**CONTEXT ASSESSMENT**

Conversation Guide

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|  | Leadership Quick Reference | | **Introduction** |
| *Ask district leaders* | **Discussion:** Introduce the purpose of the conversation and its relation to the upcoming change in their facility.  **Problem Statement:** the Implementer gives a short description of:   * The problem we are trying to solve * The ideal state * The proposed change   **Questions:**  In general what types of improvements would you like to make at this facility?  What do you think about this change? |
|  | *Area of Interest* | **Implementation Plan** |
|  | 1 | *Experience with improvement projects* | Tell me about your experience with improvement projects at this facility. |
| • | 2 | *Competing priorities* | Are there other Quality Improvement programs or changes to your usual work that are currently happening or are about to start at your facility? |
| • | 3 | *Interest in the Change* | What are priorities for improvement in this facility?  Where is this change in comparison with the other priorities? |
|  | 4 | *Program champion* | Who in the department will likely take the lead and help sustain this change? |
| • | 5 | *Dedicated supplies, equipment and financing* | What resources are available for this change project (money, supplies, equipment (if needed))? |
|  | 6 | *Staffing availability* | Are there sufficient staff members available for this change project? How can staffing limitations be overcome? |
| • | 6 | *Data for improvement* | Would you give an example of the last time facility improvement data was shared with you (For example, how well a facility is meeting national standards or achieving facility-specific goals)? What did you do with the information? |
|  |  | *Area of Interest* | **Internal Environmental Culture** |
|  | 7 | *Staff motivation* | This change will require staff support and investment. What do you feel about the motivation of the staff for this change? |
|  | 8 | *Team Culture* | When and how do you recognize your staff for their work? |
|  | 9 | *Roles and Responsibilities* | To what extent do staff in this facility understand what they are responsible for in their day-to-day work? |
|  | 10 | *Communication across the organization* | How often are updates about practice changes shared with staff across the facility? How are they shared? |

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| Staff Quick Reference | | **Introduction** |
| **Discussion:** Introduce the purpose of the conversation and its relation to the upcoming change in their facility.  **Problem Statement:** the Implementer gives a short description of:   * The problem we are trying to solve * The ideal state * The proposed change   **Questions:**  In general what types of improvements would you like to make at this facility?  What do you think about this change? |
|  | *Area of Interest* | **Implementation Plan** |
| 11 | *Interest in the Change* | What are priorities for improvement in this facility?  Where is this change in comparison with the other priorities? |
| 12 | *Competing priorities* | Are there other Quality Improvement programs or changes to your usual work that are currently happening or are about to start at your facility? |
| 13 | *Intervention-specific knowledge/skills* | Do you think any essential facility staff might feel unsure or unable to do this practice change? Why/ why not? |
| 14 | *Dedicated supplies, equipment and financing* | What resources are available for this change project (money, supplies, equipment (if needed)? |
| 15 | *Staffing availability* | Are there sufficient staff members available for this change project? How can staffing limitations be overcome? |
| 16 | *Data for improvement* | Would you give an example of the last time facility improvement data was shared with you (e.g. how well a facility is meeting national standards or achieving facility-specific goals)? What did you do with the information? |
|  | *Area of Interest* | **Internal Environmental Culture** |
| 16 | *Incentives and payments* | Do you receive your paycheck on a regular schedule? |
| 17 | *Staff motivation* | This change will require staff support and investment. What do you feel about the staff motivation for this change? |
| 18 | *Roles and Responsibilities* | To what extent do staff in this facility understand what they are responsible for in their day-to-day work? |
| 19 | *Team Culture* | When and how were you last recognized for good work? What was it for? |
| 20 | *Communication across the organization* | How often are updates about practice changes shared with staff across the facility?  How are they shared? |
| 21 | *Communication about patient care* | How is important clinical information about a patient or patients shared between staff (nurses, doctors, etc.)? Are there ever delays or gaps in sharing clinical information? |
| 22 | *Workload* | Tell me about when you last felt like you were so busy or rushed at work that you were unable to provide good care. |
|  | *Area of Interest* | **Community Engagement** |
| 23 | *Facility-community relationship (generally)* | How would you describe the relationship between the facility staff and the community/patients? |

