



Assessment of HIV/AIDS Services in IDP Camps, Borno State, Nigeria

May 2015

Strengthening Integrated Delivery of **HIV/AIDS** Services



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Funded by the President's Emergency Plan for AIDS Relief through U.S. Agency for International Development

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2 Acknowledgement

This rapid assessment was conducted with support from the USAID funded Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS). In the course of conducting the assessment, the contributions of various partners and individuals deserve a mention. We acknowledge the Government of Borno State especially the Hon. Commissioner, State Ministry of Health, Dr. Salma Anas-Kolo for her unwavering guidance and support, the Permanent Secretary State Ministry of Health, Alhaji Sanda Ahmed, the Chairman Emergency Response Committee, Col. Danladi Ribah Hassan, the Director Emergency Medical Response, Dr. Mohammed Ghuluze and the SIDHAS State Implementation Team lead & Director Medical Services, SMOH, Dr. Ibrahim Ahmed Kida - all for their uncommon support and leadership.

Our appreciation also goes to the camp leads, Government Girls college camp, Baba Gana Mamud, Girls Secondary School, Zanna Babakura Habib, EYN/CAN camp, John Gwoma, Farm center camp, Mustapha Lamisu, Government College camp, Idrisa Hamidu, Yerwa camp, Alamin Kamsulin, Teachers village camp, Bulama Mai Bukar, Bakassi camp, Alhaji Abatcha Butchu, National Youth Service Corp camp, Abba Yerima, Arabic Teachers College camp, Buba Gamachi, MOGCOLIS camp, Yusuf Grema, Sanda Kyarimi camp, Bukar Kajibe, Dalori camp, Baba Umar and Fori SUBEB camp, Abba Aji for allowing access to the camps and providing the support needed that led to the successful conduct of the assessment.

3 Author Team

Abdulraheem Yakubu	Associate Director, Program support
Aishatu Dikko	Senior Program Officer, Program Support
Bridget Nwagbara (Dr.)	Reproductive health Unit, PCT
Edward Oladele (Dr.)	Associate Director, Care & Treatment
Habiba Sheidu	Senior Technical Officer, Logistics
Hadiza Khamofu (Dr.)	Director, Prevention, Care & Treatment
Mansa Musa Adamu	State Program Manager, Borno State
Mohammed Ibrahim (Dr.)	Director, Health System Strengthening
Oluyinka Ajayi	Director, Program Management Directorate
Simon Cartier	Associate Director, Prevention
Success Johnson	Program Officer, Borno State
Victor Ochagu (Dr.)	Technical Officer, PCT

4 Acronyms

ART	Anti-Retroviral Therapy
ANC	Ante-Natal Care
CDC	Centre for Disease Control
DOTS	Directly Observed Treatment Short-course
GBV	Gender Based Violence
GH	General Hospital
GPS	Global Positioning System
HTC	HIV Testing and Counselling
HRH	Human Resource for Health
IDPs	Internally Displaced Persons
IDMC	Internal Displacement Monitoring Group
KII	Key Informant Interview
LGA	Local Government Area
LGTBLS	Local Government Tuberculosis/ Leprosy Supervisor
NDHS	National Demographic and Health Survey
PEPFAR	Presidents Emergency Plan for AIDS Relief
PLHIV	People Living With HIV/AIDS
RH	Reproductive Health
SIDHAS	Strengthening Integrated Delivery of HIV/AIDS Services
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBL	Tuberculosis and Leprosy
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WASH	Water Sanitation and Hygiene
W H O	World Health Organization

