

CAREVERSE: MONITORING, EVALUATION & LEARNING (MEL) EVIDENCE BRIEF

Strengthening Trauma-Informed
Caregiving in Child Protection Systems



WHY CAREVERSE, AND WHAT THIS MEL EVALUATION TESTED

CareVerse is Protsahan's learning academy, being designed to strengthen trauma-informed capacity among frontline caregivers working with children who have experienced violence, abuse, trauma, and adversity in ultra poor settings.

Rather than focusing on awareness alone, CareVerse is intentionally being designed to answer: *Can frontline caregivers meaningfully **improve** how they understand, apply, and sustain trauma-informed practices in real-world child protection settings?*

This MEL assessment (done as a pilot as a part of this 15-year organization impact evaluation) examines whether pilot trainings (a new program with the potential to scale) lead to measurable improvements across three critical domains that underpin effective child protection:

1. **Knowledge** (of trauma and trauma-informed approaches)
2. **Practice** (the ability to apply these approaches in daily work)
3. **Overall performance** (capturing consistency, confidence, and integration of learning through trackable actions)

HOW THE ASSESSMENT WAS CONDUCTED

To assess effectiveness, pre- and post-workshop assessments were conducted with participating caregivers from CWC, JJB and NGO participants. This approach compared each

participant to themselves before and after the training allowing us to isolate changes associated with the training. Paired t-tests were used to test whether observed changes were statistically significant—that is, unlikely to be due to chance.

Scores were analysed across three domains: Knowledge, Practice and Overall performance.

The assessment tools were designed to capture both:

- Conceptual understanding (e.g. recognising trauma responses in children, understanding fear and anxiety, avoiding re-traumatisation), and
- Practical application (e.g. using arts-based counseling methods, maintaining confidentiality, responding quicker, building child protection policies etc.).



WHAT THE EVIDENCE SHOWS

A. Knowledge: Strong gains in conceptual understanding

Caregivers demonstrated a substantial improvement in trauma-related knowledge, with mean scores increasing from 3.8 (SD = 1.11) pre-workshop to 5.4 (SD = 0.72) post-workshop. This change was highly statistically significant ($t = -5.46, p < 0.001$).

This means CareVerse is highly effective at building foundational understanding of trauma, including how children process fear, stress, and adversity. This is a critical prerequisite for safe and appropriate caregiving at the frontlines, particularly in high-risk environments.

B. Practice: Measurable improvements in day-to-day application

Practice scores increased from 19.2 (SD = 2.04) before the workshop to 20.8 (SD = 2.00) after the workshop. This improvement was statistically significant ($t = -2.29, p = 0.032$).

This means caregivers did not merely absorb information, they believed they can take action, such as:

- Greater attention to confidentiality of disclosures and case documentation
- More appropriate responses to identifying distress in children before harm could escalate
- Better understanding on linkages and referrals with state support systems

From an MEL perspective, this is particularly important because practice change is harder to achieve than knowledge change. In the coming years, Protsahan is tightening its evaluation further to be able to track with better clarity what actions were taken by caregivers at scale to prevent harm.

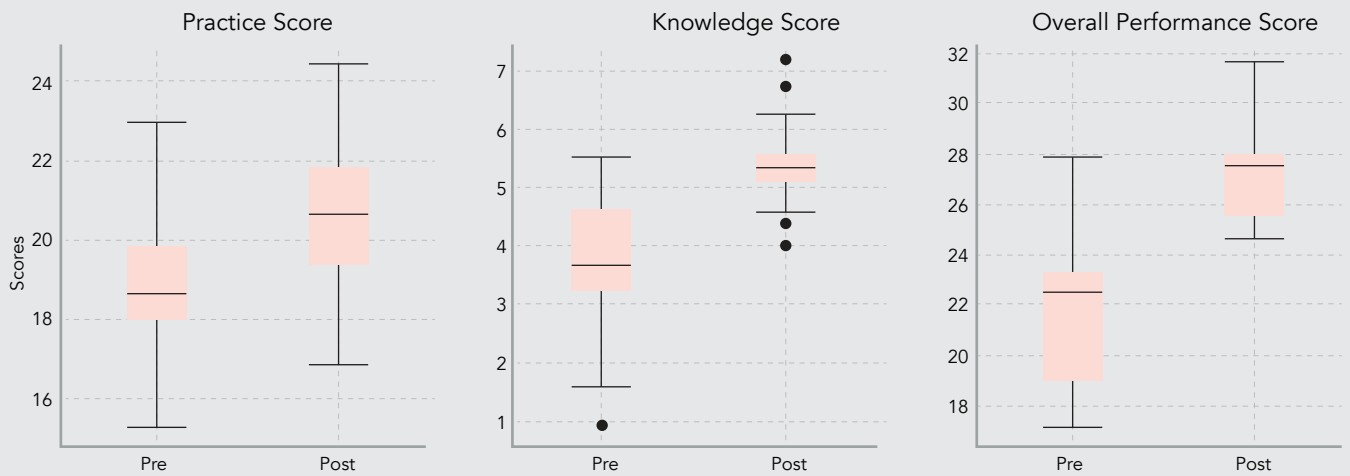
C. Overall performance: The strongest signal of impact

Overall performance scores showed the most pronounced improvement, rising from 21.7 (SD = 2.8) pre-workshop to 26.7 (SD = 1.8) post-workshop. This represents a 23% improvement over baseline, and the change was highly statistically significant ($t = 6.22, p < 0.001$).

