

Attachment 5B. National HIV Prevention Program Monitoring and Evaluation (NHM&E) Data Variable Options (OMB 0920-0696, Exp. 02/28/2019)

Option 1 is available through December 31, 2018 for health departments funded under PS18-1802. However, additional time may be granted to those health departments unable to transition to Option 2 by that date. Option 1 is required for community based organizations funded under PS15-1502 through the last year of current funding (June 30, 2020) and those funded under PS17-1704 through March 31, 2019.

Option 2 is available to health departments beginning July 1, 2018 and required for all health departments on January 1, 2019. Option 2 will be required for any new CBO NOFO. New Variables will be available following OMB approval.

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
Agency				
A01	Agency Name	<input type="checkbox"/>	<input type="checkbox"/>	
A01a	Agency ID	<input type="checkbox"/>	<input type="checkbox"/>	
A02	Jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	
A27	CBO Agency Name	<input type="checkbox"/>	<input type="checkbox"/>	
A28	CBO Agency ID	<input type="checkbox"/>	<input type="checkbox"/>	
Site				
S01	Site ID	<input type="checkbox"/>	<input type="checkbox"/>	
S04	Site Type	<input type="checkbox"/>	<input type="checkbox"/>	
S08	Site - County	<input type="checkbox"/>	<input type="checkbox"/>	
S09	Site - State	<input type="checkbox"/>	<input type="checkbox"/>	
S10	Site - Zip Code	<input type="checkbox"/>	<input type="checkbox"/>	
S03	Site Name		<input type="checkbox"/>	
CDC				
CDC06	CDC Variable 6	<input type="checkbox"/>	<input type="checkbox"/>	
CDC07	CDC Variable 7	<input type="checkbox"/>	<input type="checkbox"/>	
CDC08	CDC Variable 8	<input type="checkbox"/>	<input type="checkbox"/>	
CDC09	CDC Variable 9	<input type="checkbox"/>	<input type="checkbox"/>	
CDC10	CDC Variable 10	<input type="checkbox"/>	<input type="checkbox"/>	
Client				

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
G101	Date Client Demographic Data Collected	<input type="checkbox"/>	<input type="checkbox"/>	
G103	Local Client ID	<input type="checkbox"/>	<input type="checkbox"/>	
G112	Date of Birth - Year	<input type="checkbox"/>	<input type="checkbox"/>	
G114	Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	
G116	Race	<input type="checkbox"/>	<input type="checkbox"/>	
G120	State/Territory of Residence	<input type="checkbox"/>	<input type="checkbox"/>	
G123	Assigned Sex at Birth	<input type="checkbox"/>	<input type="checkbox"/>	
G124	Current Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	
G124a	Specify Current Gender Identity	<input type="checkbox"/>		
G132	Client - County	<input type="checkbox"/>	<input type="checkbox"/>	
G134	Client - Zip Code	<input type="checkbox"/>	<input type="checkbox"/>	
G200	Date Client Risk Collected	<input type="checkbox"/>	<input type="checkbox"/>	
G200_1	Client Behavioral Risk Profile	<input type="checkbox"/>		
G204	Previous HIV Test	<input type="checkbox"/>	<input type="checkbox"/>	
G205	Self-Reported HIV Test Result	<input type="checkbox"/>		
G209	Pregnant (Only If Female)	<input type="checkbox"/>	<input type="checkbox"/>	
G210	In Prenatal Care (Only if Pregnant)	<input type="checkbox"/>	<input type="checkbox"/>	
G211_01	Injection Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
G211_08	Share Drug Injection Equipment	<input type="checkbox"/>		
G212	Additional Client Risk Factors	<input type="checkbox"/>		
G216a	Vaginal or Anal Sex with a Male	<input type="checkbox"/>	<input type="checkbox"/>	
G216b	Vaginal or Anal Sex with a Female	<input type="checkbox"/>	<input type="checkbox"/>	
G216c	Vaginal or Anal Sex with a Transgender Person	<input type="checkbox"/>	<input type="checkbox"/>	
G217a	Vaginal or Anal Sex without a Condom with a Male	<input type="checkbox"/>		
G217b	Vaginal or Anal Sex without a Condom with a Female	<input type="checkbox"/>		
G217c	Vaginal or Anal Sex without a Condom with a Transgender Person	<input type="checkbox"/>		
G218a	Vaginal or Anal Sex with a Male IDU	<input type="checkbox"/>		

