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The data don’t speak for themselves, but who does?

Collectively owned and interpreted advanced statistics with Mauritanian social workers

Context

In global health, quantitative analysis is typically the preserve of researchers, while frontline providers are treated as data sources or evidence recipients. This epistemic injustice is increasingly contested by decolonial scholarship. In the context of handing over gendered violence services from the NGO Médicos del Mundo to Mauritania's public health system since 2023, we sought to reverse this trend.

Facing a lack of context-sensitive evidence on psychosocial and social care models – largely drawn from richer countries, short-term programs, and dominant epistemic traditions that prioritize randomized designs and standardized measures –, we approached the transition from frontline providers’ perspectives, but not through the qualitative lens traditionally used to “capture” their voices. Instead, we relied on a quantitative design informed by providers’ situated knowledge.

Objectives

General objective: To examine, from the perspective of frontline providers, the evolution of social and psychosocial models of care in the Mauritanian units for survivors of gendered violence from 2023 to 2024.

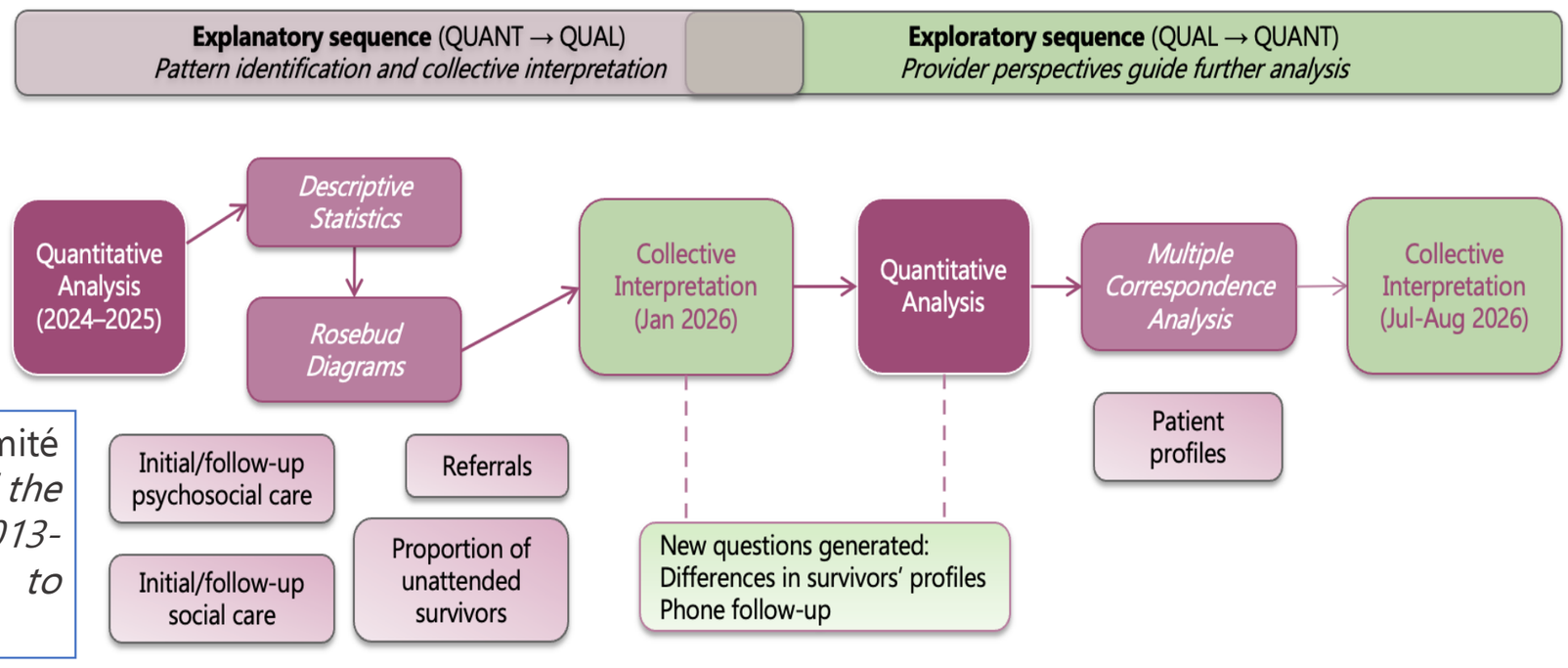
Operational aim: To promote context-relevant, sustainable and nationally owned care models.

