NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

ANNUAL REPORT 2024-2025

NUNAVIK

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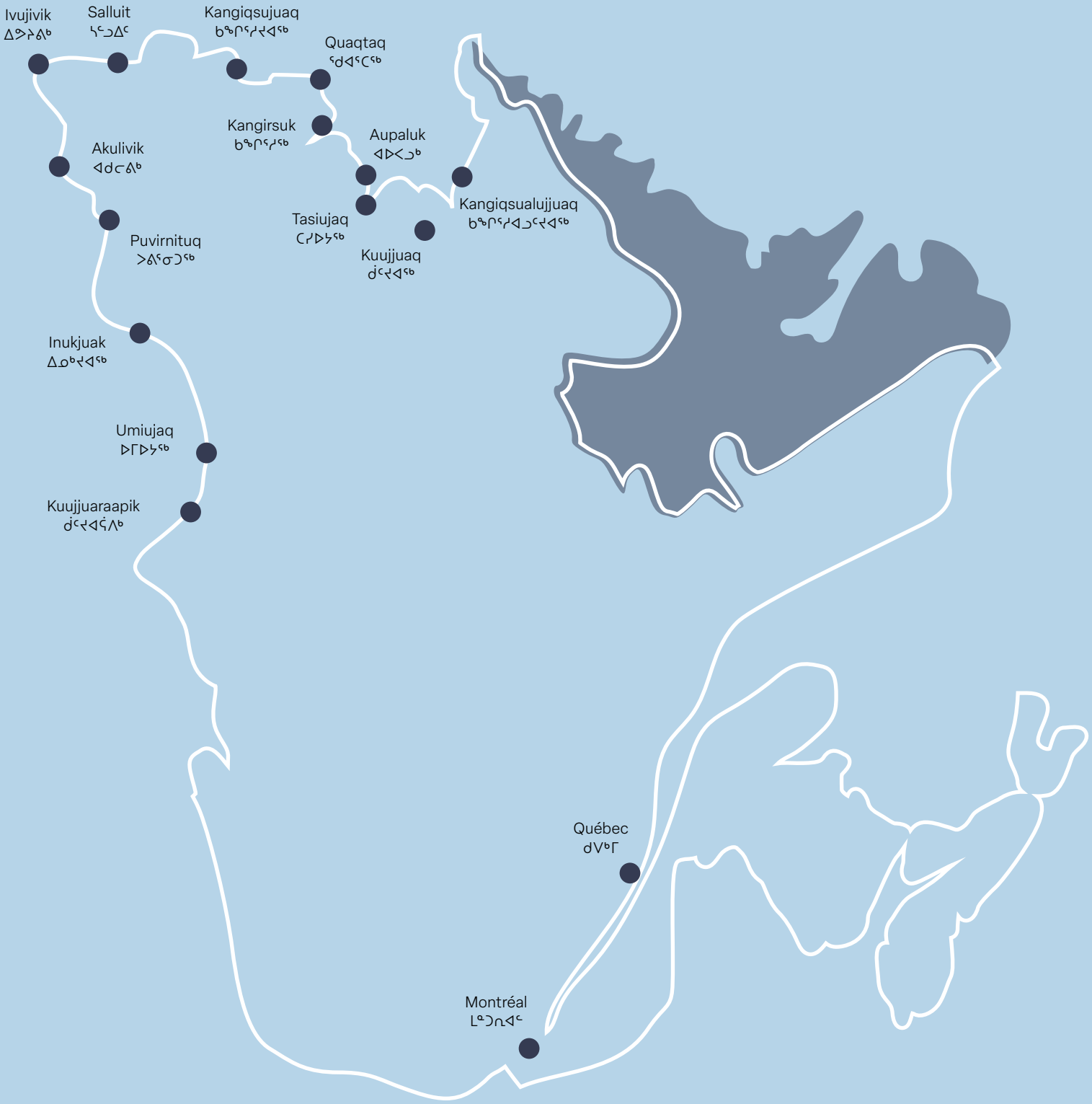

Nunavik Regional Board of Health and Social Services
Régie régionale de la santé et des services sociaux du Nunavik
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DECLARATION ON THE RELIABILITY OF THE DATA CONTAINED IN THE MANAGEMENT REPORT AND THE RELATED CONTROLS

Christian Dubé
Minister of Health

The information contained in the present annual management report falls under my responsibility.

Throughout the year, reliable information systems and control measures were maintained to ensure the objectives of the 2018-2025 strategic regional planning were attained, in accordance with the 2018-2025 agreement on the provision and funding of health and social services in Nunavik.

