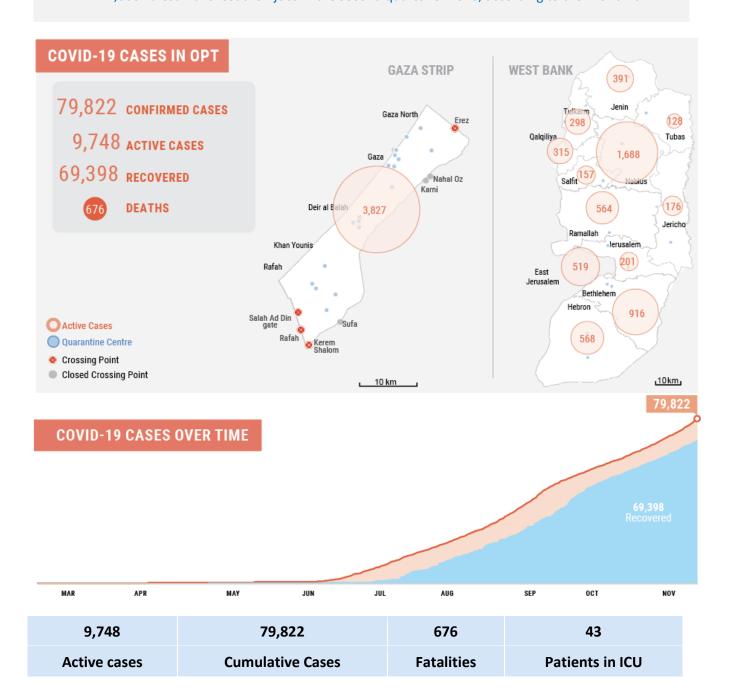


Occupied Palestinian Territory (oPt): COVID-19 Emergency Situation Report No.22

(3 – 17 November 2020)

HIGHLIGHTS

- Active COVID-19 cases continue to rise; 103 more people die.
- Gaza accounts for 39 per cent of active cases and recorded another 19 fatalities.
- 121,000 Palestinians lost their jobs in the second quarter of 2020, according to the World Bank.



SITUATION OVERVIEW

During the reporting period, over 12,600 additional Palestinians in the oPt tested positive for COVID-19, and approximately 10,250 recovered. The rise in active cases continues, from 7,455 at the end of the previous reporting period, to 9,748, according to the Palestinian Ministry of Health (MoH). Some 103 people died, bringing to 676 the cumulative number of fatalities due to the virus, 620 in the West Bank, including East Jerusalem, and 56 in the Gaza Strip. Forty-three patients are in intensive care units (ICU), 10 of whom require mechanical ventilation, according to the MoH.

Gaza accounts for 39 per cent of all active cases in the oPt, followed by Nablus (17 per cent), Bethlehem (nine per cent), Hebron (six per cent), and Ramallah (5.8 per cent),

The official figures are believed to significantly underestimate the actual number of people who have contracted the virus, due to the policy implemented in West Bank by the MoH, whereby only those showing possible symptoms, as well as travellers, are being tested. According to the Palestinian Minister of Health, the true number of cases may be as much as three times higher than the official figure. She attributed the continuing increase in cases to people not abiding by preventive measures and continuing to attend public events, such as wedding celebrations.

The Palestinian Prime Minister's Office has established a National Coordination Committee to ensure that the health system is ready when a vaccine is made available. The oPt is eligible to receive financial support for immunisation of an estimated 20 per cent of its population considered most vulnerable, such as health workers, people aged over 65, and those with pre-existing health conditions.

The World Bank projected a decline of about eight per cent in the economy of the oPt in 2020, primarily due to COVID-19 related restrictions, while indicating that some 121,000 Palestinians have lost their jobs in the second quarter of the year alone. The Palestinian Central Bureau of Statistics issued the findings of its labour force survey for the third quarter of 2020, which show that the unemployment rate rose to 28.5 per cent of 2020, up from 24.6 per cent in the equivalent period of 2019, with a sharp divergence between Gaza, 48.6 per cent, in contrast to 18.7 per cent in the West Bank.

