



Ordem de Malta | Timor-Leste | Annual Report 2025

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1.0 Introduction: Overview of 2025 Operations

In 2025, Ordem de Malta achieved a defining operational milestone, managing a combined total of **15,058 patient engagements**. This impact was delivered through a dual-modality service model: the Ordem de Malta Jape A Lem Memorial Clinic in Dili served as the cornerstone of urban operations with **12,337** visits, while our Mobile Clinic outreach bridged the healthcare gap for **2,721** patients in the nation's most remote regions (please see map [here](#)). This period was defined not only by clinical volume but by the successful scaling of general consultations including maternal and child health services into the Manufahi Municipality—a project funded by the **Sunrise Joint Venture (SJV)** and executed in partnership with the Alola Foundation and Alas community health center —providing critical care to **435** patients in remote communities approximately 5-6 hours away from the capital of Dili.

“We are happy because we can directly have a consultation in our place. No need to have long walks to get consultation and it was free including medicines; also, we can bring our family to get the same services.” — Joana Fernandes, 37, Wesar, Alas, Manufahi.

Beyond primary health care, 2025 was marked by high-level diplomatic and capacity-building achievements that solidified our role within the national health system. Key milestones included:

International Diplomacy & Advocacy : We were honored to host a high-level delegation led by the Order of Malta Grand Hospitaller, **H.E. Josef Dieter Blotz**, who facilitated critical dialogues with the Ministry of Health RDTL and the Vice Prime Minister RDTL regarding future collaborations and how the Order of Malta can support Timor-Leste's health sector.

National Recognition : In a testament to our commitment to the state, Ordem de Malta received a Presidential Certificate of Commendation from **H.E. President José Ramos-Horta** for our medical support during the historic second Apostolic Visit of **His Holiness Pope Francis**.

Specialized Health Interventions: In 2025, our teams delivered a range of high-impact advocacy and clinical initiatives that demonstrated both technical excellence and strong institutional collaboration. This included multiple joint mobile clinic outreaches conducted with the Ministry of Health (MOH) and community health partners under the national **Programa Integradu de Saude (PIS) or Integrated Health Program**, strengthening

coordinated healthcare delivery at the community level. Targeted interventions such as the **HIV International Day** outreach in Batugade **December 4th** which provided over 100 maternal and general consultations, and comprehensive medical support for the **CPLP Games on July**—where Ordem de Malta deployed an ambulance team on-site during the opening and closing ceremonies and maintained continuous emergency standby coverage throughout the week-long event. In addition, on 16 February, Ordem de Malta supported the **Association of Filipinos in Timor-Leste (AFET)** and partner organizations in a successful community blood donation campaign, providing blood extraction services, medical screening, clinical consultations, and ambulance support as part of a collective humanitarian effort that strengthened community partnerships and helped save lives.

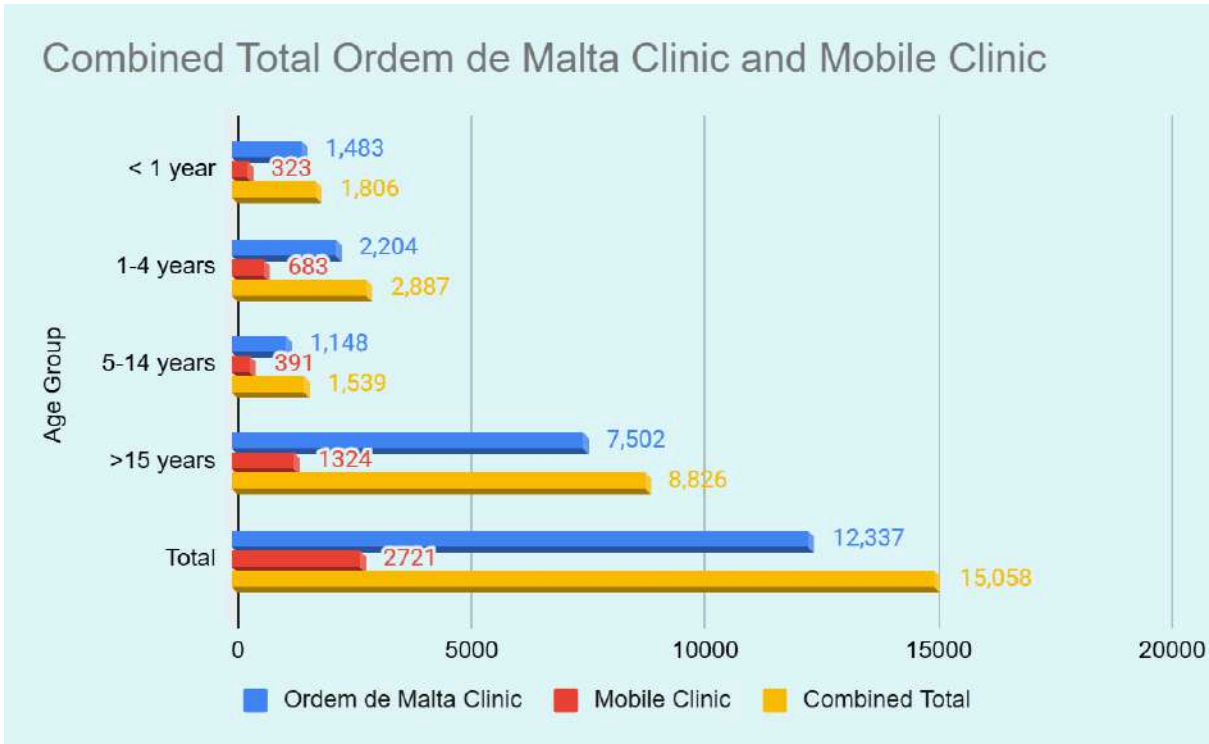
Sustainability & Infrastructure: We secured the long-term continuity of our urban healthcare services through the extension of the Jape A Lem Memorial Clinic lease until 2030, ensuring uninterrupted access to free medical care for the Timorese citizens . This lease extension was granted free of charge through the generous support of the Dili Development Company, a Jape family–led organization (**JAPE FOUNDATION**), reflecting a strong shared commitment to community health and service sustainability.