This means CareVerse strengthens not just isolated skills, but integrated capability—combining knowledge, confidence, and consistent application. Participants demonstrated greater assurance in using trauma-informed approaches and applying them reliably in their work. From a systems perspective, this matters because child protection failures often stem not from lack of policy, but from inconsistent frontline capability.



Figure No.25: CareVerse Impact on Practice, Knowledge, and Overall Performance Scores



HOW TO INTERPRET THESE RESULTS (AND WHAT THEY DO NOT CLAIM)

CareVerse training shows statistically significant short-term improvements in frontline caregiver knowledge, practice, and overall capability. While this assessment does not yet test long-term behaviour change or attribute downstream child-level outcomes to training alone, it establishes a critical foundation: strengthening caregiver capability within child protection systems is a necessary precondition for safer outcomes for vulnerable children.

WHY THIS EVIDENCE MATTERS FOR FUNDERS AND SYSTEMS ACTORS

This MEL evidence highlights three reasons CareVerse represents a high-leverage investment:

- 1. It targets the right bottleneck:** Child protection systems frequently fail not because of missing laws or schemes, but because frontline caregivers lack the skills, confidence, and support to respond safely. CareVerse addresses this bottleneck directly, through structured digital courses.
- 2. It measures what matters:** Rather than relying on attendance, satisfaction, or awareness metrics, this assessment aims to focus on capability change—knowledge, practice, and integrated performance.
- 3. It offers a scalable systems multiplier:** Each trained caregiver influences multiple vulnerable children over time. Strengthening caregiver capacity is therefore a multiplier investment, improving system quality without relying on individual heroism or ad-hoc interventions.



LEARNING IMPLICATIONS

The results validate CareVerse’s core design choices:

- 1. Action-first learning:** Training is designed backwards from observable caregiver practices, not forwards from knowledge acquisition.
- 2. Layered architecture:** CareVerse functions through three interlocking layers—material production, platform enablement, and ecosystem integration—ensuring that content, delivery, and adoption reinforce one another.
- 3. Focused actor segmentation:** CareVerse prioritises caregivers and frontline workers whose roles directly influence safety and wellbeing outcomes for vulnerable girls & children.



Going forward, CareVerse’s MEL framework will deepen focus on strengthening MEL capacity at scale:

KEY DESIGN CONSIDERATIONS	HOW CAREVERSE WILL RESPOND
Ensuring learning translates into sustained caregiver practice	To track longitudinal retention of caregiver practices and introduce periodic refresher nudges linked to role-specific actions.
Avoiding overly generic training content	To maintain tight role segmentation and design learning pathways backwards from observable caregiver actions.
Preserving quality and accountability as CareVerse scales	To use cohort-based, geographically focused scaling with defined feedback loops before replication.
Strengthening links between caregiver learning and child-level outcomes	To establish proxy child-level indicators and integrate them into CareVerse MEL cycles.

CareVerse will scale through cohort-based, geographically focused implementation, allowing practice change to be observed, retained, and refined within defined local systems before expansion. This approach prioritises learning velocity and evidence strength over rapid diffusion, ensuring that improvements in caregiver capability are durable and replicable across contexts.

Scan, to know about CareVerse
learning academy content







The real innovation is Protsahan's shift to exponential thinking — growing impact without growing the organization. Through the Ashoka ASPIRe accelerator, they embraced models of seeding intelligence into the ecosystem, much like an Intel chip powering multiple devices. Protsahan's trauma-informed intelligence (through CareVerse) can now be embedded across classrooms, communities, and child protection systems, enabling capacities and scale through local proximate actors.

- Gopal Garg, Director - Ecosystem & Partnerships, Project ASPIRE (Ashoka)



Protsahan's unique ability to humanize this work via CareVerse, to make trauma care accessible through arts, storytelling, and empathy, makes the intelligence not just scalable, but adoptable and lasting.

- Polina Nezdikovska, Community Development Lead, Think Collective Center for Exponential Change (C4EC)



**CAREVERSE – A NEW LANGUAGE OF HEALING FOR CHILD ABUSE**

Dr. Kavita Mangnani, National Coordinator with the India Alternative Care Network (IACN) shared that what is most critical about Protsahan's CareVerse was its ability to make trauma care simple and relatable for families and frontline workers. **"Even with my PhD in psychology," she said, "I sometimes use jargon that social workers don't understand. CareVerse breaks this down into short videos, metaphors, and action based exercises that anyone can grasp."**

She recalled a recent two-day workshop where 40 state counselors and NGO social workers were trained, each going on to reach hundreds of families in their communities. The ripple effect was immense. She highlighted activities such as the 'ants crawling' metaphor to explain confusion, or visuals showing how a beating leaves invisible marks on the brain and heart. These tools made trauma and healing visible, practical, and easy to communicate.

She further emphasized the relevance of such approaches for Child Welfare Committees (CWCs), who often have only a single day - not months - to build rapport with a child. "CareVerse can really go forward," she reflected. **"It makes community mental health approachable, practical, and impactful for everyone, from parents to CWCs."**