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| Patient Quick Reference | | **Introduction** |
| **Discussion:** Introduce the purpose of the conversation and its relation to the upcoming change in their facility.  **Problem Statement:** the Implementer gives a short description of:   * The problem we are trying to solve * The ideal state * The proposed change   **Questions:**  How will this change be useful for you and your family? For the health facility?  What challenges could you imagine in being a part of this change? |
|  | *Area of Interest* | **Community Engagement** |
| 24 | *Intervention-specific concerns of patients* | Is there anything about this change that patients might not like?  If yes, what? |
| 25 | *Intervention-specific concerns of the community* | Is there anything about this change that families or other community members might not like or might find inappropriate?  If yes, what? |
| 26 | *Facility-community relationship (generally)* | How would you describe the relationship between the facility staff and the community/patients? |

# Context Assessment Scoring Worksheet

## LEADERSHIP SCORING

Consider **all the** conversations with leaders at this facility. When choosing a score, select only one box per question. If there were differences in how leaders responded, or how leaders responded compared with staff, mark “discrepancy” and describe the discrepancy in the scoring summary.

### Implementation Plan

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| **#** | **Area of Interest** | **3** | **Strength** | **2** | **Neutral** | **1** | **Challenge** | Discrepancy |
| **1** | **Experience with improvement projects** | **⬜** | **Extensive experience**  5+ years experience with many quality improvement (QI) projects or 5+ years work experience in QI. | ⬜ | **Some experience**  2+ years experience with a few QI projects or <5 years work experience in QI. | ⬜ | **No experience**  Never tried a QI project. | ⬜ |
| **2** | **Competing priorities** | ⬜ | **No competing priorities** | ⬜ | **Some competing priorities**  Other programs or events could possibly make this new change unsuccessful. | ⬜ | **Major competing priorities**  Other programs or events will likely make this new change unsuccessful. | ⬜ |
| **3** | **Interest in the Change** | ⬜ | **Very interested**  Staff see the change as a good solution to an important issue | ⬜⬜ | **Somewhat interested**  Staff see this change as somewhat of a good solution or only somewhat of an important issue to address | ⬜ | **Not interested**  Staff do not see this change as a good solution, or do not think that the issue it addresses is very important | ⬜ |
| **4** | **Program champion** | **⬜** | **Strong champion assigned**  Someone has been assigned to lead this change AND is highly capable to fulfill the role.. | **⬜** | **Any champion assigned**  Someone has been assigned to lead this change but additional support may be needed for this person in this role. | **⬜** | **No champion assigned**  The initiative does not have a champion assigned yet. | ⬜ |
| **5** | **Dedicated supplies, equipment and financing** | ⬜ | **Sufficient resources** There are sufficient resources to implement this change. | ⬜ | **Limited resources**  Resources are limited, which may be a challenge as this change is implemented. | ⬜ | **Major resource constraints**  The change is unlikely to be successful due to lack of resources. | ⬜ |
| **6** | **Staffing availability** | ⬜ | **Sufficient staffing** There is sufficient staffing to implement this change. | ⬜ | **Limited staffing**  Staffing is limited, which may be a challenge as this change is implemented. | ⬜ | **Major staffing constraints**  The change is unlikely to be successful due to lack of staffing. | ⬜ |