5 Executive Summary

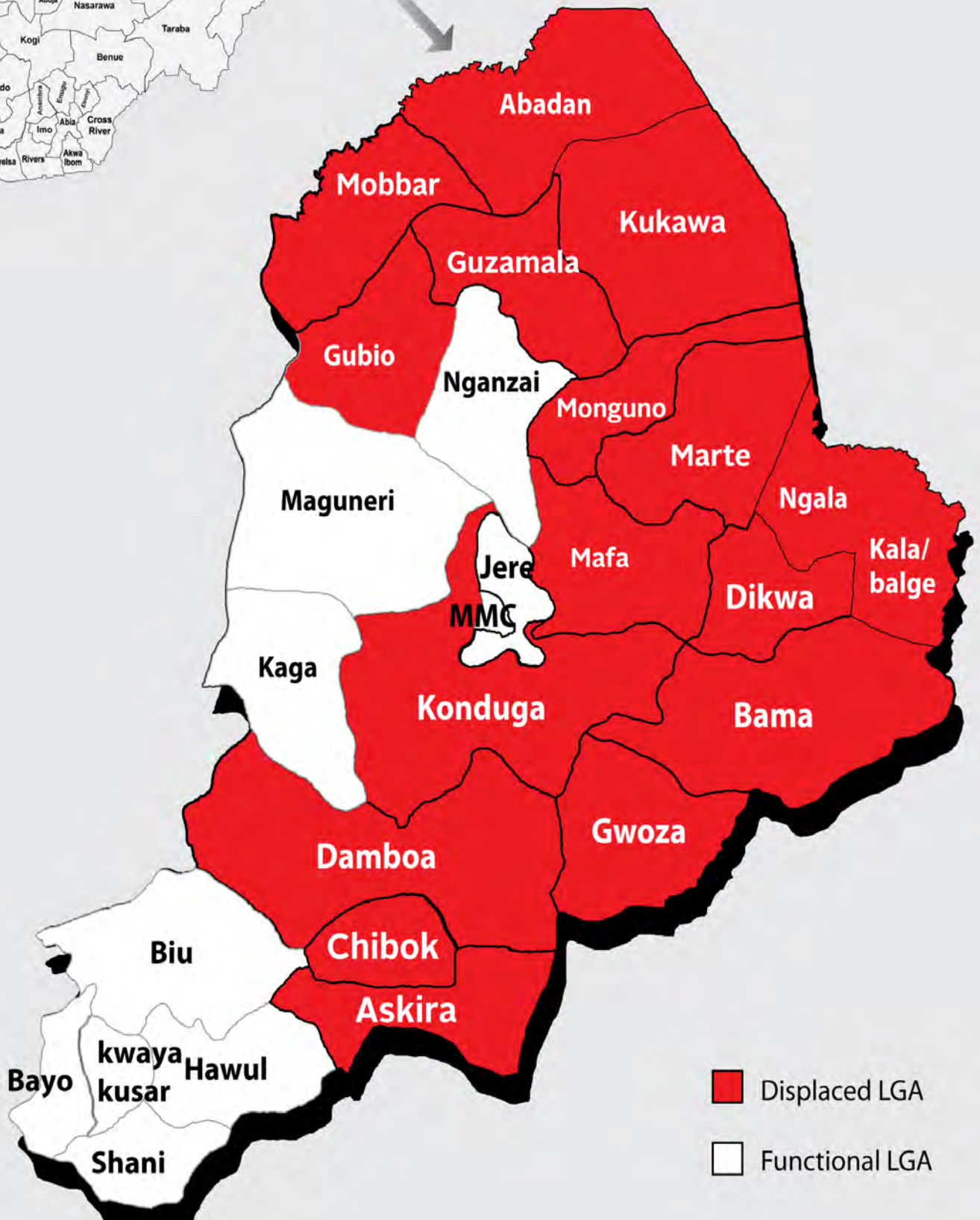
The ongoing insurgency in the North East is the single most important threat to health care services across the region. The insurgency has claimed an estimated 20,000 lives (newspaper figures) with a record 3.3 million Internally Displaced Persons (IDPs) in Nigeria (IDMC “Global view 2014 report”). This continues to be a great barrier to health care services.

The activities of insurgents over the past 5 years has led to the displacement of large populations, most of whom are women and children. Thousands of locals have fled their homes to neighboring states, towns and other assumed safe locations. Reports have shown that the displacement has also affected the numerous clients under the SIDHAS project which has impacted negatively on regular access to HIV/AIDS care, treatment and support services. The disruption which is also affecting adherence to ART care and treatment amongst displaced Persons Living with HIV/AIDS (PLHIV) may lead to life threatening health conditions.

The Humanitarian Charter and Minimum Standards in Humanitarian Response (SPHERE) recommends the provision of ART to either internally displaced people or refugees as a minimum standard for health services in crisis situations. As a result of this, FHI360 conducted an assessment of health services in 14 IDP camps in Borno state with a view of identifying the need for HIV/AIDS services.

The assessment result showed that there are over 92,000 displaced persons in the camp with numerous development and humanitarian organizations providing services such as shelter, educational services, psychosocial services, health services and food and protection. The assessment also showed that none of the camps were providing HIV/AIDS awareness campaign, ARV refills, continuous HIV counseling and testing and the identification of new clients. In addition, the assessment showed that referrals for HIV/AIDS services are weak with poor documentation.

Map of Nigeria showing LGAs displaced by insurgency in Borno State



7 Introduction

7.1 Overview of Insurgency Crisis in Borno State

The North East States of Adamawa, Borno & Yobe have been under a State of Emergency since May 2013 when the Nigerian Government launched operations to root out insurgents in the North East. The State of Emergency was lifted in 2014 in all the states. Among these states, Borno state has been the worst hit with the insurgency claiming so many lives and displacing millions of people. Borno state has a population of four million, one hundred and seventy one thousand, one hundred and four people (Borno 4,171,104) according to the 2013 National Demographic and Health Survey (NDHS). There are 27 Local Government Areas (LGAs) in the state of which 21 LGAs have been displaced as a result of the insurgency. The State has Niger and Chad Republics located to its north, Cameroun Republic to the east, Adamawa and Gombe States to the southwest, and Yobe State to the west. Major economic activities in Borno are livestock rearing, farming and fishery. There are four tertiary educational institutions in the State namely: University of Maiduguri, Ramat Polytechnic and Sir Kashim Ibrahim College of Education – all in Maiduguri and College of Education, Bama.

