

Violations of International Humanitarian Law in Lebanon: NGOs call for Immediate Action to Halt Escalating Harm to Civilians and Civilian Infrastructure

Key Context

The escalation of hostilities in Lebanon since 2 March has resulted in widespread civilian harm, destruction of critical infrastructure and significant constraints on humanitarian operations. Over 2,100 people have been killed and over 6,900 injured, and more than 1.2 million – one fifth of the estimated total population – are internally displaced, including over 390,000 children. Repeated Israeli strikes in populated areas, damage to essential civilian infrastructure and attacks affecting healthcare services have compounded an already fragile humanitarian situation. At the same time humanitarian actors and medical personnel face increasing barriers to delivering life-saving assistance safely and at scale.

These patterns raise serious concerns regarding compliance with International Humanitarian Law (IHL), particularly the principles of distinction, proportionality and precautions in attack. Likewise, IHL affords special protection to medical and humanitarian personnel and infrastructure, yet the conflict has been marked by a concerning number of attacks affecting healthcare and growing restrictions on humanitarian access.

Protection of civilians

Heavy bombardment by Israeli forces in densely populated urban areas has significantly increased civilian casualties. On multiple occasions entire residential buildings have been demolished, resulting in the deaths of entire families in single strikes. The violence on 8 April, launched directly after a ceasefire had been agreed between the US and Iran, marked one of the deadliest days of the escalation. Over 100 strikes were conducted across Lebanon in the space of 10 minutes, including in residential areas not previously targeted during the conflict, marking a significant expansion in the scope and intensity of hostilities. The absence of any prior warning left civilians with no opportunity to seek safety. In Saida, where a strike killed 12 people less than 100 metres from an NGO distribution site, a worker described the immediate sense of panic: ‘We took shelter in the community kitchen. I tried to reassure my team that it would be ok, but inside I was terrified.’ According to the Lebanese Ministry of Public Health at least 357 people were killed and 1,223 injured in the nationwide attacks. Many are still missing under the rubble.

Civilians have borne the brunt of the violence, with children, the elderly and persons with disabilities disproportionately affected. As of 14 April, 168 children have been killed and 650 injured in Lebanon since the escalation began: UNICEF have likened this to a ‘classroom of

children' lost every day.¹ Among them is a 6-year-old Syrian boy, hospitalised after an airstrike on 10 April in Ain Baal, Tyre district, which killed both his caregivers. 'He is now alone with only his two young brothers - three young children suddenly without protection, without home, and without adults to keep them safe - trying to survive what remains of their world,' said his nurse. 'We are witnessing children arrive at hospitals not only injured, but orphaned, separated, and emotionally shattered beyond their years.'

Many elderly persons and persons with disabilities have not been physically able to relocate, either at all or at speed during displacement orders, and hence remain exposed to violence. Some individuals are unable to access the displacement orders themselves due to sensory or learning difficulties. Meanwhile some civilians remain in high-risk areas due to carrying out essential occupations, including healthcare workers and those maintaining water, energy and food systems. Others simply choose to remain in their homes. According to IHL all civilians must be protected, without exception: those who do not comply with displacement orders retain their civilian status and protections and do not become lawful targets.

The thousands of casualties since the start of the escalation have included civilians inside and outside displacement areas. As well as children and other vulnerable persons, there are numerous examples of individuals killed while carrying out civilian occupations. These include the parish priest of Qlaya in south Lebanon, killed on 9 March, two senior academics killed at the Lebanese University campus in Hadath on 12 March, and three journalists, killed on 28 March while reporting on the conflict.

In addition, three UNIFIL peacekeepers were killed in two separate incidents on 29 March, and on 7 April another was briefly detained after Israeli forces blocked a logistics convoy. A UNIFIL statement emphasized, 'Any detention of a United Nations peacekeeper is a blatant violation of international law'.² While peacekeeping missions may not be staffed by civilians, any attack against them is prohibited under IHL.

Hezbollah have fired rockets and missiles into Israeli territory since the start of the escalation, without prior warning, resulting in at least one reported death and tens of injuries.