### Internal Environmental Culture

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Area of Interest** | **3** | **Strength** | **2** | **Neutral** | **1** | **Challenge** | Discrepancy |
| **7** | **Data for improvement** | ⬜ | **Extensive data use**  Staff have access to improvement data AND it is used to inform decisions on patient care. | ⬜ | **Some data use**  Staff have access to improvement data. | ⬜ | **No data use currently**  Staff do not have access to improvement data. | ⬜ |
| **8** | **Staff motivation** | **⬜** | **No concerns**  Staff motivation is not a concern for this proposed change. | ⬜ | **Concerns can be addressed as part of change**  Staff Motivation is a concern but can be addressed as part of the roll-out of this proposed change. | ⬜ | **Major concerns**  Staff Motivation is a major concern that may make it impossible for this change to be successful. | ⬜ |
| **9** | **Team Culture** | ⬜ | **Regular recognition**  Staff are regularly recognized for their work. | ⬜ | **Limited recognition**  Staff are recognized for their work during special circumstances. | ⬜ | **No recognition**  Staff are rarely recognized for their work. | ⬜ |
| **10** | **Roles and Responsibilities** | ⬜ | **Clear understanding**  Staff understand their job descriptions. | ⬜ | **Limited understanding**  Staff have limited understanding of their job descriptions. | ⬜ | **No understanding**  Staff have no knowledge of their job descriptions. | ⬜ |
| **11** | **Communication across the organization** | **⬜** | **Extensive communication**  Administration regularly shares information with staff (ex: monthly meetings). | **⬜** | **Limited communication**  Administration inconsistently shares information with staff (ex: only for special occasions). | **⬜** | **Administration rarely shares information with staff** | ⬜ |

## STAFF SCORING

Consider **all the** conversations with staff at this facility. When choosing a score, select only one box per question. If there were differences in how staff responded, or how leaders and/or patients responded, mark “discrepancy” and describe the discrepancy in the scoring summary.

### Implementation Plan

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| **#** | **Area of Interest** | **3** | **Strength** | **2** | **Neutral** | **1** | **Challenge** | Discrepancy |
| **12** | **Interest in the Change** | **⬜** | **Very interested**  Staff see the change as a good solution to an important issue. | ⬜ | **Somewhat interested**  Staff see this change as somewhat of a good solution or only somewhat of an important issue to address. | ⬜ | **Not interested**  Staff do not see this change as a good solution, or do not think that the issue it addresses is very important. | ⬜ |
| **13** | **Competing priorities** | ⬜ | **No competing priorities** | ⬜ | **Some competing priorities**  Other programs or events could possibly make this new change unsuccessful. | ⬜ | **Major competing priorities**  Other programs or events will likely make this new change unsuccessful. | ⬜ |
| **14** | **Intervention- specific knowledge/skills** | ⬜ | **No additional training is needed** | ⬜ | **Knowledge and skills gaps can be addressed as part of the Change**  Knowledge and skills gaps could likely be addressed in a one-off training event. | ⬜ | **Major knowledge and skills gap**  Major knowledge and skills gaps exist that make it unlikely for the change to be successful without extensive training. | ⬜ |
| **15** | **Dedicated supplies, equipment and financing** | ⬜ | **Sufficient resources** There are sufficient resources to implement this change. | ⬜ | **Limited resources**  Resources are limited, which may be a challenge as this change is implemented. | ⬜ | **Major resource constraints**  The change is unlikely to be successful due to lack of resources. | ⬜ |
| **16** | **Staffing availability** | ⬜⬜ | **Sufficient staffing** There is sufficient staffing to implement this change. | ⬜⬜ | **Limited staffing**  Staffing is limited, which may be a challenge as this change is implemented. | ⬜⬜ | **Major staffing constraints**  The change is unlikely to be successful due to lack of staffing. | ⬜ |
| **17** | **Data for improvement** | ⬜ | **Extensive data use**  Staff have access to improvement data AND it is used to inform decisions on patient care. | ⬜ | **Some data use**  Staff have access to improvement data. | ⬜ | **No data use currently**  Staff do not have access to improvement data. | ⬜ |