2.0 Patient Demographics Analysis

Understanding the demographic profile of our patient population is strategically essential for tailoring our services, allocating resources effectively, and developing targeted public health initiatives.

2.1 Patient Distribution by Age Cohort

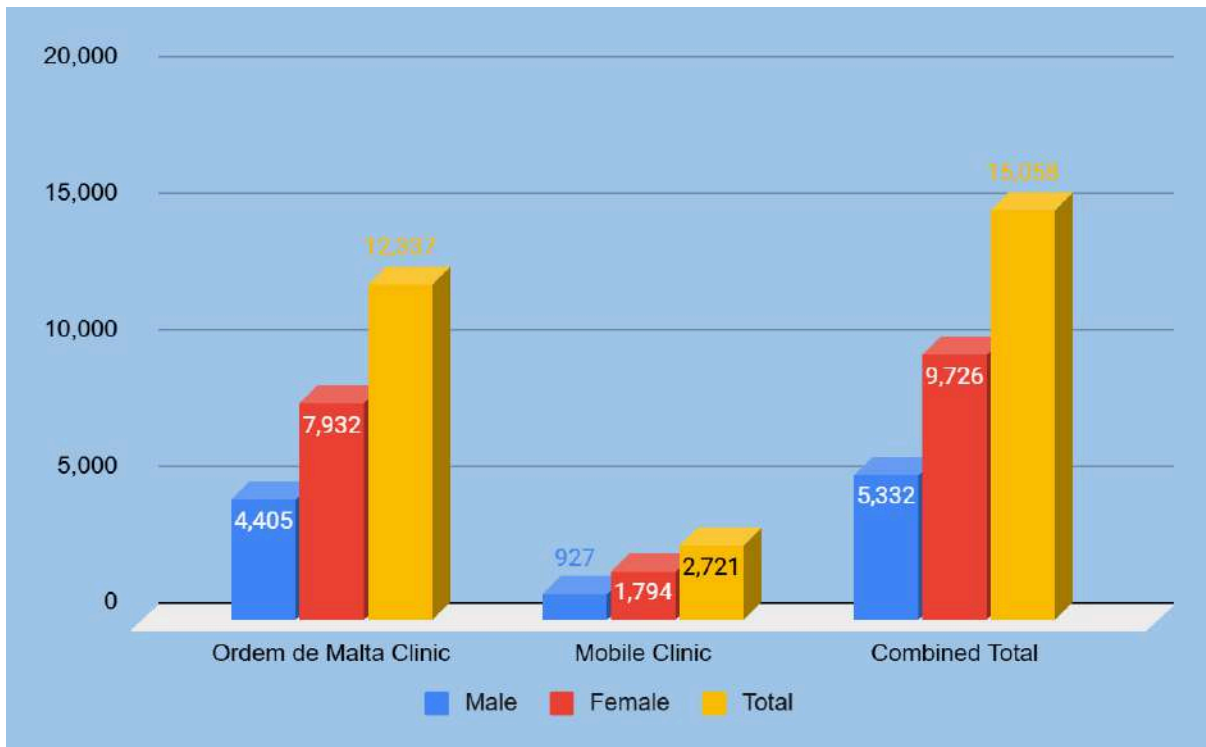
The age distribution of patients reveals distinct patterns of healthcare needs across different life stages. A consolidated view of both clinics shows a significant concentration of patients in the adult cohort.