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
G218b	Vaginal or Anal Sex with a Female IDU	<input type="checkbox"/>		
G218c	Vaginal or Anal Sex with a Transgender IDU	<input type="checkbox"/>		
G219a	Vaginal or Anal Sex with HIV-Positive Male	<input type="checkbox"/>		
G219b	Vaginal or Anal Sex with HIV-Positive Female	<input type="checkbox"/>		
G219c	Vaginal or Anal Sex with HIV-Positive Transgender Person	<input type="checkbox"/>		
G220	Vaginal or Anal Sex with MSM (female only)	<input type="checkbox"/>		
G222	Vaginal or Anal Sex without a Condom (PS only)	<input type="checkbox"/>	<input type="checkbox"/>	
G223	Vaginal or Anal Sex with an IDU (PS only)	<input type="checkbox"/>		
G205a	Previous HIV Test Result		<input type="checkbox"/>	
G400	In the past 5 years, has the client/patient had sex with a male?		<input type="checkbox"/>	
G401	In the past 5 years, has the client/patient had sex with a female?		<input type="checkbox"/>	
G402	In the past 5 years, has the client/patient injected drugs that were not prescribed to him/her by a medical care provider?		<input type="checkbox"/>	
G403	In the past 5 years, has the client/patient had sex with a transgender person?		<input type="checkbox"/>	New
Testing 1				
H04a	Test Form ID	<input type="checkbox"/>	<input type="checkbox"/>	
H06	Session Date	<input type="checkbox"/>	<input type="checkbox"/>	
H800	Has the client/patient ever heard of PrEP, the medicine taken daily to reduce the risk for getting HIV?		<input type="checkbox"/>	
H802	Has the client/patient used PrEP anytime in the last 12 months?		<input type="checkbox"/>	
H04c	eHARS State Number		<input type="checkbox"/>	
H04d	eHARS City/County Number		<input type="checkbox"/>	
Partner Services				
PCR101	Case Number	<input type="checkbox"/>	<input type="checkbox"/>	
PCR103	Case Open Date	<input type="checkbox"/>	<input type="checkbox"/>	
PCR104	Case Close Date	<input type="checkbox"/>	<input type="checkbox"/>	

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
PCR108	Date of Report	<input type="checkbox"/>		
PCR109	Reported to Surveillance	<input type="checkbox"/>		
PCR200	Date Collected	<input type="checkbox"/>		
PCR202a	Local PS ID	<input type="checkbox"/>		
PCR207	Partner Type	<input type="checkbox"/>	<input type="checkbox"/>	
PCR209	Notification Plan	<input type="checkbox"/>		
PCR104a	Care Status at Case Close Date		<input type="checkbox"/>	
Testing 2				
X103	Test Technology	<input type="checkbox"/>		
X104	HIV Test Election	<input type="checkbox"/>		
X104a	HIV Test Election		<input type="checkbox"/>	
X105	Sample Date	<input type="checkbox"/>	<input type="checkbox"/>	
X110	Test Result	<input type="checkbox"/>		
X111	Result Provided	<input type="checkbox"/>	<input type="checkbox"/>	
X115	If Result Not Provided, Why	<input type="checkbox"/>		
X124	Basis of Final Determination		<input type="checkbox"/>	
X125	HIV Test Result, Final Determination		<input type="checkbox"/>	
X126	Preliminary Positive point-of-care rapid test		<input type="checkbox"/>	
X126a	Specimen Collection Date of Preliminary Positive point-of-care rapid test		<input type="checkbox"/>	
X127	Tests for co-infections		<input type="checkbox"/>	
X127a	Syphilis Test		<input type="checkbox"/>	
X127b	Gonorrhea		<input type="checkbox"/>	
X127c	Chlamydial infection		<input type="checkbox"/>	
X127d	Hepatitis C		<input type="checkbox"/>	
X135	Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	
X136	In Surveillance System or Records	<input type="checkbox"/>		
X137	Program Announcement or Program Strategy	<input type="checkbox"/>	<input type="checkbox"/>	