### Internal Environmental Culture

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| **#** | **Area of Interest** | **3** | **Strength** | **2** | **Neutral** | **1** | **Challenge** | Discrepancy |
| **18** | **Incentives and payments** | **⬜** | **Facility staff *are always* paid on time** | ⬜ | **Facility staff *are sometimes* paid on time** | ⬜ | **Facility staff *are not* paid on time** | ⬜ |
| **19** | **Staff motivation** | ⬜ | **No concerns**  Staff motivation is not a concern for this proposed change. | ⬜ | **Concerns can be addressed as part of change**  Staff Motivation is a concern but can be addressed as part of the roll-out of this proposed change. | ⬜ | **Major concerns**  Staff Motivation is a major concern that may make it impossible for this change to be successful. | ⬜ |
| **20** | **Roles and Responsibilities** | ⬜ | **Clear understanding**  Staff understand their job descriptions. | ⬜ | **Limited understanding** Staff have limited understanding of their job descriptions. | ⬜ | **No understanding**  Staff have no knowledge of their job descriptions. | ⬜ |
| **21** | **Team Culture** | **⬜** | **Regular recognition**  Staff are regularly recognized for their work. | **⬜** | **Limited recognition**  Staff are recognized for their work during special circumstances. | **⬜** | **No recognition**  Staff are rarely recognized for their work. | ⬜ |
| **22** | **Communication across the organization** | ⬜ | **Extensive communication**  Administration regularly shares information with staff (ex: monthly meetings). | ⬜ | **Limited communication**  Administration inconsistently shares information with staff (ex: only for special occasions). | ⬜ | **Administration rarely shares information with staff** | ⬜ |
| **23** | **Communication about patient care** | **⬜** | **Clinical information is *almost always* given to the right people at the right time** | **⬜** | **Clinical information is *inconsistently* given to the right people at the right time** | **⬜** | **Clinical information is *often not* given to the right people at the right time** | ⬜ |
| **24** | **Workload** | ⬜ | **Manageable Workload**  Workload is manageable for staff on most days. | ⬜ | **Varied workload: sometimes overwhelming**  Workload is overwhelming on about half of the days. | ⬜ | **Overwhelming Workload**  Workload is consistently overwhelming. | ⬜ |

### Community Engagement

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| **#** | **Area of Interest** | **3** | **Strength** | **2** | **Neutral** | **1** | **Challenge** | Discrepancy |
| **25** | **Facility- community relationship (generally)** | **⬜** | **Positive**  There is positive regard between facility staff and patients. | ⬜ | **Neutral**  Responses are not strongly positive or negative. | ⬜ | **Negative**  There is negative regard between facility staff and patients. | ⬜ |

## PATIENT SCORING

Consider **all** the conversations with patients and/ or community health workers at this facility. When choosing a score, select only one box per question. If there were differences in how patients and/or community health workers responded, or how staff responded, mark “discrepancy” and describe the discrepancy in the scoring summary.

### Community Engagement

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| **#** | **Area of Interest** | **3** | **Strength** | **2** | **Neutral** | **1** | **Challenge** | Discrepancy |
| **26** | **Intervention- specific concerns of patients** | **⬜** | **No concerns**  Patients and families are unlikely to have concerns about this change. | ⬜ | **Concerns can be addressed as part of the change**  Patients and families may have a few concerns about this change, but they could be addressed or are unlikely to impact the success of the change. | ⬜ | **Major concerns**  Patients and families have major concerns about this change that could significantly impact the success of the change. | ⬜ |
| **27** | **Intervention- specific concerns of the community** | ⬜ | **No concerns**  Community members are unlikely to have concerns about this change. | ⬜ | **Concerns can be addressed as part of the change**  Community members may have a few concerns about this change but they could be addressed or are unlikely to impact the success of this change. | ⬜ | **Major concerns**  Community members have major concerns about this change that could make this change unsuccessful. | ⬜ |
| **28** | **Facility- community relationship (generally)** | ⬜ | **Positive**  There is positive regard between facility staff and patients. | ⬜ | **Neutral**  Responses are not strongly positive or negative. | ⬜ | **Negative**  There is negative regard between facility staff and patients. | ⬜ |