The results and data of the Nunavik Regional Board of Health and Social Services' annual management report for fiscal 2024-2025:

- accurately describe the NRBHSS' mission, mandates, responsibilities, activities and strategic guidelines;
- outline the objectives, indicators, defined targets and results obtained;
- present accurate and reliable data.

I therefore hereby declare that to my knowledge, the data contained in this annual management report and the controls related to those data are reliable and correspond to the situation as of March 31, 2025.

Jennifer Munick-Watkins
Executive Director

ABOUT THE NRBHSS

The Nunavik Health and Social Services Network

The Nunavik health and social services network comprises the Nunavik Regional Board of Health and Social Services (NRBHSS), the Inuulitsivik Health Centre (IHC) and the Ungava Tulattavik Health Centre (UTHC).

The basis for the development of health and social services in the Nunavik region was established by the James Bay and Northern Québec Agreement (JBNQA) of 1975 and its complementary agreements. The organization of health and social services remains linked to the provincial system but involves a transformation adapted to the region's particularities.

Because of its population size and sociocultural characteristics, Nunavik is a privileged place where the curative and the preventive mix, a place where activities in promotion, prevention and protection are carried out very harmoni- ously and smoothly, as much in the health sector as in social services.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

The NRBHSS manages a budget of close to 289 million dollars, destined for health and social services for the popu- lations of the 14 communities.

A board of directors of 20 members oversees the NRBHSS and consists of:

- 14 representatives, 1 for each community in Nunavik;
- the executive director of each health centre (UTHC and IHC, two members);
- a member appointed by the board of directors of each health centre, selected from among the elected representatives of the villages (two members);
- a member appointed by the board of directors of the Kativik Regional Government (KRG);
- the executive director of the NRBHSS.

Besides the functions directly related to administration, the board of directors is responsible for identifying the priorities with regard to the population's needs in terms of health and social services, priorities that are presented at the public information meeting held annually by the NRBHSS.

MESSAGE FROM THE CHAIRPERSON

It is with great pride and dedication that I address you as the Chairperson of the Nunavik Regional Board of Health and Social Services. This past year has been a testament to our resilience, unity and commitment to the well-being of Nunavimmiut.

At the NRBHSS, we remain steadfast in our mission to strengthen and adapt our health and social services to meet the evolving needs of our communities. This year, we have continued to advocate for improved access to care, culturally relevant services and enhanced support systems for individuals and families across the region. Through collaboration with our partners, we have made significant strides in ensuring that our services reflect our values, traditions and the realities of life in Nunavik.

As we look ahead, we remain committed to fostering a health and social services system that is inclusive, accessible and reflective of our Inuit values. I extend my gratitude to our partners, stakeholders and all those who contribute to the well-being of our communities. Together, we will continue to build a healthier, stronger future for Nunavik.

Victoria Tukkiapik
Chairperson

Jennifer Munick-Watkins
Executive Director

BOARD OF DIRECTORS AND COMMITTEES

Composition of the Board of Directors on March 31, 2025

EXECUTIVE COMMITEE

Victoria Tukkiapik
Chairperson
Representative of Quaqtaq

Claude Gadbois
Vice-Chairperson
Representative of the UTHC Board of Directors

Jennifer Munick-Watkins
Secretary to the Board
NRBHSS Executive Director

Sally Nuktie
Executive Committee Member
Representative of Kangiqsujuaq

Mary Johannes
Executive Committee Member
Representative of Kuujjuaq

Adamie Alayco
KRG Representative

MEMBERS

Linda Kowcharlie
Representative of Kuujjuaraapik

Mina Tookalook
Representative of Umiujaq

Peter Inukpuk
Representative of Inukjuak

Annie K. Novalinga
Representative of Puvirnituq

Joanasie Aliqu
Representative of Akulivik

Peter Iyaituk
Representative of Ivujivik

Casey Mark
Representative of Salluit

Vacant
Representative of Kangirsuk

Maggie Akpahatak
Representative of Aupaluk

Vaijula Saunders
Representative of Tasiujaq

David Annanack
Representative of Kangiqsualujjuaq

Larry Watt
UTHC Executive Director

Samuili Qumaluk
Representative of IHC

Sarah Beaulne
IHC Executive Director

EXECUTIVE MANAGEMENT

The year 2024–2025 was marked by the Executive Management team's introduction and development of major structuring projects.

One area focused on was the renewal of the 2025-2032 master financial agreement with the *ministère de la Santé et des Services sociaux* (MSSS), which called for meetings and focus groups with partners and health centres in order to enhance the associated regional plan. Meetings with the Deputy Minister on two occasions were also set to initiate the ensuing negotiations.