7.2 Overview of SIDHAS Operations in Borno State

FHI360 is currently implementing the USAID (PEPFAR) funded Strengthening Integrated Delivery of HIV/AIDS project (SIDHAS) in Adamawa, Borno & Yobe states. The situation in the three states is highly volatile due to the activities of the insurgents, which escalated from 2009 to date. Although the activities of the insurgents are currently under control, the impact on FHI360 operations has been significant. SIDHAS operations have been severely affected in these states. Routine security assessments of the situation in these states are conducted and evaluated to determine operational frameworks. In Borno, FHI360 operates through a functional office in Maiduguri. The SIDHAS project in Borno state supports 22 sites in 15 LGAs. FHI360 security assessment classified 13 LGAs as “No Go Areas” for SIDHAS staff due to the unpredictable nature of insurgent attacks in the LGAs. The team supports facilities in these LGAs virtually and through existing State Government health structures in the state. Armed militants have attacked and destroyed some health facilities. Many health care workers in these facilities have either been killed during insurgent attacks or are displaced and living in safer areas. Commodity supplies to SIDHAS supported health facilities have seriously been disrupted.

7.3 Rationale for the Assessment

The severe disruption of SIDHAS activities due to insurgency in the states has seriously affected project activities in the states. More so, many SIDHAS clients on ART have relocated to camps set up for internally displaced people within and outside the state. These clients can no longer gain access to life saving HIV treatment, care and support. Evidence from conflicts in other parts of the world suggests that sexual violence and sexual exploitation may escalate during conflict and fuel HIV transmission. Therefore, it became imperative for SIDHAS to conduct this assessment to identify PLWHA who were previously enrolled into SIDHAS supported ART services and are now residing in IDP camps, explore the feasibility of SIDHAS programming in IDP camps and identify ongoing humanitarian response in health services being implemented in the camps that SIDHAS can leverage to implement HIV/AIDS prevention, care and treatment services in IDP camps.

8 Objectives of the Assessment

The overall objectives of this assessment are:

- To identify SIDHAS supported clients residing in the IDP camps.
- To identify partners and other stakeholders working in the IDP camps for possible collaboration within the SIDHAS framework.
- To map out services being provided in the camp and how the SIDHAS framework can fit into the various components to ensure efficiency and effectiveness in funds utilization.

9 Methodology

A rapid assessment of health services provided in the IDP camps was conducted in April 2015. The assessment was conducted using a tool adapted from the Multi-cluster Assessment and SIDHAS health facility assessment tool. The tool explored themes such as health services with a focus on HIV/AIDS services, general health conditions and Water, Sanitation and Hygiene (WASH). This tool guided key informant interviews of camp administrators and health focal persons. Site observations and photographs supported the key informant interviews (KII). A total of 39 KIIs were conducted.

The rapid assessment was shortly followed by a more detailed assessment of the health services provided in the IDP camps in May 2015. This assessment explored the availability and cadre of health workers working in the camps, the nature of medical storage facilities and feasibility of providing HIV/AIDS care and treatment services in the camps.

10 Findings

10.1 Location of IDP camps

There are 15 IDP camps¹ officially recognized by the Borno State Government. The camps are located in Maiduguri Municipal Council and Jere LGAs. The table below presents the geographic coordinates of these camps.

Table 1. Showing the camp location and GPS Coordinates

S/N	Camp Name	Camp Location	GPS Coordinates
1	Government Girls College camp	Maiduguri Municipal Council	N11.8329, E013.14091
2	Girls secondary School camp	Maiduguri Municipal Council	N11.83225, E013.14010
3	EYN/CAN Centre camp	Maiduguri Municipal Council	N11.84394, E013.13693
4	Farm Centre camp	Jere	N11.86142, E013.21474
5	Government College camp	Maiduguri Municipal Council	N11.83515, E013.12718
6	Yerwa camp	Maiduguri Municipal Council	N11.83415, E013.11955
7	Teachers Village camp	Maiduguri Municipal Council	N11.84307, E013.09869
8	Bakassi camp	Maiduguri Municipal Council	N11.79308, E013.11784
9	National Youth Service Corp camp	Maiduguri Municipal Council	N11.82590, E013.11947
10	Arabic Teachers College camp	Maiduguri Municipal Council	NA (coordinates not taken)
11	MOGCOLIS camp	Maiduguri Municipal Council	N11.84564, E013.14880
12	Sanda Kyarimi camp	Jere	N11.84984, E013.18254
13	Dalori camp	Jere	N11.77930, E013.22357
14	Fori SUBEB school camp	Jere	N11.79914, E013.17713
15	*Gubio Road Housing Estate camp	Jere	NA (Not visited)

*Camp newly set up. Not visited

¹ Communication with the Director, Emergency & Medical Response, Borno State Government.