# Context Assessment Scoring Summary

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| **Date of assessment** |  |  |
| Number of **leaders** talked to |  |  |
| **staff** talked to |  |  |
| **community members** talked to |  |  |
| **Total number of questions asked** |  | *out of 28 total questions* |
| Number of **strengths** |  |  |
| **challenges** |  |  |
| **neutral** |  |  |
| **discrepancies** |  |  |
| **Expanded description of strengths** (what were they, what is important to note as we start this practice change): | | |
| **Expanded description of challenges** (what were they, what is important to note as we start this practice change): | | |
| **Topics where leaders, staff and/or patients have different views (discrepancies):** | | |
| **Plan of action (be specific as possible: next step, who is responsible, timeline, resources needed, etc):** | | |

# Context Assessment Implementation Guidance

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| Administration Timepoint(s) | **The discussion guide should be used after a specific practice change is selected for implementation at the site.** Our recommendation: Use the discussion guide after staff have been introduced to the proposed practice change (i.e. when staff are aware of the practice change and how it will impact their day to day workflows), but before the change is incorporated into day-to-day work at the site.  The guide should be used early enough that the information can be used to inform the implementation plan, but not so early that staff can’t answer questions about the practice change. Optional: Administer the guide at additional time points throughout the implementation period to continue to refine the implementation strategy. |
| Who administers the guide | **The organization leading the introduction and implementation of the practice change should administer the guide.**  Ideally, the implementing organization should select interviewer(s) who have:   * Implementation experience * Experience interviewing/ facilitating conversations for data collection purposes * A positive rapport at the site (i.e. a good, trusting relationship; credibility with site staff and leaders) * A sense of curiosity, non-judgmental attitudes, and good listening skills  Note: Implementers will need to be trained in using the discussion guide prior to use. Training materials will be provided to support facilitators in understanding the discussion guide and facilitating discussions. |
| Number and types of participants to involve | **Select how many facilities will participate in the context assessment conversation guide.**  Every facility can benefit from information gathered during the context assessment conversation guide by allowing for a practice change to be customized to each facility’s context to the greatest extent.  If resources are limited, consider using the discussion guide in a few “typical” facilities that could offer insights on how to make the implementation strategy as successful as possible.  **At each facility, use the discussion guide with at least:**   * 3 Facility frontline staff (e.g. Nurse, Doctor, Midwife) * 2 Facility leaders (e.g. MOIC, LMO, Nurse Manager, Medical Director) * 2 Community members (e.g. Patient, ASHA, Community Health Worker) * 1 District leader, if applicable (e.g. District Head)  Notes: **In facilities where there is a very small number of staff** (e.g. health posts), aim to use the guide with every staff member PLUS at least 2 community members.  **For the patient guide,** first preference is to ask patients, second preference is to ask a community health worker, third preference is to ask a staff member. If asking questions of a patient or community health worker, the person administering the survey should briefly explain the practice change before starting the questions.  **Try to include staff who can give different views** of the facility and the proposed practice change. For example, speak with staff in different roles, who work different shifts (days/nights/weekday/weekend), and who may have different attitudes about the practice change.  **If time and/or resources are constrained,** prioritize using the conversation guide with at least 1 facility leader, 1 staff member and 1 community member or ASHA. |
| Strategy for setting up discussions | Selecting times for discussions: Implementers should determine the best way(s) to hold the discussions that are convenient and do not interfere with patient care. Options might include:   * Scheduling new discussions * Utilizing existing meetings at the site  Participant makeup: Implementers should determine appropriate makeup of discussion participants, paying particular attention to psychological safety. Options might include:   * Small group sessions with 2-4 individuals in the same role (Recommended for most settings) * 1:1 sessions with individuals, either virtual or in-person (Recommended for settings where staff may not feel comfortable speaking in a group or where scheduling is a huge challenge) |