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
X137-1	Specify Program Announcement/Strategy	<input type="checkbox"/>		
X138	Client HIV Status		<input type="checkbox"/>	
X150	Has the client/patient ever had a positive HIV test?		<input type="checkbox"/>	
X150a	If yes, date of first positive HIV test		<input type="checkbox"/>	
X224	Stage of infection		<input type="checkbox"/>	
X302	Attempt to Locate Outcome	<input type="checkbox"/>	<input type="checkbox"/>	
X303	Reason for Unsuccessful Attempt	<input type="checkbox"/>	<input type="checkbox"/>	
X303a	Specify Reason for Unsuccessful Attempt	<input type="checkbox"/>		
X306	Enrollment Status	<input type="checkbox"/>	<input type="checkbox"/>	
X502	Time Period for Recall (in months)	<input type="checkbox"/>		
X503	Total number of claimed sex and/or needle-sharing partners within the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	
X511	Total number of named sex and/or needle sharing partners within the last 12 months (with enough information to locate)	<input type="checkbox"/>	<input type="checkbox"/>	
X511a	Total Number of Named Male Partners	<input type="checkbox"/>		
X511b	Total Number of Named Female Partners	<input type="checkbox"/>		
X511c	Total Number of Named Transgender Partners	<input type="checkbox"/>		
X600	Partner Notifiability	<input type="checkbox"/>	<input type="checkbox"/>	
X601	Actual Notification Method	<input type="checkbox"/>	<input type="checkbox"/>	
X602	Previous HIV Test	<input type="checkbox"/>		
X603	Self-Reported HIV Test Result	<input type="checkbox"/>		
X604	Date of Last HIV Test	<input type="checkbox"/>		
X702	Referral Date	<input type="checkbox"/>		
X702a	Reason Client Not Referred to HIV Medical Care	<input type="checkbox"/>		
X703_01	Referred To HIV Testing	<input type="checkbox"/>		
X703_10	Referred To Medical Care	<input type="checkbox"/>		
X703_14	Referred To Partner Services	<input type="checkbox"/>		
X703_17	Referred To HIV Prevention Services	<input type="checkbox"/>		

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
X706	Referral Outcome	<input type="checkbox"/>		
X706b	First HIV Medical Care Appointment within 90 Days of HIV Test	<input type="checkbox"/>		
X706c	HIV Medical Care Linkage		<input type="checkbox"/>	
X706d	First HJV Medical Appointment Date		<input type="checkbox"/>	
X712	HIV Test Performed	<input type="checkbox"/>	<input type="checkbox"/>	
X712a	Coinfection Screen (Partner Services)		<input type="checkbox"/>	
X712b	Co-infection Result (Partner Services)		<input type="checkbox"/>	
X713	HIV Test Result	<input type="checkbox"/>		
X714a	HIV Test Results Provided	<input type="checkbox"/>	<input type="checkbox"/>	
X724	Client Received Prevention Services	<input type="checkbox"/>		
X725	Partner Service Interview	<input type="checkbox"/>		
X725a	Was the PS Interview within 30 Days of Receiving a Positive HIV Test Result	<input type="checkbox"/>		
X725b	Care Status at Time of the PS Interview		<input type="checkbox"/>	
X730a	Housing status in past 12 months - revised	<input type="checkbox"/>	<input type="checkbox"/>	
X731	PrEP Status		<input type="checkbox"/>	
X731a	Partner referred to PrEP Provider (Partner Services)		<input type="checkbox"/>	
X740	Seen a Medical Care Provider in past 6 months		<input type="checkbox"/>	
X741	Attend HIV medical care appointment		<input type="checkbox"/>	
X741a	Appointment Date		<input type="checkbox"/>	
X742	Individualized behavioral risk-reduction counseling		<input type="checkbox"/>	
X743	Information provided for partner services		<input type="checkbox"/>	
X744	Interviewed for partner services		<input type="checkbox"/>	
X744a	Date of partner services interview		<input type="checkbox"/>	
X745	Screened for perinatal HIV service coordination needs		<input type="checkbox"/>	
X746	Perinatal HIV service coordination needs identified		<input type="checkbox"/>	
X747	Referred for HIV perinatal service coordination		<input type="checkbox"/>	
X748	Screened for PrEP eligibility		<input type="checkbox"/>	