10.2 Population of IDP in the camps.

The population of internally displaced persons in camps across Borno State is fluid, depending on the frequency of violence in other parts of the state. The total number of IDPs residing in the 15 camps as at May 2015 was 92,278.

Table 2: A table showing the number of IDPs, LGAs served and the SIDHAS supported health facilities affected.

Name of Camp	Estimated Number of IDPs	Source LGA of IDPs	SIDHAS supported sites
Government Girls College camp	2,921	Bama	GH Bama
Girls secondary School camp	7,726	Bama	GH Bama
EYN/CAN Centre camp	1,952	Gwoza, Askira, Chibok, Michika, Kukawa, Munguno, & Madagali	GH Gwoza, GH Askira & GH Chibok
Farm Centre camp	4,500	Jere, Mafa, Dikwa, Kala balge, Konduga, Bama & Marte	GH Bama, GH Mafa
Government College camp	9,479	Gwoza	GH Gwoza
Yerwa camp	6,200	Bama	GH Bama
Teachers Village camp	7,938	Kukawa	Nil
Bakassi camp	10,083	Munguno & Guzamala	Nil
National Youth Service Corp camp	4,425	Konduga, Bama & Damboa	GH Bama
Arabic Teachers College camp	12,835	Gwoza & Askira	GH Gwoza & GH Askira
MOGCOLIS camp	2,907	Abadan & Mobar	Nil
Sanda Kyarimi camp	5,711	Ngala, Dikwa, Mafa & Jere	GH Mafa & GH Ngala
Dalori camp	15,529	Bama	GH Bama
Fori SUBEB school camp	72	Bama	GH Bama
TOTAL	92,278		

10.3 Organizations working in IDP camps

The assessment identified eight development and humanitarian organizations providing varied services in at least one or more of the camps. The table below shows the scope of services provided by these organizations in the IDP camps.

Table 3: Dashboard showing partner activity in the IDP camps

S/N	Name of organization	Services provided	Camps covered by the services (details in annex)
1.	Red Cross (ICRC)	First Aid services	All the camps visited
2.	MSF	Basic Medical services & Basic Obstetric care	3
3.	WHO	Immunization and Disease surveillance	All the camps visited
4.	Action Against Hunger	WASH	3
5.	Save the Children	Education, Trauma Services, WASH, food security	4
6.	UNICEF	ANC, PHC services, Under- 5 nutrition	All the camps visited
7.	National CDC	Technical Support	2
8.	UNFPA	Condom distribution	1

10.4 Distribution of Health Care Workers in the Camps

There were at least 208 health workers providing health services across the 14 IDP camps visited. In the camps, the health care workers are State or Local Government employees while humanitarian/development organizations also engaged health workers, most of whom are retired state or local government employees to support the intervention in the camps. These health workers include doctors, nurses/midwives, community health extension workers, laboratory scientists, environmental health officers and pharmacists.

Figure 1: A table showing the number of IDPS, LGAs served and the SIDHAS supported health facilities affected.

