

United Nations Population Fund

HUMANITARIAN APPEAL FOR THE REFUGEE RESPONSE IN JORDAN

2026

Snapshot

In Jordan, an estimated **415,000¹** refugees, asylum seekers, and stateless persons will require humanitarian assistance this year, of whom nearly **108,000** are women of reproductive age (15–49), with an estimated **12,000** women expected to become pregnant in the next 12 months. UNFPA's humanitarian response in Jordan focuses on sustaining life-saving **sexual and reproductive health (SRH)** services and **gender-based violence (GBV)** prevention and response across the country, with particular attention to refugees living in host communities and camp settings such as Zaatari Camp and Azraq Camp.

UNFPA is committed to enhancing the resilience of public institutions and communities in Jordan and to providing quality SRH and GBV services to improve the health and well-being of women, adolescents, youth, and vulnerable groups.

In 2026, UNFPA is appealing for **US \$7.2 million** to reach **75,000 people** with SRH, GBV, and related services. As of 1 March 2026, UNFPA Jordan has mobilized a total of **US \$2 million**, leaving a sizable gap to sustain and scale essential services.

\$7.2 million

To reach 75,000 people

(28% funded as of 1 March 2026)

¹Based on Regional Refugee and Resilience Plan (3RP) estimates for refugees, asylum seekers, and stateless persons in need during the 2026 year (UNHCR; Dec, 2025).

Situation Overview

Jordan remains among the countries hosting the world's largest refugee populations per capita,² with 427,000 registered refugees, the majority from Syria. As of 28 February 2026, 404,000 Syrian refugees reside in the country, 79.3 per cent in host communities and 20.7 per cent in camps.³ After fifteen years, the refugee crisis continues to strain national systems and public services, exacerbating vulnerabilities among both refugees and host communities. While voluntary returns to Syria increased following the change of the government of Syria in late 2024, humanitarian needs remain significant, compounded by declining funds and increasing pressure on essential services.

Mounting regional crises, including the ongoing hostilities in Palestine and intensified military activity in Iran and across the region, have further enhanced socioeconomic pressures through inflation, unemployment, and fiscal constraints. Increased living costs and reduced income opportunities have limited households' coping capacities and heightened reliance on overstretched public health and protection services.⁴

Refugee women and girls remain disproportionately affected, facing limited access to maternal care, contraceptives, and menstrual health resources. These challenges are further compounded by barriers such as high costs, lack of transportation, restrictive social norms, family dynamics, and insufficient mental health support.⁵

Significant disparities exist between refugee populations in Jordan and the national population. Fertility rates among Syrian refugees average 4.1 children per woman, rising to 4.9 among those living in camps, compared with 2.5 among Jordanians; and the Maternal Mortality Ratio (MMR) for Jordanian women is 25 per 100,000 live births, compared with 31 among non-Jordanians.^{6,7}

GBV remains pervasive: 26 per cent of married refugee women report experiencing intimate partner violence, while 42 per cent indicate they would likely remain silent if they faced GBV, highlighting barriers to reporting and access to services.⁸ Child marriage persists, accounting for nearly half of all registered marriages in the Zaatari and Azraq camps.⁹

Sustained support is essential to prevent further deterioration in access to SRH services and GBV prevention and response, particularly for women and girls in camp and underserved host community settings.

² 3RP Regional Strategic Overview 2026, UNHCR. [3RP Regional Strategic Overview 2026](#)

³ Jordan Operation Data Portal, UNHCR. [Country - Jordan](#)

⁴ UNRWA in Jordan: Fact Sheet. [UNRWA in Jordan: Fact Sheet](#)

⁵ 3RP Regional Strategic Overview 2026, UNHCR. [3RP Regional Strategic Overview 2026](#)

⁶ Ministry of Health, UNFPA. [Jordan's National Maternal Mortality Report 2024](#).