| Socializing the discussions with staff | Introduce staff to the discussion guide prior to use:  * Make the discussion part of the implementation strategy and introduce it as part of the roll out * Use existing meetings and other touchpoints to introduce the guide to the staff in person, when possible (e.g. staff meetings)  Highlight the following to encourage staff buy-in:  * The discussion provides an opportunity for staff’s voices to be heard * Purpose of the discussion is not to judge or blame, but rather used for learning and improvement * Benefits of the discussion (improved implementation strategy, resource allocation, use of staff time) |
| Facilitating & documenting discussions | Facilitating discussions: The discussion guide does not need to be used as a strict interview guide (i.e., the questions do not need to be read verbatim). As you increase your knowledge of the contents of the guide, it can be used to help steer your discussion. Facilitation Tips:  * Not every subdomain needs to be covered, but keep in mind that the more domains you ask about, the more holistic your understanding of the site will be. * Different staff members can be asked different questions/ different domains, but keep in mind that the more domains you cover with multiple staff members, the more holistic your understanding of the site will be. * It may be useful to consider other assessments or information gathering that is already happening at the site (e.g. other readiness or capacity assessments, data collection), and focus your discussions on domains for which you are not already capturing information in some way.  Documenting your discussions:  * Take notes during or immediately after your discussions. Notes may be taken in any format you prefer. * Audio recording could be used in training and piloting for the purpose of learning, but is not recommended during regular use of the guide. |
| Scoring | How to score: After all discussions have been completed at a site, use the Scoring Worksheet to assign one overall score per topic for that site.   * Incorporate information from all discussions in order to assign a score. * If there were multiple interviewers, they should review the discussion notes together and determine scoring jointly. * Do not score topics that were not covered in any of the discussions.   Use the Scoring Worksheet to list topics that scored as areas of strength (scores of “3”), and areas of challenge (scores of “1”)  It is common that perceptions of leadership and staff may differ. There is no “correct” answer. indicate one score based on leaders and another score based on staff. Take note of any strength or opportunity, even if it is mentioned by a few people or even one influential person (e.g. a facility leader), and consider how this may influence the implementation plan. Scoring multiple sites:  * If you are using the discussion guide with multiple sites, score and interpret each site independently. * Consider strengths and challenges for each site, and potential implications on success of the practice change in each site (adaptations or strategies may differ between sites). * If you are using the discussion guide to support site selection for implementing the practice change, the number of “Strength” scores at each site may be compared in order to help consider which site(s) are most “ready” to implement. * If you want to use this tool for research purposes, more training and assurance is needed to ensure scoring is consistent across different interviewers |
| Interpreting the results for adaptation of the implementation | Review the Scoring Worksheet, and consider the following: What are the main strengths and challenges highlighted in the assessment?   * Why do you think the site has these strengths and challenges? * In what areas do you need more information to understand the strengths and challenges? Consider how to obtain this information (additional conversations with site staff? Existing data? Other?)   Were any discrepancies noted in the responses from leaders, staff and/or patients?  Consider where additional investigation and/or implementation support may be needed.  What are things about your program that can be modified to better align with the site’s strengths and/or account for challenges (in other words, how can you modify the program to meet the site where it is at)? For example: Can you adapt your curriculum, schedule or timing in a way that would better suit the site?  As you develop or modify your implementation plan, how can you leverage areas of strength? How can you address or work around challenges? |
| Sharing findings with the facility | * Overall findings and any adaptations of the implementation plan should be shared with relevant facility leaders and implementation team members. Consider sharing the Facility Summary Page, as appropriate. * Hold an in-person or phone review session; you can share results over email ahead of time, but we do not recommend only using email. * Structure the conversation to highlight 1) areas of strength and ways to leverage those strengths, and 2) challenges and ways to address them or modify the implementation. * Do not share information that would compromise the anonymity of individuals (e.g. direct quotes with names or roles attached). Be particularly cautious about this for smaller sites where it would be easy to identify staff from their perspectives. * Keep the tone of the conversation non-punitive and focused on a culture of learning and continuous improvement, not judgment or blame. |

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