A serious financial crisis affecting UNRWA may result in further deterioration of the socioeconomic conditions. On 9 November, the agency announced that it had run out of money to pay the November salaries of its 28,000 staff across its five fields of operations in the Middle East. The Gaza Strip, with 13,000 employees, will be the most affected. The Agency needs to raise US\$70 million by the end of November to pay full salaries for November and December.

On 17 November it was announced that the Palestinian Authority (PA) has agreed to resume coordination with the Israeli authorities, which has been suspended since May in response to Israel's plans to annex parts of the West Bank. This is expected to facilitate the import of COVID-related supplies to, and the movement of patients and staff within the oPt.

West Bank

The northern West Bank witnessed the largest increase in the reporting period, particularly the Nablus governorate, which now has the largest share of active cases (1,688) in the oPt after Gaza. The Emergency Committee of Nablus announced a night curfew in Nablus city from 16 to 21 November. Additionally, a three-day closure was imposed on Till, south of Nablus, after 50 cases were confirmed in the village. Kafr Ad Dick village in Salfit is also under a temporary closure due to an increase in cases there. Except for those areas, movement and activities across the West Bank have continued, largely unaffected.

On 10 November, in the context of the pandemic, the Israeli army issued a military order forbidding the entry of Israeli citizens and East Jerusalem residents into areas defined as Area B under the Oslo Accords, from 12 November until 12 December. A long-term entry prohibition into Area A remains in place.

As of 10 November 2020, according to the MoH, 24 sample collection/diagnosis centres are active in the West Bank, including East Jerusalem. The collection of samples is also available at private and public hospitals. In addition, there are 16 treatment centres currently operational in the West Bank, excluding East Jerusalem.

In East Jerusalem, where the number of active cases had declined to less than 300 in the last reporting period, the numbers have risen to 520. The PA's financial crisis continues to affect the financial sustainability of the six East Jerusalem hospitals, which have accrued debts and payment arrears of \$68 million. This affects the operational capacity of the hospitals at a time when the pandemic has caused a 30 per cent reduction in revenues since July 2020, due to the decline in referrals and reduced utilization of health services.

Since the beginning of the pandemic, about 200 schools out of a total of 570 in the West Bank have been partially or fully closed, due to confirmed cases among students and teachers. During this reporting period, at least three schools were reported to be temporarily closed in Nablus city; official sources in the Bethlehem governorate indicate that there are 12 schools with active cases among students and teachers; while in Hebron, at least three schools are currently closed for two weeks.

Between 1 and 15 November, 3,009 Palestinians entered the West Bank through the Allenby Crossing with Jordan, and 3,006 exited. All such movements require coordination with the Palestinian Ministry of Foreign Affairs and testing for COVID-19 before crossing in either direction. The Jordanian authorities have launched an online system to facilitate the crossing of Palestinians via Allenby, although travellers must provide evidence of testing and a commitment to quarantine requirements.

Citing the lack of building permits, during the reporting period, the Israeli authorities demolished, seized, or forced people to demolish at least 128 Palestinian-owned structures in the West Bank, including East Jerusalem, displacing 100 people. On 3 November, the Israeli authorities demolished 83 structures in the Bedouin community of Humsa Al Bqai'a, in the northern Jordan Valley, displacing 73 people, including 41 children. This is the largest number of people displaced in a single incident since March 2016, and the largest number of structures demolished in a single incident since OCHA started monitoring demolitions in 2009.

Despite the Israeli authorities' announcement on 1 October to halt the targeting of inhabited homes in East Jerusalem due to the pandemic, two homes were demolished during the reporting period: one by the Jerusalem Municipality, and one by the home's owner following pressure from Municipality inspectors and the Israeli police, displacing 11 people including three children as a result.

Gaza Strip

In Gaza, 5,208 new COVID-19 cases were recorded in the reporting period. The number of active cases increased by 45 per cent, from 2,647 to 3,827, out of a total of 12,439 cases overall, since the start of the pandemic. Nineteen people died, bringing the death toll to 56.

On 18 November, Gaza registered a record high of 600 new cases. The Health authorities are also reporting an increasing number of cases with mild/moderate symptoms. There is also concern of a potential increase in the number of people with severe symptoms, as more cases are reported among people over 60, particularly female.