The data clearly indicates that the adult cohort (over 15 years old) constitutes the largest single demographic group served. With a combined total of 8,826 individuals, this group represents approximately 58.6% of all patient engagements in 2025.

2.2 Patient Distribution by Gender

The gender breakdown of our patient population reveals a pronounced and consistent trend across both the main clinic and our mobile outreach services.



Across all services, female patients represent a significant majority of those seeking care. This disparity is particularly acute within the adult population. At the Ordem de Malta Clinic, adult female patients (5,516) outnumbered adult male patients (1,986) by a ratio of nearly 2.8 to 1. The trend was even more pronounced at the Mobile Clinic, where adult female patients (1,058) outnumbered their male counterparts (266) by approximately 4 to 1. The strong gender skew highlights the central importance of women's health services, including maternal and antenatal care, within our overall service delivery strategy. They are women who do not work and take care of their children and household chores.

3.0 Analysis of Service Utilization Patterns

Service utilization data offers crucial insights into the nature of patient engagement and the underlying health needs of the community. By analyzing visit types and monthly trends, we can better understand the demand for our services and optimize our operational capacity.

3.1 Continuity of Care: New vs. Follow-up Consultations

The ratio of new to follow-up patient visits serves as a key indicator of care patterns, distinguishing between acute, episodic care and the management of ongoing health conditions.

Service Point	Ratio of Follow-up to New Patients
Ordem de Malta Clinic	3.2 to 1
Mobile Clinic	2.1 to 1

The data for 2025 demonstrates a service model heavily focused on continuity of care. The high proportion of follow-up consultations—totaling 9,430 at the main clinic and 1,854 at the mobile clinic—strongly indicates that we are serving a patient population with a high prevalence of chronic or recurring health issues. This pattern suggests that our clinics function not merely as points of first contact but as essential centers for consistent, ongoing disease management and fulfilling the main objective of primary healthcare.

3.2 Monthly Patient Volume Trends

An analysis of monthly patient fluctuations provides a data-driven roadmap for institutional readiness, specifically regarding the pre-positioning of manpower and pharmaceutical supplies.

- The **Ordem de Malta Clinic** experienced its highest patient volume in **October**, with 1,215 patient engagements. Its lowest volume was in **August**, with 877 patients.
- The **Mobile Clinic** saw its highest patient volume in **January**, with 306 engagements. Its lowest volume was in **July**, with 134 patients.

This data confirms that patient flow significantly intensifies during the **rainy season**.

4.0 Key Health Findings and Epidemiological Profile

The epidemiological profile for 2025 shows a consistent set of health challenges across both fixed and mobile service populations.

4.1 Top Diagnosed Conditions

A comparison of the most common diagnoses at both clinics reveals a shared disease burden, with infectious respiratory illnesses being the most significant concern..

Top 5 Findings at Ordem de Malta Clinic	Top 5 Findings at Mobile Clinic
1. URTI (ISPA) - 3,140 cases	1. URTI (ISPA) - 1,249 cases
2. Viral infection - 1,742 cases	2. Viral infection - 728 cases
3. Muscle pain - 1,362 cases	3. Muscle pain - 377 cases
4. Hypertension - 1,015 cases	4. Headache/migraine - 271 cases
5. Gastritis - 950 cases	5. Gastroenteritis - 233 cases

The data presents a clear and consistent picture of community health. Upper Respiratory Tract Infections (URTI/ISPA) are the leading diagnosis by a substantial margin in both settings, with a combined total of 4,387 cases. This data highlights the importance of tuberculosis screening. The commonality extends further, with viral infections, Infectious diseases spread easily in crowded environments with poor hygiene conditions. Muscle pain also ranked in the top three for both clinics, the main cause being physical exertion. The clinical data from 2025 reveals a critical trend in chronic disease prevalence, with **hypertension ranking 4th at our main clinic and 6th at our mobile clinics**. These rankings corroborate national health data from the **World Health Organization (2023)**, which identifies cardiovascular and cerebrovascular diseases as the leading causes of mortality in Timor-Leste. With high blood pressure serving as the primary driver of these fatal events, its high incidence in our clinics underscores a significant underlying burden of non-communicable diseases (NCDs). This makes our routine screening and follow-up consultations essential for early intervention, directly supporting the Ministry of Health's strategic goal to mitigate the impact of hypertension on national mortality rates.