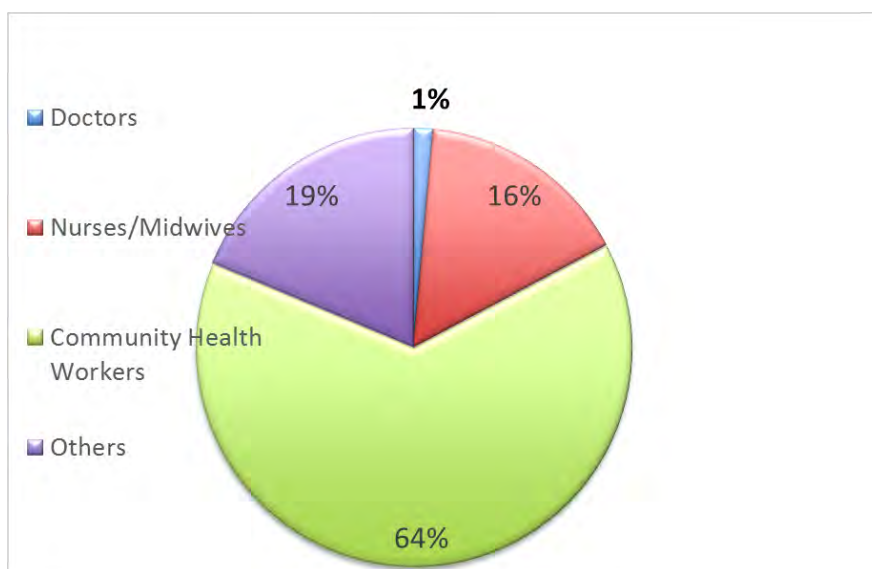


Figure 2: Ratio of Health Worker to camp population in each of the IDP camps

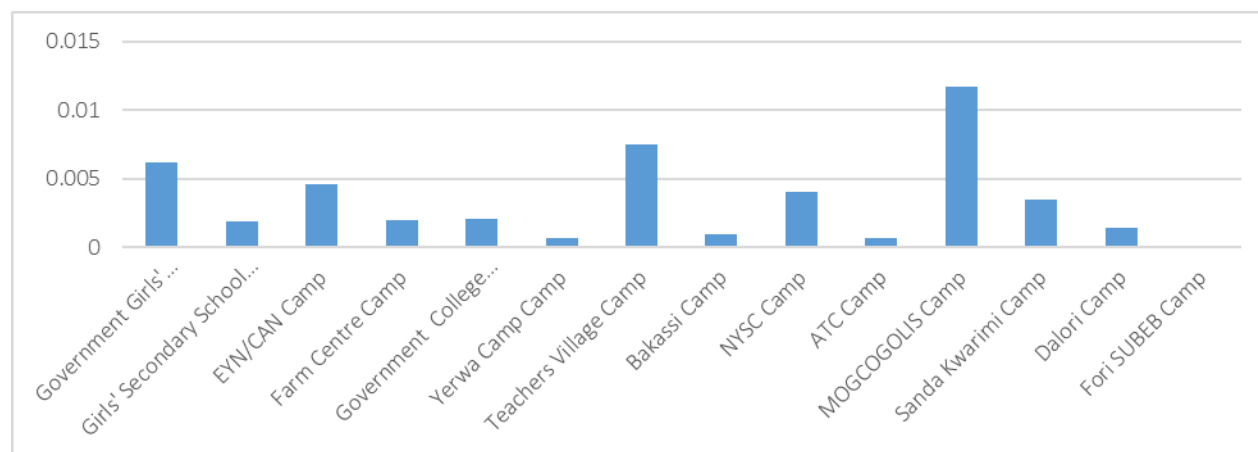
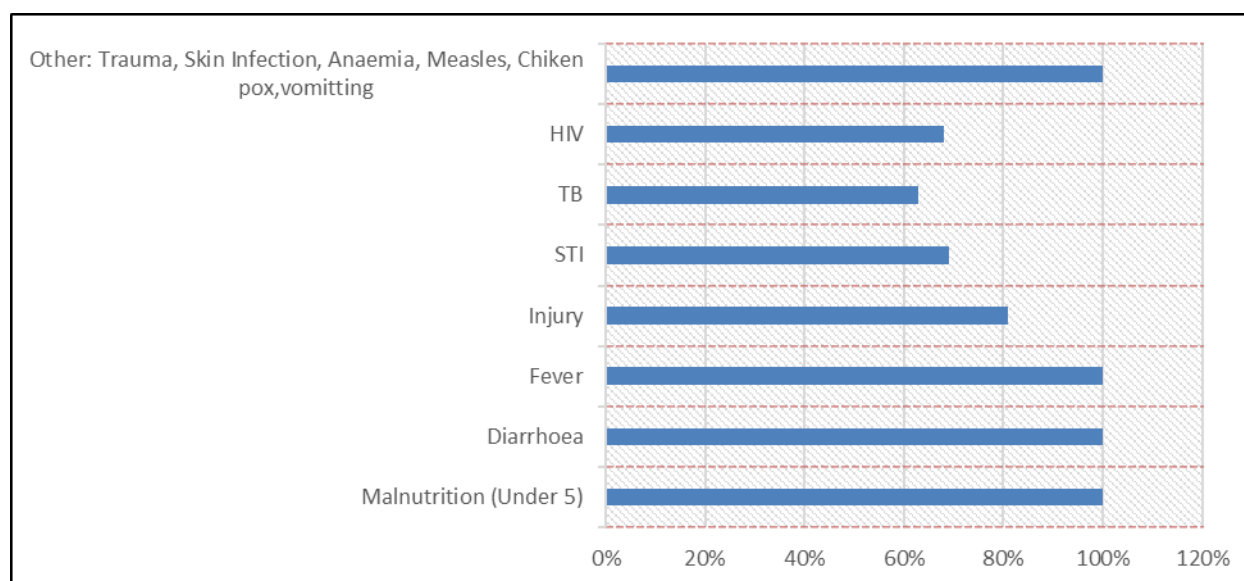


Figure 2 above shows the ratio of health worker to IDP population in each of the IDP camps. This ratio is as low as 6:10,000 in Yerwa IDP camp and as high as 1:100 in MOGCOLIS camp.

10.4.1 Health Conditions Reported in IDP Camps

All IDP camps have reported cases of trauma, skin infection, anemia, measles, chicken pox, vomiting, fever, diarrhea and malnutrition. About 64% of the camps have reported HIV cases. Most of the HIV cases were identified through confidential acknowledgment with health care workers. Tuberculosis (TB) cases were mostly from TB suspects identified by Local Government TB and Leprosy (LGTBL) supervisors working in the camps. The TB cases were confirmed through referrals to DOTS centers in the state capital.

