team helps women rebuild confidence, reduce fear, and regain a sense of control over their decisions. As the psychologist noted: *“The solutions are often inside them. Our job is to help them see themselves again.”*



In addition to individual support, the mobile teams facilitate group activities in community safe spaces on SRHR and protection-related topics. These issues are rarely discussed openly despite their importance for young people’s wellbeing.



“We talk about issues that youth rarely hear about elsewhere,” said Warda, a health worker, *“These topics aren’t taught at universities, but they’re essential for young people to make the right choices for their lives.”*

These sessions often serve as an entry point, connecting individuals to further care through the OSC and other services. For many, this support is transformative.

“Participating in awareness meetings related to women’s health topics encouraged me to follow up on pregnancy and care,” shared a young woman after accessing support. *“The services I received helped me regain part of my strength and self-confidence.”*