The conflict's mounting civilian casualties, and the scale, intensity, and geographic spread of attacks, particularly in densely populated areas, raise serious concerns regarding

¹ <https://www.unicef.ch/en/current/news/2026-03-27/lebanon-about-19000-displaced-children-every-day>

² <https://unifil.unmissions.org/en/press-releases/unifil-statement-on-idf-detention-of-peacekeeper-7-april-2026>

compliance with the rules governing the conduct of hostilities under IHL. These include the obligation to distinguish at all times between civilians and combatants, the prohibition of attacks that are disproportionate in relation to anticipated military advantage, and the requirement to take all feasible precautions to minimise civilian harm.

In this context, the repeated destruction of residential buildings, the high number of civilian casualties, and reports indicating limited or no effective warning in some instances point to a pattern of harm that is difficult to reconcile with these obligations. The use of explosive force in populated areas at this scale raises particular concern regarding the prohibition under IHL of indiscriminate attacks. There are also credible reports of the use of incendiary weapons, including white phosphorus munitions,³ in populated areas of southern Lebanon. The use of such weapons in areas with concentrations of civilians raises additional concerns under IHL.

Protection of healthcare workers

Medical personnel and facilities have come under repeated attack from Israeli forces during the conflict: as of 14 April the WHO reported the deaths of 88 healthcare workers and 206 injuries, numbers that continue to rise. Six hospitals have been forced to close due to damage or displacement orders (one has since reopened), while 15 others have sustained partial damage. In addition, 56 Primary Healthcare Centres (PHCCs) have ceased operations, limiting access to essential medical supplies and services, and increasing the risk of communicable diseases. Many of these facilities had been rehabilitated by humanitarian organisations following the previous escalation in 2024.

The attacks have included a strike on the Burj Qalaway health centre in Bint Jbeil district on 14 March, killing 12 health workers, including doctors, paramedics and nurses on duty, and a number of strikes on paramedics with the Lebanese Red Cross, resulting in the death of one responder on 9 March and another on 12 April. Jabal Amel hospital, the main healthcare facility serving Tyre district, has reportedly been hit by strikes five times. Concerningly, a number of health workers have been killed while responding to previous attacks conducted shortly before in the same location, in a tactic that has become known as ‘double tap’ strikes. Hospital staff have shared that they sometimes deliberately delay emergency responses by up to nine hours to avoid being targeted in this way – likely reducing the survival rate of those injured in the attacks.

These incidents raise serious concerns regarding the specific legal protection afforded to medical personnel and facilities. While Israeli authorities have claimed that certain medical

³ <https://www.hrw.org/news/2026/03/09/lebanon-israel-unlawfully-using-white-phosphorus>

facilities and ambulances are being used by Hezbollah for military purposes, to date these claims have not been substantiated, and have been denied by Lebanese authorities. All parties must ensure the protection of healthcare workers and medical infrastructure at all times to comply with their obligations under IHL.

Protection of civilian objects

Repeated attacks on civilian infrastructure have intensified, leading to significant consequences for civilian populations, particularly in areas under displacement orders. Since the escalation began, at least seven bridges, ten fuel stations and one power station have been targeted by Israeli attacks. These attacks have significantly restricted civilian movement and access to essential services. OCHA estimates that the destruction of key bridges over the Litani river has isolated more than 150,000 people, severely constraining humanitarian access. Israeli forces also warned on 14 March that any truck travelling on the coastal highway south of Beirut may be targeted, a message that risked further disrupting essential supplies for those populations, while raising serious questions regarding the principles of discrimination and proportionality in attacks.

Isolated residents in southern Lebanon also face disruptions to water supply due to conflict damage. In Marjaayoun for example, pipeline damage has left residents dependent on water trucking at a cost of up to USD 100 per month, despite widespread loss of income. The situation is exacerbated by the targeting of fuel stations and escalating oil prices, as Lebanon's water systems rely heavily on electricity and fuel for water pumping, distribution and wastewater management. The resulting water scarcity presents serious risks for nutrition and public health, as families are forced to resort to unsafe water sources and reduce hygiene practices and safe food preparation. These conditions significantly increase the risk of waterborne disease and malnutrition. Deprivation is particularly acute in the densely populated refugee camps in the south, which remain home to approximately 3,200 families, with very limited access to basic services.

