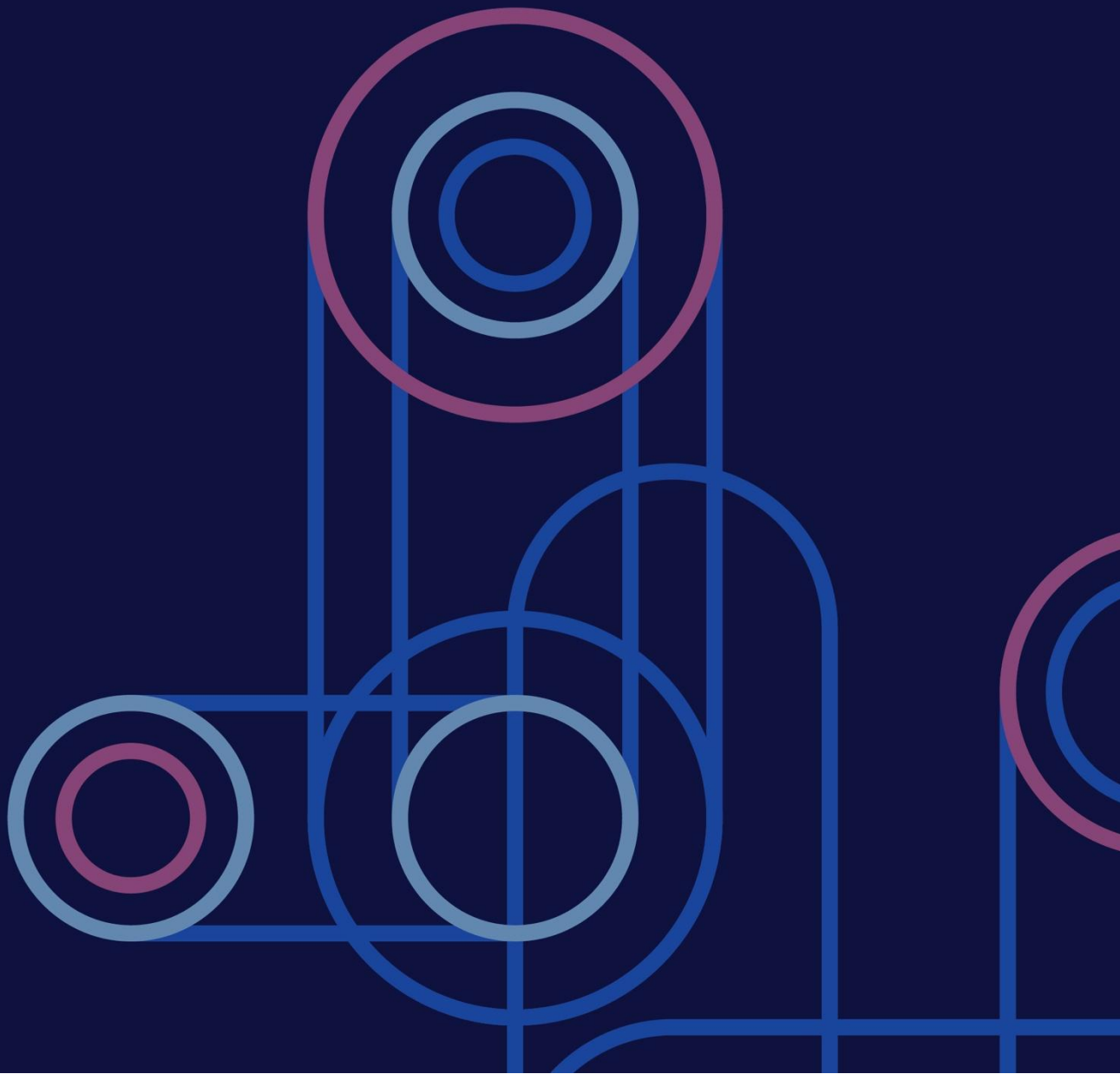
World Health Organization

CASE STUDY

Adding data to Bangladesh's DHIS2 using the Simple App

2025



Basic information	
WHO Region	SEARO
City or Country	Dhaka and Khulna, Bangladesh
Timeline	2022 – ongoing
Type of intervention	Data management
Primary level of implementation	City
Primary sectors involved	Health information; primary health care; control of noncommunicable diseases
Primary health outcomes or challenges	Hypertension; diabetes; continuity of care; access to primary care among the urban poor

Case description

Rapid urbanisation applies significant pressure on primary health care in cities in Bangladesh, particularly in terms of the growing burden of noncommunicable diseases (NCDs). While the national digital health information system (DHIS2) captures a wide range of rural data, it has historically excluded most urban primary care facilities and NGO clinics, leaving urban NCD data fragmented across multiple dashboards, and often incomplete, outdated, or inconsistent. This has limited the ability of national and local authorities to understand disease patterns, monitor service delivery, or allocate resources effectively in urban settings. The problem is compounded by institutional fragmentation: the Ministry of Health and Family Welfare typically oversees clinical standards, while service delivery in cities has fallen primarily to the Ministry of Local Government, Rural Development and Co-operatives and to city corporations. Collaboration among these actors has been intermittent, and mechanisms for shared record keeping weak.