Following these developments, the local authorities announced that, as of 15 November and until further notice, all shops across Gaza will have to close by 17:00. Gatherings of more than 15 people indoors are prohibited, including for weddings and wakes at home. The authorities have also designated 23 out of the 94 geographic areas in Gaza as red, where no movement is allowed. The police will further enforce measures and ensure that violators face legal consequences.

Testing levels have remained high, with more than 2,500 a day being conducted. However, the local authorities have warned about chronic shortages of related laboratory supplies, as well as oxygen supply for patients at the dedicated COVID-19 hospital, the European Gaza Hospital. The Health Cluster is monitoring situation and considering options to address these needs.

The MoH is resorting to home isolation for those who are asymptomatic or display mild symptoms. Those in need of medical attention, or who do not meet the criteria for home isolation (e.g. sufficient space at home) are being isolated in the designated European and Turkish hospitals, or in the isolation facilities. As of the morning of 18 November, 234 cases are being treated at the European Hospital, 61 in serious condition. Some 2,850 people are currently isolated at 24 designated facilities and another 28,000 people are in home quarantine.

People entering Gaza through the Rafah and Erez crossings, including international staff/foreign delegations, are no longer required to undergo home quarantine, if they can present a negative PCR test result, taken within 48 hours prior to entry. Those unable to present the test result on arrival can be tested at the border, but they are required to undergo home quarantine until the results are issued.

The Rafah Crossing with Egypt exceptionally opened for four days in both directions from 2 to 5 November, during which period 1,337 people entered Gaza and 3,171 exited. The entry of goods continued from Israel through the Kerem Shalom Crossing, as did imports from Egypt via the Rafah Crossing. The Erez passenger crossing with Israel was also open for the exit of a small number of exceptional cases, mostly medical patients. The number of Palestinians entering Gaza through Erez has been relatively consistent, at approximately 80-110 people per week.

COORDINATION

The Inter-Agency COVID-19 Task Force, led by the Resident/Humanitarian Coordinator (RC/HC), as well as the Inter-Cluster Coordination Group (ICCG), continues to convene on a weekly basis, to set policies and coordinate the implementation of various responses to the crisis.

In the Gaza Strip, OCHA and the clusters have launched a multi-sectorial assessment aimed at better identifying, and respond to the needs of households with people in home isolation/quarantine. The data collection is based on phone interviews targeting a representative sample of households in such situation across all governorates. The exercise is expected to be completed by early next week.

During the reporting period, the RC/HC's Access and Coordination Unit (ACU) facilitated the movement between East Jerusalem and the remainder of the West Bank of 111 UN, INGO and diplomatic staff, and the entry into Israel of nine international NGO staff. Despite the tightening of restrictions in the Gaza Strip, following the upsurge in cases, humanitarian movement has so far not been affected. The ACU stands ready to resume the critical movement coordination system, should a need for that emerge.

Since 6 September, the World Health Organization (WHO) has been operating a temporary coordination mechanism to support Palestinian patients and companions from Gaza to apply for Israeli exit permits to access essential health services in hospitals in the West Bank and Israel. Referrals are made according to medical need, as decided by the Palestinian MoH. This temporary measure has been taken to mitigate the impact of the PA halt of coordination with the Israeli authorities, adopted since May, in response to Israel's threat to annex part of the West Bank.

In the same context, the UN Country Team has continued to operate a Logistics Cluster, led by the World Food Programme (WFP), to support the procurement of supplies and the receipt of donations needed for the COVID-19 response. Its main task is to mediate between the Customs Directorate in the PA Ministry of Finance and the Israeli authorities (COGAT and the Israeli Customs Office) to ensure the approval of the documentation required to allow the shipment of imported supplies into the oPt, through the various Israeli ports of entry. The cluster is currently processing 123 requests from UN agencies and international NGOs, of which 98 have been approved by both sides, 19 are pending approval by the Israeli authorities, and six were cancelled.