A critical dimension of this clinical data is the identification of Tuberculosis (TB), which remains a high-stakes challenge for our medical teams. In 2025, our clinics managed **38 confirmed TB cases (new and follow-up)** and identified **117 TB suspects** who require rigorous diagnostic monitoring. Given that Upper Respiratory Tract Infections (URTI/ISPA) are our leading diagnosis with **4,387 cases**, the ability to accurately differentiate between a routine viral infection and the early stages of TB is life-saving. Without dedicated, on-site diagnostic imaging and laboratory testing, the risk of misidentifying TB as a common respiratory ailment remains high, potentially leading to community transmission and delayed intervention.

5.0 Special Focus: Maternal and Child Health Services

The delivery of targeted healthcare to vulnerable mothers and children remains the strategic core of the Ordem de Malta mission. In 2025, our clinical interventions moved beyond basic care to provide life-saving nutritional and preventative services, addressing critical health disparities in Timor-Leste. A landmark achievement for the period was the successful recovery of **191 children** from acute malnutrition.

- **Nutritional Intervention Framework:** Our 2025 monthly nutrition program successfully identified and treated 217 children and 9 mothers suffering from malnutrition. While these therapeutic feeding programs, cooking demonstrations, and hygiene education reached a total of **718 participants**, our data reveals a critical area for operational growth. Currently, the participation rate among identified malnutrition cases remains low, with only **26% of identified children** and **14% of identified pregnant mothers** actively enrolled in the clinic and mobile programs.
- **Preventative Immunology:** Strengthening national health security, our team administered free vaccinations to **950 patients** across our fixed and mobile clinics. This program provides essential coverage for infants (0–18 months) and critical tetanus prophylaxis for pregnant women.

5.1 Maternal Health and Antenatal Care

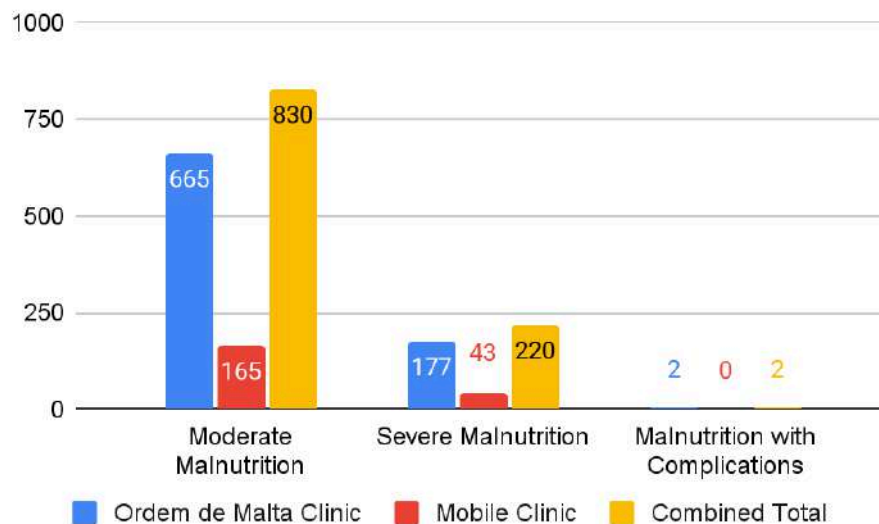
In 2025, our clinics served as a vital resource for expectant mothers, providing essential antenatal care and support throughout their pregnancies. Across both clinics, a total of **1,674 consultations** were conducted in both new and follow-up pregnant women cases. Clinical screening identified a high prevalence of high-risk pregnancies, including **182 cases** of complex gestational conditions such as anemia, hypertension, and infectious diseases (Syphilis, HIV, and Hepatitis B) and **234 cases** of malnutrition in pregnant women. With a malnutrition incidence of **17.37%** among pregnant mothers, these findings underscore a critical and persistent need for comprehensive antenatal support. Addressing these nutritional deficiencies is a strategic priority, as they directly impact both maternal survival and long-term infant health outcomes.

The proposed integration of a Complete Blood Count (CBC) machine is a critical clinical necessity to advance our maternal health outcomes. Currently, identifying anemia depends on accurate hemoglobin (Hb) measurements, which are a fundamental requirement of the

national antenatal surveillance protocol. For the 17.37% of mothers identified with malnutrition, the risk of developing severe anemia is significantly elevated; if left undiagnosed and untreated, this poses a life-threatening risk of postpartum hemorrhage (bleeding) during childbirth. An on-site laboratory will allow for the immediate diagnosis of anemia and other comorbidities, enabling our medical team to initiate rapid clinical interventions that are essential to preventing maternal mortality and ensuring a safe delivery.

5.2 Pediatric Health: Combating Child Malnutrition

Child malnutrition remains a significant public health challenge in Timor-Leste, and our clinics are at the forefront of identifying and managing this condition. In 2025, our teams identified a total of **1,052 cases of malnutrition** in children aged 6-59 months both new and follow-up cases. The severity of these cases is detailed below.