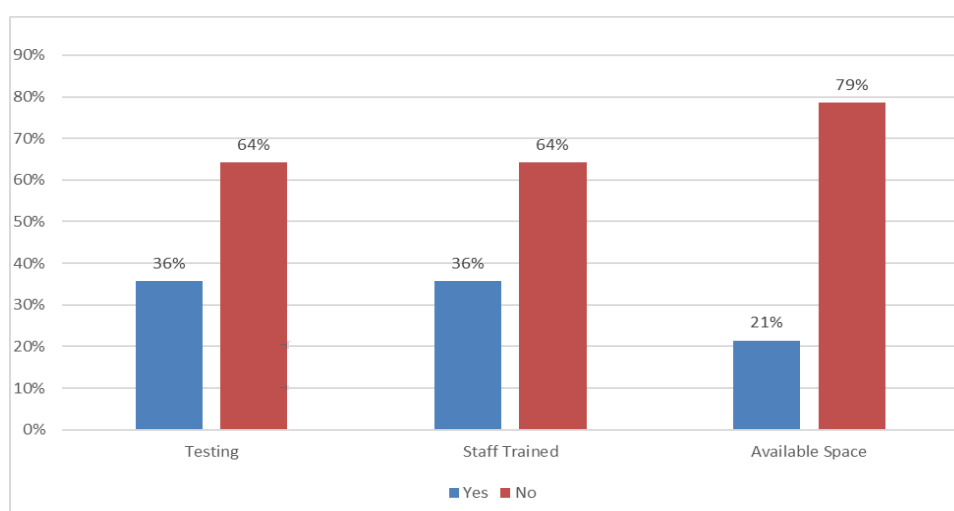
Figure 3: Proportion of IDP camps reporting health conditions.



10.4.2 HIV/AIDS Prevention, Treatment and Support Services in the Camps

About 60% (n=9) of the camps have reported PLHIV resident in the camps. However, only 30% (n=5) of the camps have some form of HIV testing services, which is not standardized. None of the camps have services for anti-retroviral refill or comprehensive HIV/AIDS treatment and care services. About 30% (n=5) of the camps have staff trained in HIV testing and counseling. Only 44% (n=7) of the camps have safe and adequate storage facilities for ARVs. About 79% (n= 13) of the camps have available space for HIV Counseling and Testing.

Figure 4: Distribution of HIV Testing and Counseling services in the camps



10.4.3 Reproductive Health Services

In the last 6 months, 530 women gave birth in the camps. However, only 33% (n=5) of the camps have ANC services. None of the camps is providing prevention and treatment services for GBV. About 20% of the camps have reported HIV+ pregnant women. Only 38% of the camps are offering free condoms.

10.5 Shelter

All the camps provide a mixture of tents and houses for the IDPs. However, in all the camps, tents are crowded. The IDPs are using materials such as clothes and sacks to shield themselves from the sun, rain and for privacy.

Figure 5: Alternative shelter as a result of overcrowding and insufficient tents and sleeping areas



10.6 Water, Sanitation and Hygiene (WASH)

10.6.1 Water Supply

All the camps have water supply. The sources of water in these camps include boreholes, truck supply and wells. Figure 6-8 shows the nature of water supply in the camps. Due to the number of IDPs received in the camps on a daily basis, the current available source is not sufficient.