The Health Cluster is tracking the procurement and delivery of critical medical supplies by cluster partners against the immediate needs identified in the COVID-19 Inter-Agency Response Plan, in line with the State of Palestine's National Response Plan. The following table highlights the availability and gaps regarding the top ten medical items needed.¹

All partners are encouraged to subscribe and submit their requests for procurement of medical supplies for laboratory testing, case management and infection prevention and control through WHO's global COVID-19 response coordination portal.

As part of the Risk Communication and Community Engagement (RCCE) plan, nearly 40 partners are distributing communication materials aimed at ensuring that the public has access to a broad range of information on how to prevent the spread of COVID-19, and to deal with misinformation. In November, the campaign has focused on preparing for the winter season. RCCE materials are available online.

Supply Category		Item / Unit	Estimated Qty (as per IA Response Plan	Delivered	Pipeline	Current Gap
Case Management	-	Ventilator, medical, invasive, adult/child	250	65	155	30
	=	Patient Monitor (vital signs)	250	70	169	11
		Oxygen Concentrator	250	20	154	76
	**	ICU Hospital Beds	250	37	129	84
	<u> </u>	Patient Beds	400	86	264	50
Infection Prevention and Control	(F)	Surgical Mask	4,000,000	1,555,750	206,550	2,237,700
(IPC)	-	N-95 Respirator	300,000	295,748	68,380	(64,128)
		Surgical gloves	8,000,000	4,590,400	1,563,800	1,845,800
Laboratory Testing	Ī	COVID-19 PCR Tests	500,000	108,672	9,600	381,728
	1	Swabs / Medium, sample collection	500,000	141,500		358,500

FUNDING

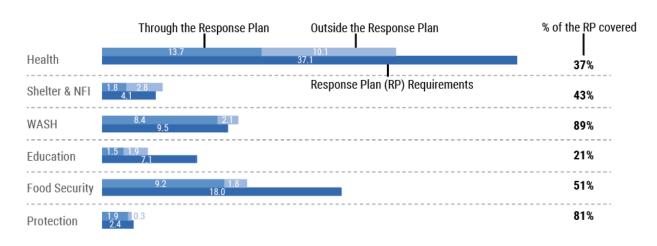
The initial COVID-19 Inter-Agency Response Plan for the oPt, which requested \$42.4 million to support an immediate response to the crisis and the efforts led by the Government of Palestine, covered interventions through the end of June. In early August, the Plan was extended until the end of 2020 and the total requirement expanded to \$72 million. Following confirmation of community transmission in the Gaza Strip on 25 August, there was increased concern about the ability of Gaza's health system to manage the surge in cases. WHO estimated an additional \$5.75 million was required to address these concerns. So far, \$4.6 million have been mobilized to support

¹ For a more comprehensive list, please contact the Health Cluster Coordination Team: asaparbekov@who.int and maroufm@who.int.

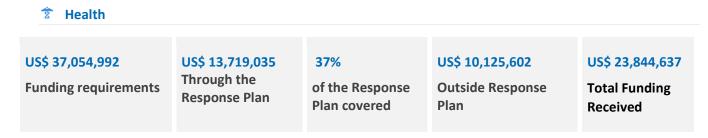
United Nations Office for the Coordination of Humanitarian Affairs (OCHA) www.ochaopt.org these priorities. The priority needs in Gaza have been incorporated into the overall requirements of the COVID-19 Response Plan, whose overall funding requirements are now nearly \$78 million.

So far, \$36.5 million, or 47 per cent of the amount requested in the Response Plan has been raised. Including resources outside the Response Plan, \$55.5 million have been mobilized in support of COVID-19 related response activities in oPt. During the past two weeks, the oPt Humanitarian Fund allocated \$8.6 million towards the COVID-19 Response Plan.