The substantial clinical volume managed in 2025 underscores the life-saving role our facilities play in the early detection and management of pediatric malnutrition and high-risk pregnancies. While we celebrate the recovery of 191 children, the current participation disparity represents a critical 'last-mile' delivery challenge. To address this, we are strongly considering the integration of an on-site clinical laboratory and ultrasound suite to transition toward a diagnostic-led care model. By providing families with tangible, biochemical evidence of health status, we can move from symptomatic outreach to precision monitoring, effectively incentivizing program adherence and ensuring our services reach the full cohort of at-risk patients to maximize long-term health outcomes.

6.0 Community Engagement and Strategic Partnerships

The impact of Ordem de Malta extends beyond the walls of our clinics through active collaboration with a network of local and international partners. In 2025, these strategic partnerships enabled us to broaden our reach, enhance our service offerings, and contribute to the national health system. Key engagement activities included:

- **Community Health Outreach:** Ordem de Malta significantly expanded its reach through PIS or Integrated Health Services, working alongside key partners to execute comprehensive outreach events in Danau and Masin-Lidun that served over 600 patients with integrated medical services. This commitment to decentralized healthcare was further strengthened through localized partnerships with Community Health Centers (CHC), including targeted activations in Gariana, Maubara in the municipality of Liquica that reached 214 patients across September and October, as well as a joint operation with the Vera Cruz CHC team in November that bridged the healthcare gap for 56 patients in the remote Sukalau, a sub-village in Dare, Dili.
- **Sunrise Joint Venture (SJV) Outreach:** In partnership with the Sunrise Joint Venture—comprising Woodside Energy, Timor Gap, and Osaka Gas—and in collaboration with the Aloia Foundation and Alas Community Health Center, we deployed a dedicated health workforce to remote villages within the Manufahi Municipality. This initiative delivered essential medical services to remote communities, specifically identifying cases of child malnutrition and providing critical antenatal care to support healthy pregnancies. A total of 435 patients were reached in 2025.
- **CPLP Games Medical Support:** Our team worked closely with the Ministry of Health to provide on-site medical support during the international CPLP Games in July, ensuring the health and safety of athletes and participants.
- **Capacity Building and Emergency Response:** Team of (4) members participated in intensive Tactical Combat Casualty Care Training facilitated by Timor-Leste Police Development Program (TLPDP) and Absolute Medical Response—Australia. This training enhanced our team's readiness to respond effectively in emergency and disaster scenarios.
- **Community Blood Donation Drive:** We provided medical consultation and ambulance support for the Valentine Blood Donation Drive organized by the

Association of Filipinos in East Timor (AFET), contributing to a successful community-wide effort to save lives.

7.0 Multi-Year Service Trends and Growth (2017-2025)

Placing the 2025 operational data within a historical context reveals significant long-term growth trends and a strategic evolution in the scope of services provided by the Ordem de Malta clinics.

7.1 Patient Engagement Growth

The total volume of patient engagements has shown a consistent upward trajectory, particularly since the launch of the Mobile Clinic in 2022, which expanded our operational footprint.

Year	Total Patient Engagements	Year-over-Year Growth (%)
2022	12,008	N/A
2023	13,708	14.2%
2024	14,130	3.1%
2025	15,058	6.6%

This sustained growth in patient volume since the integration of both clinic services demonstrates an expanding reach and increasing reliance on Ordem de Malta as a key healthcare provider in Timor-Leste.

7.2 Evolution of Service Mix

An analysis of the services delivered at the Ordem de Malta Clinic since 2017 highlights a strategic expansion from primarily general consultations to a more comprehensive and specialized service model. This evolution reflects a deliberate effort to address the specific health needs identified within the community.

The growth in specialized maternal and child health services has been particularly dramatic. For example, **Antenatal Care** consultations grew from just 556 in 2018 to **1,428 in 2025**.

Similarly, our response to malnutrition expanded from 149 cases in 2018 to **844 in 2025**, while **Immunization** services grew from 400 in 2018 to **802** patient vaccinations in 2025. Furthermore, the introduction of a dedicated **Nutrition Program** in 2023, which served 282 patients in 2025, signals a clear strategic shift towards proactive and preventative community health initiatives. This deliberate diversification of our service portfolio demonstrates a responsive and maturing approach to public health delivery.