"I am a father of two small girls, and my fear for them grows every hour. We are trying to keep their education going online, but it feels like a losing battle. We are relying solely on Wi-Fi to speak to the world, and we know that will be cut off soon too. Once that happens, we will be in a total communication blackout — trapped in silence. My daughters have to hear the sound of gunfire and explosions while they try to learn. Stray bullets hit our area, and our windows have been shattered. We are running out of everything. No vegetables, no mobile signal, and our diesel — the only thing keeping the Wi-Fi and lights on — will only last 3 to 4 weeks. I fear the water we drink is polluted by the war. We are being cut off from the world in every possible way."

- *NGO staff member residing in Ain Ebel, Bint Jbeil district*

The conflict has also had a devastating impact on agricultural production. According to the Ministry of Agriculture, over one fifth of Lebanon's agricultural land has been damaged, including olive groves, citrus and banana trees, vineyards and greenhouses, with severe implications for food security and rural livelihoods. The destruction of productive assets builds on losses incurred during the 2024 escalation, further weakening an already fragile sector and undermining both subsistence and commercial agriculture.

Under IHL, transport, energy, and water infrastructure are protected as civilian objects and must not be directly targeted unless and for such time as they constitute military objectives. Even where such infrastructure is considered to have military relevance, any attack must comply with the principles of necessity and proportionality, and all feasible precautions must be taken to minimise harm to civilians.

Water systems and agricultural assets in particular are considered indispensable to the survival of the civilian population. Their destruction - particularly where it leads to foreseeable reverberating effects on access to water, food production, healthcare and humanitarian assistance - raises serious legal concerns.

Forced displacement

Since the start of the escalation, the Israeli military has issued repeated mass displacement orders for extensive areas of Lebanon, including all areas south of the Zahrani River, all of Beirut's southern suburbs, and parts of the Bekaa. These displacement orders issued by Israeli forces now cover approximately 1,525 km² - 14.6% of Lebanon's territory. They are usually not timebound and provide no indication of when strikes may occur, raising serious concerns about whether all feasible precautions are being taken to protect civilians. Israeli airstrikes may subsequently be conducted anywhere within the areas placed under the orders, forcing all residents to assume they have only minutes to flee. Displacement orders have also affected hospitals and other healthcare facilities, placing significant pressure on health providers to evacuate patients and identify alternative care options under extreme conditions.

The resulting displacement is driving significant health and protection risks, with women, children, the elderly and persons with disabilities disproportionately affected. Reports indicate high instances of respiratory infections due to cold temperatures in collective shelters, gastroenteritis cases linked to insufficient food and cooking facilities, and disruption to treatment for patients with chronic diseases. Shelters are invariably overcrowded and lack adequate water and sanitation infrastructure, severely limiting privacy, dignity and psychological safety for residents. Moreover roughly 88% of those displaced are living outside collective shelters, many in cars, public spaces or other

insecure settings. One in five children in Lebanon has been forced from their homes by the conflict, with many suffering acute psychological distress and anxiety.

The sweeping displacement orders deployed by the Israeli military are not only driving a major humanitarian emergency across Lebanon, but have potential IHL implications. While parties to a conflict may issue advance warnings or evacuations to protect civilians from specific attacks, such measures must be temporary in nature, proportionate to concrete military necessity, and accompanied by conditions that ensure safety, dignity and the possibility of voluntary return.

In this context, the scale, geographic scope, and open-ended nature of the orders, combined with the absence of clear guarantees of safe passage, access to basic services, or conditions for return, raise questions as to whether these measures remain within the bounds of lawful precautionary measures. Public statements by Israeli officials regarding the establishment of a ‘security zone’ south of the Litani river,⁴ alongside reported restrictions on the return of displaced populations, further heighten concerns that displacement may not be temporary in nature.

In addition, the widespread destruction of homes, infrastructure, and entire villages in south Lebanon risks rendering areas uninhabitable, further impeding the ability of civilians to return in practice. As highlighted by OHCHR, such measures raise serious concerns under IHL, which prohibits the forcible transfer of civilian populations, particularly when they are left with no viable alternatives.⁵

Restrictions on humanitarian access

Humanitarian operations have been severely constrained by insecurity, destruction of infrastructure and access restrictions. Many NGOs have had to relocate offices from southern Lebanon due to the intensity of ongoing hostilities, while others continue to operate under constant threat of attacks. Delivering assistance to populations remaining in areas under displacement orders is increasingly difficult, particularly as key transport routes and river crossings have been systematically targeted. Suspension of activities is regular, due to unpredictable strikes and orders, and disrupts access to essential services such as healthcare. Access challenges are also hampering some organisations’ ability to ensure a principled humanitarian response in hard-to-reach areas, as in the constrained

⁴ <https://www.bbc.co.uk/news/articles/c5yx8knpr5no>

⁵ <https://www.ohchr.org/en/press-briefing-notes/2026/03/situation-lebanon>

access environment the potential to assess needs and conduct post-distribution monitoring is limited.