TOTAL FUNDING FOR COVID-19 RESPONSE BY CLUSTER (IN MILLION US\$)



DEVELOPMENTS, CONCERNS AND FUNDING STATUS BY CLUSTER



- 1. Health Cluster partners delivered critical COVID-19 medical equipment and supplies to multiple facilities across the oPt. Deliveries to the Gaza Strip included 140 testing kits; 10 boxes of Optical Polymerase Chain Reaction (PCR) tube strips; 25 semi-fowler beds and five oxygen analyzers; 50,000 N95 masks; and 150 disinfection kits. Deliveries to the West Bank included five oxygen analyzers, three pulse oximeters, 19 defibrillators and 50,000 N95 masks. Across the oPt, health education and psychosocial support sessions (individual and group) were provided to beneficiaries.
- 2. 72 per cent of the permit applications submitted on behalf of Gaza patients under the temporary coordination mechanism managed by the WHO, were approved the Israeli authorities during October. By contrast, the rate of approval during the same period for patient's companions stood at 44 per cent. This mechanism, which was launched on 6 September, seeks to mitigate the impact of the PA's halt of coordination with the Israeli authorities, adopted since May 2020, in response to Israel's threat to annex part of the West Bank.

3. A joint Health Cluster meeting for Gaza and the West Bank was held on 11 November, attended by 50 partners, who were provided with an update on the Humanitarian Response Plan process. The Cluster highlighted the need for greater local NGO participation in the submission of projects, and training of all partners on mainstreaming gender, age and protection against sexual exploitation and abuse. In addition, the MoH highlighted the need to intensify efforts to protect healthcare workers, as the number of infected workers continues to rise, creating further constraints on the health system.

Protection

US\$ 2,365,740	US\$ 1,917,434	81%	US\$ 305,434	US\$ 2,222,868
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

- A survey conducted in the Gaza Strip reveals high levels of mental health problems, alongside a lack of
 information about available Mental Health and Psychosocial Support Services (MHPSS). The survey, carried
 out by Islamic Relief among 2,013 workers from all five governorates in Gaza, found that 82 per cent of those
 surveyed reported symptoms such as anxiety and stress. Protection partners emphasize the importance of
 MHPSS for children and parents living under home quarantine, especially in hard-to-reach areas and designated
 COVID-19 'red zones'.
- 2. A cluster partner operating a MHPSS helpline (SAWA) recorded a threefold increase in calls by women reporting suicide intentions in October, as compared with September.
- 3. During the reporting period, cluster partners provided remote and in-person MHPSS to over 1,000 vulnerable people across the oPt. A Gender-Based Violence (GBV) Sub Cluster partner in Gaza provided 117 phone consultations, including 36 related to GBV. In the West Bank, partners distributed psychosocial and educational kits to 583 people and provided remote specialized case management support to 15 children. Cluster partners continued to support the Risk Communication and Community Engagement (RCCE) taskforce by disseminating awareness-raising messages and materials related to COVID-19 and Child Protection and Psychosocial Support principles. During the reporting period, nearly 3,000 people were reached across the oPt.

Education

US\$ 7,120,698	US\$ 1,517,000	21%	US\$ 1,918,746	US\$ 3,435,746
Funding requirements	Through the	of the Response	Outside Response	Total Funding
	Response Plan	Plan covered	Plan	Received

- Since the start of the academic year, more than 170 schools across the oPt were either temporarily or fully closed from one to 14 days, following confirmed COVID-19 cases among pupils or staff. With the support of Education Cluster partners, all schools across the oPt have received cleaning and hygiene kits, copies of the safe schools and health protocols, and training for children and staff.
- 2. **125 Schools in 'red areas' across the Gaza Strip are closed, as of 17 November.** On 11 November, classes resumed for grade one to six students, following grade seven to twelve students who returned to school on 10 and 26 October. UNRWA schools re-opened on 2 November for students in grade seven to nine, with three days of face-to-face learning and three days of distance learning.

3. The Education Cluster is working with the MoE and UNRWA to support the delivery of distance learning, MHPSS services, Infection Prevention and Control (IPC) measures and the provision of hygiene kits and rehabilitation of WASH facilities.