Scientific aim: To offer a vision of informed policymaking that redresses epistemic, professional, and gendered power hierarchies.

Methods

This participatory mixed-methods study combined an explanatory and an exploratory sequential design, drawing on critiques of positivist approaches to evidence-based policymaking giving insufficient weight to context, complexity and practice-based expertise.

Ethical approval was obtained by the Comité d’Éthique pour la Recherche en Santé *of the Mauritanian Ministry of Health (Res No. 013-2025). All participants consented to participation and data use for research.*

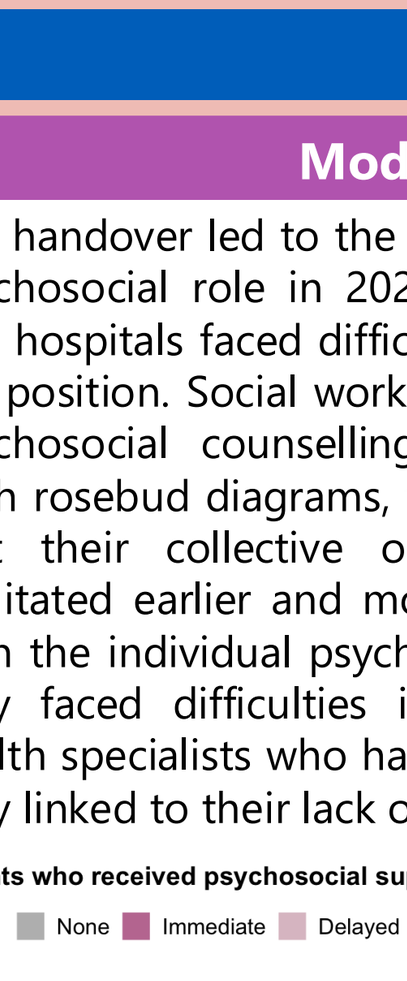


Results & Collective interpretation

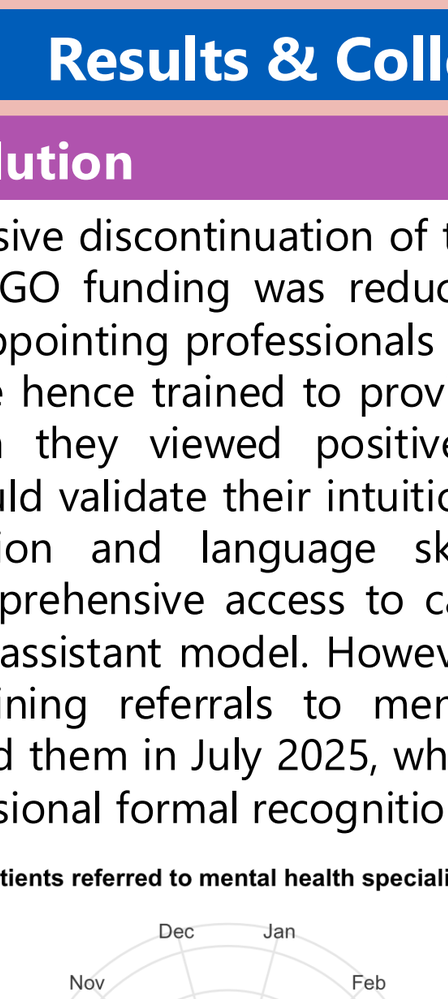
Model evolution

The handover led to the progressive discontinuation of the psychosocial role in 2025, as NGO funding was reduced and hospitals faced difficulties appointing professionals for the position. Social workers were hence trained to provide psychosocial counselling, which they viewed positively. With rosebud diagrams, they could validate their intuitions that their collective organization and language skills facilitated earlier and more comprehensive access to care than the individual psychosocial assistant model. However, they faced difficulties in sustaining referrals to mental health specialists who had trained them in July 2025, which they linked to their lack of professional formal recognition.