Under IHL, parties to the conflict must allow and facilitate rapid and unimpeded humanitarian access, and ensure the protection of humanitarian personnel and assets.

Call to action

Taken together, the pattern of attacks on civilians, healthcare and civilian infrastructure, alongside the use of broad displacement orders and tactics that place medical personnel at risk and impede the delivery of humanitarian assistance, raise serious concerns under International Humanitarian Law. There is an urgent need to ensure accountability and the immediate protection of civilians, civilian infrastructure, and humanitarian and medical personnel.

We call on all parties to the conflict to:

- Cease hostilities immediately, including all attacks on civilians and civilian infrastructure;
- Comply immediately with their obligations under International Humanitarian Law, as well as human rights law;
- Ensure protection of healthcare and humanitarian personnel at all times;
- Facilitate rapid, safe and unimpeded humanitarian access.

We call on the international community to:

- Use all available diplomatic levers to push for an immediate ceasefire, and to ensure that civilians and civilian infrastructure are protected from attack, in accordance with the legal principles of proportionality, distinction, and precaution;
- Use all available levers to ensure the protection of humanitarian and healthcare personnel and assets;
- Make every effort to end the use of blanket displacement orders and ensure that any warnings fully comply with International Humanitarian Law, including guarantees of safe passage, adequate conditions, and the protection of civilians whether they leave or remain;
- Support coordination mechanisms to ensure rapid, safe and unimpeded humanitarian access to those in need;
- Call for independent, impartial investigations into violations of International Humanitarian Law, including attacks on civilians, healthcare, and civilian infrastructure;

- Review any military or political support to parties to the conflict that may be implicated in breaches;
- Urgently mobilise sustained and flexible funding to support the growing needs of displaced persons and those remaining in vulnerable areas, and ensure this funding respects humanitarian principles.

16 April 2026

The Lebanon Humanitarian INGO Forum (LHIF) is an informal and independent coordinating body comprising 74 international NGOs (INGOs) who are working to address the needs of vulnerable individuals, families, and communities throughout Lebanon.

This statement reflects the endorsement of a majority of LHIF members.

The Lebanon Humanitarian and Development NGOs Forum (LHDF) is an independent network of over 90 local and national NGOs (LNGOs) working across Lebanon to respond to humanitarian needs, advance development, and strengthen community resilience. LHDF provides a platform for coordination, joint advocacy, and collective action, ensuring that local actors have a strong, unified voice in decision-making at national, regional, and global levels.

For questions, please contact inquiries@lhif.org, lngos.forum@gmail.com

Member organisations of the Lebanon Humanitarian INGO Forum (LHIF):

Acted	Legal Action Worldwide
Action Against Hunger	Médecins du Monde
Action Aid	Mennonite Central Committee
Anera	Mercy Corps
ARCS Culture Solidali	Mines Advisory Group
Asmae - Association Soeur Emmanuelle	Norwegian Church Aid
AVSI	Norwegian People's Aid
Bioforce	Norwegian Refugee Council
CAFOD	Oxfam in Lebanon
Caritas Austria	Première Urgence Internationale
Caritas Germany	Relief International
Caritas Switzerland	Right to Play
Catholic Relief Services	SAMS
CESVI	Save the Children
Comitato Internazionale per lo Sviluppo dei Popoli	Search for Common Ground
Clovek v Ohrozeni	Secours Islamique France
Concern Worldwide	Solidarités International
COOPI	Swisscontact
Danmission	Taawon
DanChurchAid Lebanon	Tearfund UK
Danish Refugee Council	Terre des hommes Italy
Dorcas Aid International	Terre des hommes Lausanne
Fondation Mérieux	Trocaire
HEKS/EPER	Un Ponte Per
HelpAge International	War Child Holland
Humanity & Inclusion	Welthungerhilfe
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Islamic Relief Worldwide, Lebanon	
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La Chaîne de l'Espoir	