Shelter & NFI

US\$ 4,092,551	US\$ 1,755,251	43%	US\$ 2,767,382	US\$ 4,522,633
Funding requirements	Through the	of the Response	Outside Response	Total Funding
	Response Plan	Plan covered	Plan	Received

- 1. In the Gaza Strip, Shelter Cluster partners provided Non-Food items (NFIs) to all active quarantine/isolation facilities. These included bedding sets, individual hygiene kits and dignity kits. Partners are procuring additional NFI's to replenish part of the distributed items and maintain the original stock levels.
- 2. Shelter Cluster partners delivered COVID-19 hygiene kits to 415 vulnerable households (around 2,300 people), with family members in home quarantine in the Gaza Strip. The targeted households were identified as lacking proper sanitation and hygiene facilities.
- 3. In the West Bank, cluster partners continue to support families suffering from overcrowding, unhygienic conditions and inadequate living conditions, particularly in Area C, and are ready to support quarantine centres, as they are activated.

Water, Sanitation and Hygiene

US\$ 9,504,052	US\$ 8,442,453	89%	US\$ 2,081,548	US\$ 10,524,001
Funding requirements	Through the Response Plan	of the Response Plan covered	Outside Response Plan	Total Funding Received

- 1. WASH Cluster partners reached about 6,600 people across the oPt during the reporting period. This included the delivery of hygiene and disinfection materials to nearly 800 households, and the emptying of soak pits/septic tanks in 88 households in the Gaza Strip.
- 2. WASH Cluster partners began developing water supply systems in five isolation centres in the Gaza Strip, to replace the current delivery of bottled water. As part of the intervention, water desalination units will be installed in the centres to ensure a sufficient and permanent water supply for 4,000 isolated people.
- 3. Due to lack of funding, WASH Cluster partners are able to address less than 20 per cent (9,000 people) of the estimated needs of people in institutional and home quarantine through the end of 2020. The WASH Cluster will coordinate with the Gaza ICCG, the Ministry of Social Development (MoSD) and WASH partners to reduce the response gap.

Food Security

Funding requirements

US\$ 18,017,577

US\$ 9,177,426

Through the **Response Plan** 51%

of the Response Plan covered

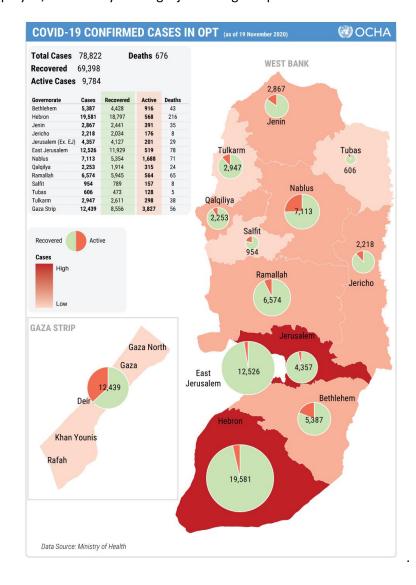
US\$ 1,777,441

Outside Response Plan

US\$ 10,954,867

Total Funding Received

- 1. The provision of food assistance to quarantine centres in the Gaza Strip has begun, with nearly 1,500 daily meals distributed to 16 quarantine and isolation centres. The intervention is planned to continue for 90 days.
- 2. Distribution of cash assistance to 100,000 vulnerable households in Gaza Strip continued during the reporting period. The assistance, funded by the government of Qatar, consists of US\$ 100 per family. An additional cash assistance intervention funded by the World Bank and targeting 68,000 workers affected by the pandemic, is expected soon; each worker will receive NIS 700.
- 3. The unemployment rate recorded during July-September 2020 in the Gaza Strip stood at 48.6 per cent, an increase of 3.5 percentage points compared to the same period in 2019. In the West Bank this rate reached 18.7 per cent, representing a 5.4 percentage point increase from the equivalent period last year. Overall, according to the Palestinian Central Bureau of Statistics (PCBS), nearly 373,000 people across the oPt were unemployed, i.e. actively seeking a job during this period.



