STANDARD SECTOR INDICATOR CODE: HE-072	**Trained on Health Benefits of Improved Cookstoves:** Number of individuals trained on the health benefits of using improved cookstoves	
HEALTH SECTOR	**Sector Schematic Alignment** • **Project Area:** Environmental Health • **Project Activity Area/Training Package:** Improved Cookstoves	
Type: Output	**Unit of Measure**: Individuals	**Disaggregation:** **Sex:** Male, Female **Age:** 0-9 years, 10-17 years, 18-24 years, 25+ years

To be counted for this indicator the following criteria must be met:

- The individual must have attended training on improved cookstoves and health benefits of using them,
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
- Attendance at educational session/s must have been documented by the Volunteer or their partner.

Definitions:
Health benefits from using an improved cookstove:

- Achieves a reduction in air contamination by use of a chimney for indoor stoves; this reduces ARI especially in women and small children and other chronic lung conditions such as asthma chronic bronchitis,
- Achieves at least a 50 percent reduction in emissions or exposure, as confirmed by either a standard controlled cooking test or a kitchen performance test conducted in the country; this reduces ARI and other chronic lung conditions,
- At least 90% of household cooking is done using the improved cookstove or oven; the improved stove must be used for nearly all cooking needs to reap the health benefits of the stove.

Improved Cookstoves – For this indicator, number of cookstoves counted will only be improved cookstoves that meet the following criteria outlined in the Peace Corps Improved Cookstoves Handbook:

- Desirable: appropriate for cooks' needs and preferences, compatible within the cultural context.
- Accessible: available and enabling choice, affordable outright or otherwise (e.g. credit)
- Effective: actually reduce levels of indoor air pollution and fuel use: (a) consume at least 35 percent less fuel when cooking a typical meal than the traditional stove currently in use; (b) achieve a reduction in air contamination by use of a chimney for indoor stoves; and (c) achieve at least a 50 percent reduction in emissions or exposure, as confirmed by either a standard controlled cooking test or a kitchen performance test conducted in the country.
- Reliable: consistently performs as expected.
- Maintainable: easy to use and clean; spare parts and service available.

Rationale: The U.S. government is a global leader in the effort towards universal adoption of clean and efficient cooking solutions through its support of the Global Alliance for Clean Cookstoves and investment in the research and development of clean cooking solutions. According to the Global Burden of Disease Study published in Lancet, December 2012, exposure to cookstove smoke leads to roughly 4 million premature deaths each year – or one every 8 seconds. Harmful cookstove smoke is estimated to be the fourth worst health risk factor globally, second worst among women

and girls and fifth worst among men and boys. It is the worst of the environmental risk factors affecting health (such as outdoor air pollution and unimproved water sources and sanitation), both globally and in poor regions. It is also the worst health risk factor in South Asia and second worst in most parts of Sub-Saharan Africa. Each year the effects of smoke from residential burning of wood and other basic fuels kill more people than HIV/AIDS, tuberculosis or malaria. Cook stove smoke contributes to a range of chronic illnesses and acute health impacts such as acute pneumonia in children under the age of five, cardiovascular disease, lung cancer, and chronic obstructive pulmonary disorders (COPD). A growing body of evidence suggests links to other conditions including tuberculosis and low birth weight. Studies have shown that infants whose smoke exposures were reduced by 90% had 50% less pneumonia.

Measurement Notes:

1. **Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, a tracking sheet that collects the names, age, and sex of participants who were trained in the health benefits of improved cookstoves will capture the needed data.

2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on frequency of measurement).

3. **Activity-Level Baseline Data Collection:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators.

4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events) on the health benefits of improved cookstoves, he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.

5. **Definition of change**: Outputs do not measure any changes. However, if desired, a minimum expectation can be set for meeting the output, which can be particularly useful in the area of training. For instance, a Peace Corps project may decide that for any training participant to be counted as having been sufficiently trained in a certain area, he/she needs to attend at least "80% of the training" or "4 out of 5 days of the training." If a specific requirement is not set forth here in the indicator data sheet, it is up to project staff to determine what minimum criteria they want to set (if at all).

6. **Reporting:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: "total # (number)."

7. **Reporting on Disaggregated Data in the VRT:** This indicator is disaggregated by "Sex" and by "Age". When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by male and female in the following age groups: 0-9 years, 10-17 years, 18-24 years, and 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.
Alignment with Summary Indicator: No link