Patients who received psychosocial support:

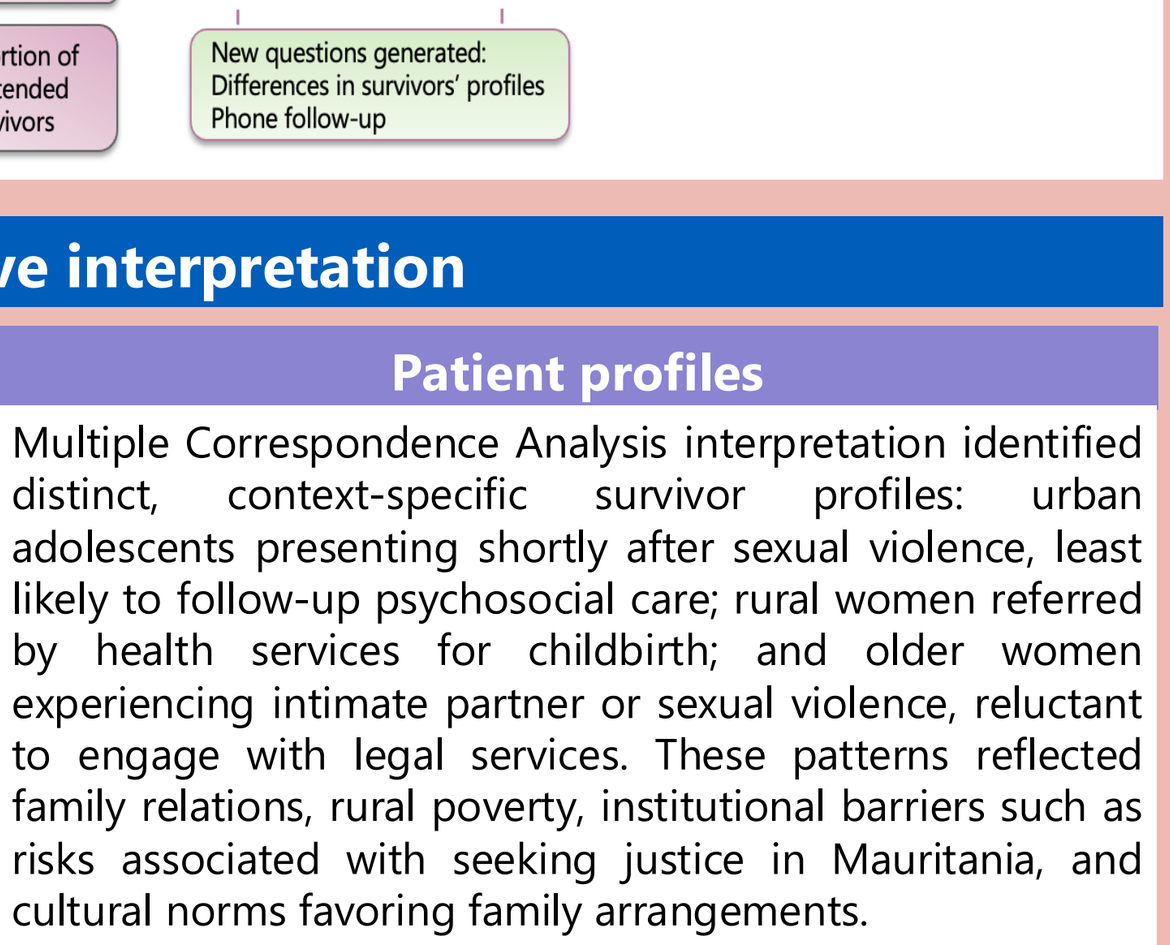


Patients referred to mental health specialists



Patient profiles

Multiple Correspondence Analysis interpretation identified distinct, context-specific survivor profiles: urban adolescents presenting shortly after sexual violence, least likely to follow-up psychosocial care; rural women referred by health services for childbirth; and older women experiencing intimate partner or sexual violence, reluctant to engage with legal services. These patterns reflected family relations, rural poverty, institutional barriers such as risks associated with seeking justice in Mauritania, and cultural norms favoring family arrangements.



Discussion

The study challenges conventional global health epistemologies, whereby recommendations produced abroad are then adapted to local contexts. Here, quantitative designs with highly visual output became interpretative objects through which frontline workers could direct the analysis; rather than treating the qualitative phase as the final interpretation, it raised new questions addressed in the second sequence. This approach resonates with decolonial scholarship advocating collective understanding approaches and emphasizing that nationally owned health services must engage with context and complexity while decentering normative epistemic frameworks.

References

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