Cluster	Response Plan (RP) Requirements	Through the Response Plan	% of the RP covered	Outside the Response Plan	Total
Education	7,120,698	1,517,000	21%	1,918,746	3,435,746
Food_Security	18,017,577	9,177,426	51%	1,777,441	10,954,867
Health	37,054,992	13,719,035	37%	10,125,602	23,844,637
Protection	2,365,740	1,917,434	81%	305,434	2,222,868
Shelter_NFI	4,092,551	1,755,251	43%	2,767,382	4,522,633
WASH	9,504,052	8,442,453	89%	2,081,548	10,524,001
Grand Total	78,155,610	36,528,598	47%	18,976,153	55,504,751

Total funding for COVID-19 response by donors

Donors	Through the Response Plan	Outside the Response Plan	Total in US\$
Austria		229,564	229,564
Canada	2,215,757		2,215,757
CERF	527,000		527,000
DFID	1,423,772		1,423,772
ЕСНО	3,720,950	6,491,000 ¹	10,211,950
Education Cannot Wait	555,000	1,550,000	2,105,000
Foreign Disaster Assistance (OFDA)	225,000		225,000
France	1,005,415		1,005,415
Germany	4,052,937	43,000	4,095,937
Ireland (Irish Aid)	235,200		235,200
Islamic Relief Worldwide	307,800		307,800
Italian Agency for Development Cooperation [AICS]	152,008	10,970	162,978
Japan	878,506		878,506
Kuwait	747,500	8,252,500	9,000,000
Norway	70,000	91,083	161,083
OPT Humanitarian Fund ²	16,694,406	347,768	17,042,174
Other sources ³	1,558,588	180,155	1,738,743
Private Sector Fundraising	386,786		386,786
Qatar Fund for Development		562,455	562,455
Qatar Red Crescent		410,000	410,000
Save the Children ⁴	326,435		326,435
Start fund	251,000		251,000
Sweden (SIDA)	500,000		500,000

Swiss Agency for Development and Cooperation "SDC"	1,450,000	268,000	1,718,000
UNFPA Humanitarian Thematic Fund	332,000		332,000
UNICEF	792,000		792,000
USAID	250,000		250,000
War Child Holland⁵	252,000	85,000	337,000
WFP (loan)	5,000,000		5,000,000
WHO	834,000		834,000
World Vision International		304,658	304,658
Grand Total	\$44,744,059	\$18,826,153	\$63,570,212

For more information including a detailed list of activities by cluster in both Gaza and the West Bank and for detailed maps of the Quarantine Centres please visit the COVID 19 Webpage found on the OCHA Website. Please go to the OCHA Website:

OCHA COVID-19 DEDICATED WEBPAGE

DETAILED LIST OF ACTIVITIES BY CLUSTER

¹ Attribution to the Inter-Agency COVID-19 Response Plane under verification.
² As of today, oPt Humanitarian Fund has received generous contributions from Germany (\$13.8m), Belgium (\$4.3m), Sweden (\$3.2m), Switzerland (\$3.1m), Norway (\$0.9m), Italy (\$0.6m), Iceland (\$0.4m), Ireland (\$0.3m), Korea (\$0.3m), Cyprus (\$12,500), United Nations Foundation (\$3,461).

³ Funding contributions below \$150,000 including funding towards and outside Covid-19 Response Plan, received from: Action Aid, AECID, African Women Development Fund, AICS, Ana-GEGHT, Cantabria 19, Care International Emergency Fund, Christian Aid&ACPP, Denmark, DRO, ElHDR, Federal Ministry for Economic Cooperation and Development (BMZ), Fridresh Nauman Foundation, Gazze Destek (GDD), Global fund for women, Grass Roots, HEKS, Holland, ICO-UAE, International Charity Organisation, IR – Canada, IR – UK, Italy (IADC), Jerrahi Order of America, Kvinna Till Kvinna, Luxemburg government - ARDI Program, McNulty Foundation, Medico International, Mennonite Central Committee, Mixed funds (German, Italian, Spanish and Dutch), NCA, DCA, NMFA, Norwegian Representative Office to the Palestinian Authority, Nous Cims, NRC, Open Society Foundation, Oxfam, PHG, Private Donors, Rawa Funds, Representative Office of Switzerland in Ramallah, Secours Islamique France, SIDA+DFAT, StartNetwork, Suisse Cooperation, Trocare, UN Trust Fund, UNDP, United Palestinian Appeal, UNWOMEN HQ, Urgent Action Fund, WELFARE (Taawon), WHO, World Vision USA.

⁴ This includes contributions of Save the Children individual and pooled funds.

⁵ This includes contributions of War Child Holland and War Child Holland Head Office.