Section 8.0: Future Strategic Integration: Advancing Operational Diagnostics

The establishment of the Integrated Diagnostic & Radiology Center represents a critical evolution for the clinic, transitioning from primary care to a comprehensive medical hub capable of precision diagnostics. By integrating a Digital X-Ray system and a full clinical laboratory, the facility can now provide evidence-based treatment for the 15,000+ patient engagements recorded in 2025, specifically targeting high-volume conditions like respiratory infections and hypertension. This will directly impact the most vulnerable population by offering on-site ultrasounds and blood chemistry for over 1,600 annual pregnancies and 1,000+ cases of child malnutrition. Ultimately, this initiative scales our operational capacity, significantly reducing the diagnostic delays and travel burdens for the community.

8.1 The Diagnostic Gap: Transitioning to Comprehensive Care

Analysis of 2025 epidemiological trends reveals that our top diagnoses—URTI (3,140 cases), Viral Infections (1,742 cases), and Hypertension (1,015 cases)—require objective diagnostic confirmation to optimize treatment.

The current lack of on-site imaging and laboratory services leads to critical delays, particularly for respiratory conditions (URTI), which often require immediate radiological assessment.

With an average of 1,025 monthly patient encounters, the facility is now at the scale where an integrated laboratory and X-ray suite are essential for clinical safety and operational efficiency.

8.2 Proposed Diagnostic & Radiology Capabilities

Digital Diagnostic X-Ray System: Acquisition of a DRGEM GXR-52SD Digital X-Ray system. Because this system is fully digital, X-ray results will be transmitted to partner doctors in Australia and New Zealand, ensuring all patients receive accurate, expert interpretations from certified radiologists.

On-Site Clinical Laboratory: Full capability for Complete Blood Counts (CBC), Clinical Chemistry, and Microscopic Studies to provide biochemical confirmation for the 15,000+ patient engagements recorded in 2025.

Advanced Maternal Diagnostics: Integration of Ultrasound imaging to support the 1,674 annual antenatal consultations, enabling fetal monitoring and early identification of high-risk pregnancies.

8.3 Strategic Investment & Financial Roadmap

Radiology Infrastructure: The initial capital investment for the Digital X-Ray system is \$81,500.00, which includes supply, installation, and specialized staff training.

Laboratory & Clinic Expansion: A comprehensive 2-year project investment of \$172,464.92 covers laboratory equipment, clinical staffing (including an OB-GYN), and operational costs.

Total Diagnostic Expansion Fund (2026): We are seeking a combined strategic investment to launch these integrated services, providing a 24-month warranty on core radiology materials to ensure long-term sustainability.

9.0 Conclusion: Key Findings and Strategic Outlook for 2026

The comprehensive analysis of our 2025 clinical data provides a clear and compelling picture of the health landscape in the communities we serve. The findings from this report reaffirm our strategic direction and highlight key areas that will require continued focus and investment to maximize our impact.

The following key takeaways have been identified from the 2025 data:

1. **High Volume of Follow-Up and Chronic Care:** The prevalence of follow-up visits and chronic conditions like hypertension confirms the critical need for robust,

structured chronic disease management programs to provide consistent and effective long-term care.

2. **Centrality of Women's Health:** The significant majority of female patients, combined with a high volume of antenatal and maternal care services, establishes women's health as a core service line that requires continued focus, investment, and program development.
3. **Urgent Need for Nutritional Support:** The substantial number of malnutrition cases identified in both children and pregnant women highlights an urgent and ongoing need for strengthened screening, treatment, and preventative nutrition programs as a cornerstone of our maternal and child health strategy.
4. **Persistent Burden of Infectious Disease:** The dominance of Upper Respiratory Tract Infections as the primary diagnosis for patients of all ages underscores the importance of public health education, preventative measures, and appropriate resource allocation for managing common infectious diseases.
5. **Critical Role of Integrated Diagnostics:** The 2025 data reinforces that the Laboratory, Ultrasound, and X-ray services are indispensable to the clinic's clinical efficacy. These diagnostics serve as a vital supplement to primary care, allowing for the precise management of both infectious and non-infectious diseases. Specifically, advanced imaging and laboratory testing are essential for monitoring high-risk pregnancies, identifying complications early in maternal and child health, and ensuring evidence-based treatment for chronic conditions.

10.0 Annex: Patient Statistics and Demographics

Age Group	Month												Grand Total
	1	2	3	4	5	6	7	8	9	10	11	12	
Less than 1 year old	106	112	114	177	139	136	134	90	99	121	128	127	1483
1 to 4 years old	200	205	177	171	137	173	160	184	159	212	207	219	2204
5 to 14 years old	98	124	67	80	99	100	88	68	85	164	87	88	1148
More than 15 years old	625	594	615	640	656	609	669	535	599	718	615	627	7502
Total	1029	1035	973	1068	1031	1018	1051	877	942	1215	1037	1061	12337