⁷ Jordan Population and Family Health Survey (DHS) 2023. [Jordan Population and Family Health Survey](#)

⁸ Understanding Gender Dynamics to Inform the Jordan Refugee Response, 2026, UN Women, UNICEF, UNESCO, UNHCR, UNFPA and CARE. [Understanding Gender Dynamics to Inform the Jordan Refugee Response | Publications | UN Women](#)

⁹ UNFPA Country Programme Document for Jordan (2023-2027). [UNFPA Jordan CPD](#)

Target Population



415,000
Total people affected



108,000
Women of reproductive age¹⁰



12,000
Estimated pregnant women



53,500
People targeted with SRH services*



21,500
People targeted with GBV programmes*

UNFPA Response Strategy

UNFPA's response centres on sustaining and scaling critical SRH and GBV services to prevent maternal mortality, protect survivors of gender-based violence, and reach the most vulnerable.

Sexual and reproductive health priorities: emergency obstetric and newborn care; safe delivery services and dedicated midwifery support; provision of contraceptives; distribution of menstrual health supplies; prevention and management of sexually-transmitted infections; and clinical management of rape.

Gender-based violence priorities: survivor-centred case management and response services, including psychosocial support; establishment and maintenance of Women and Girls' Safe Spaces (WGSS); and targeted community outreach and awareness-raising.

To maximize effectiveness, UNFPA co-leads and coordinates SRH and GBV actions within inter-agency platforms. Moreover, UNFPA coordinates robust partnerships with governmental and non-governmental national and international stakeholders in the fields of GBV and SRH, including civil society organizations (CSOs) and women-led organizations (WLOs).

UNFPA's programming explicitly addresses the needs of adolescents, female-headed households, and persons with disabilities. UNFPA works to embed SRH and GBV services within national systems by supporting a robust referral network. This ensures that when necessary, vulnerable refugee populations can be safely and efficiently connected to specialized health and protection services outside of the camp settings.

Even in the context of increased returns of refugees currently registered in Jordan back to Syria, it remains crucial to ensure the uninterrupted provision of high-quality SRH and GBV services to address the needs of the remaining refugees and host communities. Evidence from similar contexts highlights that premature reduction in services can lead to significant gaps in care and deteriorating health outcomes, especially for women and girls.

This appeal is fully aligned with the priorities and objectives of the **2026 Regional Refugee and Resilience Plan (3RP)**,¹¹ which is coordinated in collaboration with humanitarian partners across all sectors, in addition to full alignment with the Government's Jordan Response Plan (JRP) and UNFPA's transition towards more development-focused programming.

¹⁰ Estimated figures are based on the [Minimum Initial Services Package \(MISP\) for Sexual and Reproductive Health in Humanitarian Settings](#)

* Targets represent the planned direct reach of UNFPA's programming in 2026.

¹¹ 3RP Regional Strategic Overview 2026, UNHCR. [3RP Regional Strategic Overview 2026](#)

UNFPA Expected Outcomes and Results



53,500

People targeted with SRH programmes



21,500

People targeted with GBV programmes



4,275

Young people and adolescents targeted



2,345

People with disabilities targeted



500

Target number of people reached with cash and voucher assistance



125

Target number of people trained on various services

Funding Requirements

Programme	Funding Required (USD)	Funding Received*
Sexual and reproductive health	3,520,000	1,440,000
Gender-based violence	3,680,000	560,000
Total	7,200,000	2,000,000

**Rounded figures as of 1 March 2026. Funding available is based on cash received during the current year, funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from expired agreements or agreements that have been signed but not yet received.*

Current Donors*

- European Union
- France
- Japan
- UNFPA Emergency Fund

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*As of 1 March 2026



“During the month of closure [as a result of funding cuts], **I couldn’t find anyone to listen to me...when services resumed, hope returned to me.**”
 — A refugee woman accessing services at a UNFPA Women and Girls’ Safe Space (WGSS)

“Continuous medical follow-up **enabled me to give birth to healthy children**, thanks to proper monitoring during pregnancy.”
 — A refugee woman accessing services at a UNFPA SRH Clinic