To address these gaps, ARK Foundation – a local partner for the global CHORUS research programme – worked with the Noncommunicable Disease Control (NCDC) programme at the Ministry of Health and Family Welfare to strengthen NCD information systems in urban areas. The initiative adapted a digital tool – the "Simple App," originally designed for rural use and integrated with DHIS2 – to enable comprehensive data capture in urban dispensaries and NGO primary care clinics. Building on a memorandum of understanding, the partners convened a formal steering committee that included the NCDC, Dhaka Civil Surgeon Office, Upazila Health Care, Dhaka North City Corporation.

NGO Clinic health care workers entering NCD data into the Simple App. Dhaka, Bangladesh. © ARK Foundation.

The intervention was adapted to support a unified approach to NCD data management in cities.

In the first phase, medical assistants and paramedics in 10 urban centres were trained to use the Simple App to record patient information, including diagnosis, blood pressure and blood glucose measurements, medication and follow-up. The tool was configured to capture 14 NCD-related variables and to align with national reporting standards. Because the Simple App links directly to DHIS2, the intervention created, for the first time, a feasible pathway for incorporating urban NCD data into the national system.

By March 2024, 16 urban primary health care centres were using the Simple App, and had recorded 398 cases of hypertension, 205 of diabetes mellitus, and 137 of co-morbid hypertension and diabetes. By August 2024, with registrations continuing to increase, 1,120 hypertension and 684 diabetes cases had been documented across participating urban centres. The integration of follow-up data allowed health workers to track adherence and continuity of care, addressing an observed gap.

Early results demonstrated the value of stronger data systems. The NCDC decided to establish NCD corners (designated service points) in Government Outdoor Dispensaries in areas where the project was operating, and scale up the reporting system to six new such dispensaries. The approach has since been extended to Khulna, and further

expansion is planned. The ministries for health and local government also allocated additional resources to scale up the Simple App in other urban primary care facilities.

Several factors fostered progress. The partnership structure ensured that government, NGOs and development partners contributed to design, implementation and problem-solving. Standardised data processes helped urban facilities adopt digital tools consistently. Government commitment – reflected in the steering committee and subsequent resource allocation – provided institutional support for scale-up. Key barriers included fragmented management responsibilities across government tiers, variable capacity within urban facilities, limited resources for digitalisation, and limited availability of adequate medications and equipment. Some providers were initially hesitant to adopt new tools, requiring sustained capacity-building and accompaniment.

Overall, the case demonstrates that strengthening data systems in urban primary care can improve the visibility of NCD burden, enable coordinated planning and support more coherent urban health governance.

Strategic Highlight

Improving the accessibility, completeness and integration of health data is essential for effective urban health action. This case illustrates how a targeted effort to strengthen data systems in primary health care facilities can open new opportunities for coordinated decision-making across institutions. In Bangladesh, the urban health system has long been characterised by fragmented responsibilities and inconsistent reporting flows, limiting the ability of national and local actors to understand service needs or monitor performance. By adapting the Simple App for use in urban settings and linking it directly with DHIS2, the intervention created a unified mechanism for capturing patient-level NCD data across different service providers.

A central lesson from the case is that data innovations must fit the operational realities of urban primary care. Facilities in Dhaka and Khulna often lacked standardised patient records and used diverse reporting platforms, including NGO-specific dashboards that were not interoperable with national systems. The Simple App addressed this by introducing a consistent data structure aligned with national reporting requirements, while its integration with DHIS2 ensured that new information could inform planning and policy. This alignment between facility-level tools and national information systems exemplifies a strategic approach to building coherence across levels of governance.

Equally important was the deliberate engagement of institutions with differing mandates. The steering committee brought together the Ministry of Health and Family Welfare, the Ministry of Local Government, Rural Development and Co-operatives, city corporation authorities and development partners. Through this structure, stakeholders were able to agree on processes for data sharing, identify capacity needs and coordinate

expansion to new facilities. The joint decision to scale up NCD corners and expand Simple App reporting reflects how improved information flow can build confidence among institutional actors and encourage further investment.

The case also shows how more complete and timely data can support improved service delivery. By recording diagnosis, treatment and follow-up information consistently across facilities, urban health workers gained tools to strengthen continuity of care for hypertension and diabetes – two major contributors to urban morbidity. The accumulation of case data across 16 centres by early 2024 has created a clearer picture of disease burden in urban communities and can inform resource allocation, workforce planning and procurement.

This experience demonstrates that improving data accessibility and integration can create new entry points for broader systems strengthening. When data systems are coherent and reliable, they facilitate planning, encourage institutional collaboration and support more equitable health action in rapidly urbanising contexts.

Further Information

- Pathway to Impact – Improving Patient NCD Data in Urban Bangladesh
- Blog: ARK's SIMPLE Solution to the Urban Data Dearth
- Blog: Urban Dispensaries and Primary Healthcare in Dhaka