Table 1. Ordem de Malta Clinic Distribution of Patients According to Age in 2025

Cases	Month												Grand Total
	1	2	3	4	5	6	7	8	9	10	11	12	
New Patient	236	220	252	268	267	250	273	192	212	262	241	234	2907
Follow-up	793	815	721	800	764	768	778	685	730	953	796	827	9430
Total	1029	1035	973	1068	1031	1018	1051	877	942	1215	1037	1061	12337

Table 2. Ordem de Malta Clinic Patients/ Utilization in 2025

Age Group	SEX		Grand Total
	Male	Female	
Less than 1 year old	736	747	1483
1 to 4 years old	1101	1103	2204
5 to 14 years old	582	566	1148
More than 15 years old	1986	5516	7502
Total	4405	7932	12337

Table 3. Ordem de Malta Clinic Distribution of Patients According to Age in 2025

Age Group	Patients / Utilization		Grand Total
	New	Old/ Follow-up	
Less than 1 year old	374	1109	1483
1 to 4 years old	298	1906	2204
5 to 14 years old	281	867	1148
More than 15 years old	1954	5548	7502
Total	2907	9430	12337

Table 4. Ordem de Malta Clinic Distribution of Patients According to Age in 2025

Age in Months	Findings / Name of Diseases	Total Cases
6 - 11	Moderate Malnutrition	108
6 - 11	Severe Malnutrition	23
12 - 59	Moderate Malnutrition	557
12 - 59	Severe Malnutrition	154
6 - 59	Severe Malnutrition with Complications	2
Total		844

Table 5. Ordem de Malta Clinic Malnutrition Cases in 2025

Findings / Name of Diseases	New	Follow-up	Total Cases
Pregnant Woman	332	1154	1486
Pregnancy - related Problems	61	110	171
Malnutrition in Pregnant Woman	55	145	200

Table 6. Ordem de Malta Clinic Maternal Health Cases in 2025

Number	Findings / Name of Diseases	Total Cases
1	URTI (ISPA)	3140
2	Viral infection	1742
3	Muscle pain	1362
4	Hypertension	1015
5	Gastritis/VOMIT	950
6	Gastroenteritis/ Diarrhea	649
7	Headache/migraine	563
8	Under Weight	546
9	Over Weight	454
10	Tinea/ Fungal infection	367

Table 7. Ordem de Malta Clinic Top 10 Findings in 2025

Age Group	Month												Grand Total
	1	2	3	4	5	6	7	8	9	10	11	12	
Less than 1 year old	34	28	37	23	22	26	16	18	34	32	33	20	323
1 to 4 years old	80	58	86	60	53	57	34	39	66	41	66	43	683
5 to 14 years old	56	20	45	38	25	28	19	22	44	23	31	40	391
More than 15 years old	136	116	113	118	128	98	65	107	143	110	114	76	1324
Total	306	222	281	239	228	209	134	186	287	206	244	179	2721

Table 8. Mobile Clinic Distribution of Patients According to Age in 2025

Cases	Month												Grand Total
	1	2	3	4	5	6	7	8	9	10	11	12	
New Patient	86	45	68	44	83	51	31	89	120	72	112	66	867
Follow-up	220	177	213	195	145	158	103	97	167	134	132	113	1854
Total	306	222	281	239	228	209	134	186	287	206	244	179	2721

Table 9. Mobile Clinic Patients/ Utilization in 2025

Age Group	SEX		Grand Total
	Male	Female	
Less than 1 year old	155	168	323
1 to 4 years old	350	333	683
5 to 14 years old	156	235	391
More than 15 years old	266	1058	1324
Total	927	1794	2721

Table 10. Mobile Clinic Distribution of Patients According to Age in 2025

Age Group	Patients / Utilization		Grand Total
	New	Old/ Follow-up	
Less than 1 year old	147	176	323
1 to 4 years old	188	495	683
5 to 14 years old	114	277	391
More than 15 years old	418	906	1324
Total	867	1854	2721

Table 11. Mobile Clinic Distribution of Patients According to Age in 2025

Age in Months	Malnutrition 6-59 Months	Total Cases
6 - 11	Moderate Malnutrition	31
6 - 11	Severe Malnutrition	3
12 - 59	Moderate Malnutrition	134
12 - 59	Severe Malnutrition	40
6 - 59	Malnutrition with Complications	0
Total Patients		208

Table 12. Ordem de Malta Mobile Clinic Malnutrition Cases in 2025

Number	Findings / Name of Diseases	New	Follow-up	Total Cases
1	Pregnant Woman	117	71	188
2	Pregnancy - related Problems	9	2	11
3	Malnutrition in Pregnant Woman	23	11	34