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
X749	Eligible for PrEP referral		<input type="checkbox"/>	
X750	Referred to a PrEP Provider		<input type="checkbox"/>	
X751	Assistance with linkage to a PrEP provider		<input type="checkbox"/>	
X752a	Navigation services for linkage to HIV medical care – screened for need		<input type="checkbox"/>	
X752b	Navigation services for linkage to HIV medical care – need identified		<input type="checkbox"/>	
X752c	Navigation services for linkage to HIV medical care – provided or referred for service		<input type="checkbox"/>	
X752e	Linkage services to HIV medical care – screened for need		<input type="checkbox"/>	
X752f	Linkage services to HIV medical care – need identified		<input type="checkbox"/>	
X752g	Linkage services to HIV medical care – provided or referred for service		<input type="checkbox"/>	
X753a	Health benefits navigation and enrollment – screened for need		<input type="checkbox"/>	
X753b	Health benefits navigation and enrollment – need identified		<input type="checkbox"/>	
X753c	Health benefits navigation and enrollment – provided or referred to service		<input type="checkbox"/>	
X754a	Medication adherence support – screened for need		<input type="checkbox"/>	
X754b	Medication adherence support – need identified		<input type="checkbox"/>	
X754c	Medication adherence support – provided or referred to service		<input type="checkbox"/>	
X755a	Evidence-based risk reduction intervention – screened for need		<input type="checkbox"/>	
X755b	Evidence-based risk reduction intervention – need identified		<input type="checkbox"/>	
X755c	Evidence-based risk reduction intervention – provided or referred to service		<input type="checkbox"/>	
X756a	Behavioral health services – screened for need		<input type="checkbox"/>	
X756b	Behavioral health services – need identified		<input type="checkbox"/>	
X756c	Behavioral health services – provided or referred to service		<input type="checkbox"/>	
X758a	Social services – screened for need		<input type="checkbox"/>	
X758b	Social services – need identified		<input type="checkbox"/>	
X758c	Social services – provided or referred to service		<input type="checkbox"/>	
Aggregate				