Figure 6: Water supply in the camps

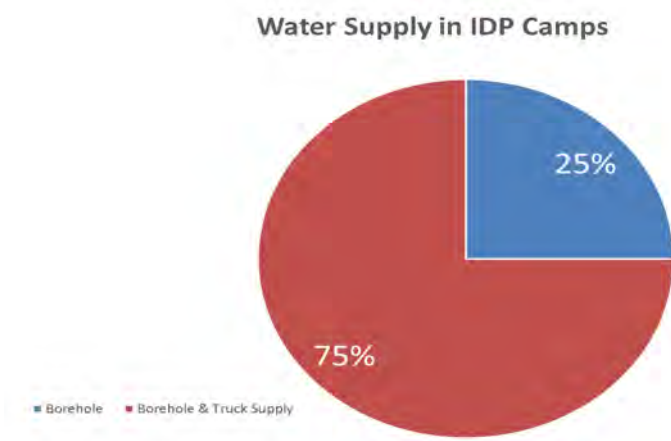


Figure 7: Water bladder supplying one of the camps



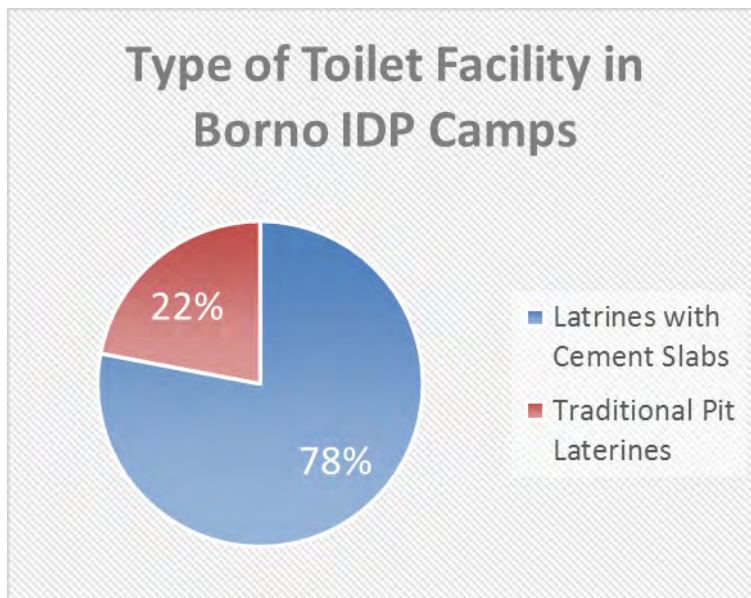
Figure 8: Overhead water tanks supplying one of the camps



10.6.2 Toilet Facility

The two main types of toilets used in the camps include pit latrine with cement slab and traditional pit latrine. Most of the camps have latrines with cement slabs. Open defecation was observed to be occurring in some of the camps.

Figure 9: Type of Toilet Facilities in the IDP camps



10.6.3 Solid & Sewage disposal in the camp

Collective bins, village collection and dumping are the main types of solid waste disposal being used in the camps. The camps do not have adequate sewage waste disposal (figure 13).

Figure 10: Solid Waste Disposal in the IDP Camps

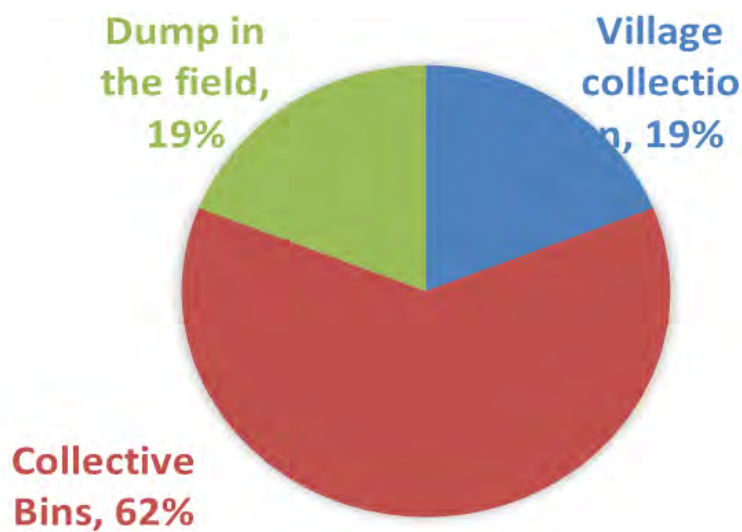


Figure 11: A picture showing sewage disposal challenges faced in one of the camps



11 Next steps

FHI360 is USAID's HIV/AIDS lead implementing partner in the northeast states of Borno, Adamawa, Yobe and Bauchi. The SIDHAS team will extend HIV/AIDS services to all the government-recognized camps in the SIDHAS supported states in the northeast.

FHI360 will liaise with existing coordinating structures to ensure services are integrated into existing service delivery projects implemented in the camps by other humanitarian organizations as well as the state government. HTC will be the key entry point into core SIDHAS interventions in IDP camps. FHI360 will further support these organizations to conduct the monthly cluster coordination meetings, disseminate information on the minimum initial service package for RH, HIV and WASH and support camp administrators to identify gaps in the minimum initial service package for service provision in these core areas.

Appendix: Study Tool

1 SECTION 1: BACKGROUND INFORMATION

NAME OF COMMUNITY:

WARD:LGA: STATE:.....

CAMP DEMOGRAPHICS: What is the catchment Area for this camp? (List the LGAs covered)

.....

TOTAL NUMBER OF IDP IN CAMP:

TYPE OF INFRASTRUCTURE: Public (e.g. School, LGA office etc.).....

Private (Church, Mosque etc.)

NAME OF CAMP LEAD:DESIGNATION

CAMP ADMINISTRATIVE UNITS: *Attach additional sheet*

S/ No	UNIT	FUNCTION OF UNIT	UNIT LEAD	NUMBER OF HUMAN RESOURCE FOR HEALTH/CADRE	CONTACT INFORMATION

ORGANIZATION/S PRESENT IN CAMP: *Attach additional sheet*

S/ No	ORGANIZATION	SERVICES PROVIDED	ORGANIZATION CONTACT INFORMATION

AMENITIES (Tick as appropriate)

SOURCE OF WATER SUPPLY: (a) Public Supply (b) Well (c) Bore-hole (d) Others (Specify)-
.....