Table 13. Ordem de Malta Mobile Clinic Maternal Health Cases in 2025

Findings / Name of Diseases		Total Cases
1	URTI (ISPA)	1249
2	Viral infection	728
3	Muscle pain	377
4	Headache/migraine	271
5	Gastroenteritis/Diarrhea	233
6	Hypertension	183
7	Gastritis/VOMIT	142
8	Overweight	103
9	Tinea/ Fungal infection	98
10	Under weight	97

Table 14. Ordem de Malta Mobile Clinic Top 10 Findings in 2025

Age Group	2017	2018	2019	2020	2021	2022	2023	2024	2025	Grand Total
< 1 Year	45	841	1701	1058	701	890	1093	1207	1483	9019
1-4 Years	132	1604	1069	901	644	1226	1523	1782	2204	11085
5 -14 Years	105	1902	772	370	252	580	823	931	1148	6883
15 + Years	847	12940	7509	4621	3592	4852	6637	7476	7502	55976
Total	1129	17287	11051	6950	5189	7548	10076	11396	12337	82963

Table 15. Ordem de Malta Clinic Distribution of Patients According to Age (November 7, 2017 - December 2025)

Year	General Consultation	Antenatal Care	Immunization	Malnutrition	Nutrition Program	Total
2017	1093	25	0	11	0	1129
2018	16182	556	400	149	0	17287
2019	8733	799	1145	374	0	11051
2020	4995	756	760	439	0	6950
2021	3548	547	440	654	0	5189
2022	5431	942	452	723	0	7548
2023	7619	1046	470	723	218	10076
2024	8620	1238	553	719	266	11396
2025	8953	1428	831	843	282	12337
Total	65174	7337	5051	4635	766	82963
Percentage	78.56%	8.84%	6.09%	5.59%	0.92%	100.00%

Table 16. Ordem de Malta Clinic Service Types (November 7, 2017 - December 2025)

Age Group	2022	2023	2024	2025	Grand Total
< 1 Year	451	387	431	323	1592
1-4 Years	1162	860	684	683	3389
5 -14 Years	770	551	401	391	2113
15 + Years	2077	1834	1218	1324	6453
Total	4460	3632	2734	2721	13547

Table 17. Mobile Clinic Distribution of Patients According to Age (April 17, 2022 - December 2025)

Year	General Consultation	Antenatal Care	Immunization	Malnutrition	Total
2022	3591	178	167	524	4460
2023	3054	155	139	284	3632
2024	2270	108	122	234	2734
2025	2215	182	119	205	2721
Total	11130	623	547	1247	13547
Percentage	82.16%	4.60%	4.04%	9.20%	100.00%

Table 18. Mobile Clinic Service Types (April 17, 2022 - December 2025)

Year	Clinic	Mobile Clinic	Total
2017	1129	0	1129
2018	17287	0	17287
2019	11051	0	11051
2020	6950	0	6950
2021	5189	0	5189
2022	7548	4460	12008
2023	10076	3632	13708
2024	11396	2734	14130
2025	12337	2721	15058
Total	82963	13547	96510

Table 19. Total Patient Engagements Across Clinic and Mobile Clinic

Age Group	Clinic	Mobile Clinic	Grand Total
< 1 Year	9019	1592	10611
1-4 Years	11085	3389	14474
5 -14 Years	6883	2113	8996
15 + Years	55976	6453	62429
Total	82963	13547	96510

Table 20. Total Patient Engagements According to Age

Age Group	Male	Female	Grand Total
Less than 1 year old	5210	5401	10611
1 to 4 years old	7321	7153	14474
5 to 14 years old	4215	4781	8996
More than 15 years old	19822	42607	62429
Grand Total	36568	59942	96510

Table 21. Total Patient Engagements Across Clinic and Mobile Clinic

Age Group	New	Old/Follow-up	Grand Total
Less than 1 year old	6398	4213	10611
1 to 4 years old	4239	10235	14474
5 to 14 years old	3561	5435	8996
More than 15 years old	21526	40903	62429
Grand Total	35724	60786	96510

Table 22. Total Patient Cases Across Clinic and Mobile Clinic According to Cases

Age Group	Date of Mobile Outreach				Grand Total
	20-Aug-2025	21-Aug-2025	22-Oct-2025	23-Oct-2025	
Less than 1 year old	7	4	8	5	24
1 to 4 years old	20	13	11	13	57
5 to 14 years old	43	15	14	8	80
More than 15 years old	102	62	41	69	274
Total	172	94	74	95	435

Table 23. SJV Total Mobile Clinic Patients According to Age in Alas

Age Group	SEX		Grand Total
	Male	Female	
Less than 1 year old	12	12	24
1 to 4 years old	29	28	57
5 to 14 years old	39	41	80
More than 15 years old	107	167	274
Total	187	248	435

Table 24. Mobile Clinic Distribution of Patients According to Age in Alas