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
ME201a	Category A total PS18-1801-funded aggregate test events	<input type="checkbox"/>	<input type="checkbox"/>	
ME201b	Category A total reimbursed aggregate test events	<input type="checkbox"/>	<input type="checkbox"/>	
ME202a	Category A PS18-1801-funded aggregate newly diagnosed HIV-positive test events	<input type="checkbox"/>	<input type="checkbox"/>	
ME202b	Category A reimbursed aggregate newly diagnosed HIV-positive testing events	<input type="checkbox"/>	<input type="checkbox"/>	
CBO				
CBOCL003	Client Record Number	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST001	Target Population(s)	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST002	High-Risk Client	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST003	HIV Medical Care at the time of this positive test	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST004	Navigation and prevention and essential support services, HIV Testing	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST004S P	Other recommended support services, HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST005	Date client attended first medical care appointment	<input type="checkbox"/>	<input type="checkbox"/>	
Data Upload				
Z03c	Schema Version Number	<input type="checkbox"/>	<input type="checkbox"/>	
Z06	Data Type in File	<input type="checkbox"/>	<input type="checkbox"/>	
Budget	Health Department PS18-1802 Only			
BASTRAT10a1 P	Percent Allocated - Monitoring and Evaluation - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT10a1S	Percent Allocated - Monitoring and Evaluation - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT11a1 P	Percent Allocated - Capacity Building and TA - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT11a1S	Percent Allocated - Capacity Building and TA - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT11a2 P	Percent Allocated - Geocoding - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT11a2S	Percent Allocated - Geocoding - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT1a1S	Percent Allocated - Data Activities - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT1a2P	Percent Allocated - Data Activities - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
BASTRAT2a1P	Percent allocated - Routine HIV testing, Healthcare -Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT2a2P	Percent allocated - Targeted HIV testing, non-Healthcare - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT2a3P	Percent allocated - HIV Partner Services - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT2a4P	Percent allocated - D2C - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT2a4S	Percent expended - D2C - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT3a1P	Percent Allocated - HIV Transmission Clusters and Outbreaks - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT3a1S	Percent Allocated - HIV Transmission Clusters and Outbreaks - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT4a1P	Percent Allocated - CPP, Continuum of Care - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT4a2P	Percent Allocated - CPP, Risk Reduction Interventions - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT4a3P	Percent Allocated - Other CPP - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT5a1P	Percent Allocated - Prevention with HIV-negative persons - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT5a2P	Percent Allocated - PrEP Access and Support - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT5a3P	Percent Allocated - PEP Access and Support - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT6a1P	Percent Allocated - Perinatal HIV Exposure Reporting - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT6a1S	Percent Allocated - Perinatal HIV Exposure Reporting - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT6a2P	Percent Allocated - Perinatal HIV Surveillance Coordination - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT6a2S	Percent Allocated - Perinatal HIV Surveillance Coordination - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT7a1P	Percent Allocated - Community-level Prevention Activities - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT7a2P	Percent Allocated - SSP - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT7a3P	Percent Allocated - Condom Distribution - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT8a1P	Percent Allocated - HIV Planning - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT8a1S	Percent Allocated - HIV Planning - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT9a1P	Percent Allocated - Health Information Infrastructure - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT9a1S	Percent Allocated - Health Information Infrastructure -Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT9a2P	Percent Allocated - Data Security and Confidentiality - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT9a2S	Percent Allocated - Data Security and Confidentiality - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT9a3P	Percent Allocated - Policies and Protocols - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BASTRAT9a3S	Percent Allocated - Policies and Protocols - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT10a1P	Percent Expended - Monitoring and Evaluation - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT10a1S	Percent Expended - Monitoring and Evaluation - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT11a1P	Percent Expended - Capacity Building and TA - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
BESTRAT11a1S	Percent Expended - Capacity Building and TA - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT11a2P	Percent Expended - Geocoding - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT11a2S	Percent Expended - Geocoding - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT1a1S	Percent Expended - Data Activities - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT1a2P	Percent expended - NHME	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT2a1P	Percent expended - Routine HIV testing, Healthcare - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT2a2P	Percent expended - Targeted HIV testing, non-Healthcare - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT2a3P	Percent expended - HIV Partner Services - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT2a4P	Percent expended - D2C - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT2a4S	Percent expended - D2C - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT3a1P	Percent Expended - HIV Transmission Clusters and Outbreaks - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT3a1S	Percent Expended - HIV Transmission Clusters and Outbreaks - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT4a1P	Percent Expended - CPP, Continuum of Care - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT4a2P	Percent Expended - CPP, Risk Reduction Interventions - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT4a3P	Percent Expended - Other CPP - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT5a1P	Percent Expended - Prevention with HIV-negative persons - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT5a2P	Percent Expended - PrEP Access and Support - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT5a3P	Percent Expended - PEP Access and Support - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT6a1P	Percent Expended - Perinatal HIV Exposure Reporting - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT6a1S	Percent Expended - Perinatal HIV Exposure Reporting - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT6a2P	Percent Expended - Perinatal HIV Surveillance Coordination - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT6a2S	Percent Expended - Perinatal HIV Surveillance Coordination - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT7a1P	Percent Expended - Community-level Prevention Activities - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT7a2P	Percent Expended - SSP - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT7a3P	Percent Expended - Condom Distribution - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT8a1P	Percent Expended - HIV Planning - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT8a1S	Percent Expended - HIV Planning - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT9a1P	Percent Expended - Health Information Infrastructure - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT9a1S	Percent Expended - Health Information Infrastructure - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT9a2P	Percent Expended - Data Security and Confidentiality - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT9a2S	Percent Expended - Data Security and Confidentiality - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New

Variable Number	Variable Name	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
BESTRAT9a3P	Percent Expended - Policies and Protocols - Prevention	<input type="checkbox"/>	<input type="checkbox"/>	New
BESTRAT9a3S	Percent Expended - Policies and Protocols - Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY1	Comments - Strategy 1	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY10	Comments - Strategy 10	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY11	Comments - Strategy 11	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY2	Comments - Strategy 2	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY3	Comments - Strategy 3	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY4	Comments - Strategy 4	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY5	Comments - Strategy 5	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY6	Comments - Strategy 6	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY7	Comments - Strategy 7	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY8	Comments - Strategy 8	<input type="checkbox"/>	<input type="checkbox"/>	New
CSTRATEGY9	Comments - Strategy 9	<input type="checkbox"/>	<input type="checkbox"/>	New