SOURCE OF ELECTRICITY: (a) Public Mains (b) Generator (c) Others (specify).....

ACCESSIBILITY: (a) Good (b) Fair (c) Poor

SECTION 2: WASH & HEALTH IN THE CAMP

Water Sanitation and Hygiene (WASH)

1. What is the current drinking water source? (a) Truck (b) Streams (c) Sachet (d) Well (e) Borehole (f) No access
2. What is the current water source for domestic use? (a) Truck (b) Streams (c) well (d) Borehole (e) No access
3. What is the distance to the closest source of drinking water? (a) <2mins (b) 2-5mins (c) 5-10mins (d) >10mins
4. Do people have access to latrines and bathrooms? YES/NO
5. If yes, are there separate facilities for men and women? YES/NO
6. What type of latrine and bathroom facilities does the camp have access to? (a) Traditional pit latrine (b) WC (c) Latrine with cement slab (d) Portable toilets (e) Nil
7. How does the camp dispose of household waste? (a) Collective bin (b) Burn (c) Dump in the field (d) village collection

HEALTH CONDITIONS

1. Have there been reports of the following illness in the camp? (a) Diarrhoea (b) Fever (c) Injury (d) STI (e) TB (f) HIV, (g) HTN (h) DM (i) Others
2. Are people aware of the existence of health facilities nearby? YES/NO
3. If yes, do you know where they are located?
4. Have IDPs used any of the health facilities? YES/NO
5. If yes, what kind of services did they access? List a few.....
(5b) If no, why?
.....
7. If yes, are they visiting the health facilities for routine Antenatal care?
8. Have there been reports of sexual violence (rape)? YES/NO
9. If yes, did the victims visit a health facility for post-exposure-prophylaxis? YES/NO
(9b) If yes, how do they access care /PEP.....
10. Are there people living with HIV/AIDS in the camp? YES/NO
11. If yes, are they aware of nearby health facilities or sites where HIV/AIDS services are provided? YES/NO
12. If yes, are you willing to assist FHI 360 to reach PLWHA in the camp? YES/NO
13. Are there cases of severe malnutrition in the camp? YES/NO
14. If yes, what groups are mostly affected? (a) Under 5 (b) Adolescents (c) Adults (d) Pregnant women

SECTION 3: HEALTH SERVICES IN THE CAMPS

Is there a clinic in the camp?

What are the services provided in the camp?

How many health care workers does the camp have?

What are the various categories of health workers in the camp?

Nurses... () b. Midwives... () c. CHEWs ... () d. Pharm technicians... ()

Are they trained to provide any of these services; ART, PMTCT, HTC, TB, OVC?

Is there space for ART, PMTCT, and HTC programs in the camp?

Are these services available?

Is there a drug storage facility in these camps?

Are there referral systems in place for ART, PMTCT, HTC, TB, and OVC?

SECTION 4: HIV PREVENTION, TREATMENT AND SUPPORT

ART Services

1. Has the camp identified any person currently taking ARVs? (a) Yes (b) No

If yes answer questions 2 – 6, If No, please go to PMTCT Services

2. What is their current source of ARVs

3. How reliable is this source.....

4 How many clients have been identified: TotalAbove 18..... Below 18

5. What catchment areas are these clients from? State LGA

6. How many clients will require continuum of care?

PMTCT

1. Are there pregnant women in the camp? Yes/ No

If yes, answer questions 2 – 5, If No, please go to HTC Services

2. Do all pregnant women receive ANC services in health facilities close to this camp? Yes/ No

3. Do all pregnant women receive HIV testing and counseling during ANC? Yes/ No

4. Are there HIV positive pregnant women in this camp? Yes/ No

5. How many deliveries have been recorded in the last 3-6 months?

HTC Services

1. Is HIV Counselling offered on camp or in nearby health facilities within this camp? Yes/ No

If yes, answer questions 2 – 4, If No, please go to HIV Prevention Services

- 2. Is there a space designated for HCT to ensure confidentiality? Yes/ No
- 3. Are test kit available and sufficient to meet demands? Yes/ No
- 4. Are the IDPs in this camp aware of the availability of this service? Yes/ No

HIV Prevention Services

- 1. Are condoms available free of charge? Yes/ No
- 2. Any HIV awareness campaigns in camp? Yes/ No
- 3. Is any organization providing regular condoms and giving prevention messages in this camp? Yes/ No

Reproductive Health

Do you have RH/STI/ family planning services in this camp or the nearby community? Yes/ No
 Are there any reported incidents of gender-based violence (physical/sexual)? Yes/No

OVC

Are there OVC in the camps?
 What services are provided for OVC?

TB

Are there TB/HIV services provided in the camp?

CAMP LEAD:

Name:.....
 Designation:.....
 Phone/Email:.....
 Date:.....

FHI360 LEAD:

Name:.....
 Designation:
 Phone/Email:.....
 Date:.....