The NRBHSS will be renewing the annual management agreements with the health centres. Meetings with the institutions' respective general management teams and Board members took place to explain details of the matter and the agreements will be signed by the Executive Directors in April 2025.

To undertake these two major initiatives and subsequently follow up and report on the progress made, Executive Management created a role tasked with coordinating management agreements and the strategic regional plan (Coordination aux Ententes de gestions et au plan stratégique régional). The position was filled in the fall of 2024.

Several months ago, Executive Management began overseeing efforts in connection with the NRBHSS' strategic planning for 2025-2030. Internal working groups were set up and numerous meetings were held with partners for the purpose of better understanding their needs and giving due consideration to their ideas. The results of this strategic planning were submitted at the December 2024 meeting of the Board of Directors and follow-up will be ensured by the Quality, Evaluation, Performance and Ethics (QEPE) team. The NRBHSS' mission, vision and values were also reiterated.

As part of Nunavik's self-determination, the NRBHSS coordinated the signing of the Memorandum of Understanding (MOU) for the Nunavimmi Illagit Papatauvinga (NIP) between the health centres, the NRBHSS and Makivvik. This MOU signified the launch of this major program and kicked off negotiations with the federal and provincial governments as to the program's scope.

During the 2024–2025 period, the NRBHSS Executive Management and Makivvik held bilateral meetings to address government relations.

Executive Management also took part in biweekly meetings with the MSSS' *Direction des relations avec les Premières Nations et les Inuit* and the Deputy Minister. The Executive Director also sat on Santé Québec's transition committee, which allowed for ensuring that the region's reality was taken into account during the organization's creation.

Meetings with the Minister Responsible for Relations with First Nations and Inuit were also held in Kuujjuaq.

Coordination of Communications

The 2024-25 fiscal year marked a period of growth and strategic development for the Communications Department at the NRBHSS. With a strong commitment to informing and engaging Nunavimmiut, the team enhanced communication strategies, supported key initiatives and ensured the effective dissemination of critical health and social service information. Throughout the year, the department played a pivotal role in covering major events, producing compelling content and strengthening the NRBHSS' presence across multiple platforms.

Key Accomplishments:

- Nutrition Month 2024: In March 2024, the NRBHSS emphasized the importance of water and traditional foods, aligning with Nutrition Month's theme. This initiative aimed to promote healthier dietary choices among Nunavimmiut, integrating cultural practices with modern nutrition advice.
- International Day for the Elimination of Tuberculosis: On March 21, 2024, the NRBHSS reaffirmed its commitment to combating tuberculosis in the region. Efforts included awareness campaigns, community screenings and collaborations with healthcare providers to enhance prevention and treatment strategies.
- Nunavimmi Ilagiit Papatauvinga: NIP had a remarkable year, focusing on improving the responsiveness of services to the needs of Nunavimmiut families. Highlights included the successful promotion and visibility of the first Board of Directors meeting of NIP, a milestone in governance and self-determination, as well as the signing of the Memorandum of Understanding (MOU), reinforcing Nunavik's commitment to culturally adapted child and family services.

- Climate Change and Environmental Health Promotion: The Communications team placed a strong emphasis on raising awareness about the impacts of climate change on health and promoting environmental health initiatives. Efforts included educational campaigns, community discussions on water safety, food security and the effects of extreme weather, as well as advocating for sustainable practices to protect the well-being of Nunavimmiut.
- Elder's Day 2024: Celebrated on September 16, 2024, this day honoured the wisdom and heritage of Nunavik's elders. The NRBHSS organized events and activities to recognize their invaluable contributions to the community.
- Caregiver Appreciation Month: In October 2024, the communications team dedicated efforts to acknowledge and support caregivers in Nunavik, highlighting their essential role in community health.
- 16 Days Against Domestic Violence Campaign: From November 25 to December 10, 2024, the NRBHSS actively participated in the global 16 Days of Activism Against Gender-Based Violence campaign. Through social media engagement, community workshops and awareness initiatives, the campaign aimed to shed light on the impact of domestic violence and empower individuals to take action in support of safer communities.
- Pilot cardiopulmonary resuscitation (CPR) Training Project: Launched in January 2025, this pilot project provided the public in Kuujjuaq, with training in cardiopulmonary resuscitation and the administration of epinephrine (EpiPen) and naloxone, enhancing emergency response capabilities within the community.
- Vaccination and Public Health Campaigns: Throughout 2024 and early 2025, the NRBHSS led multiple public health initiatives focused on preventing infectious diseases. One of the most significant efforts was the Measles Vaccination Campaign, launched in response to rising global cases. The campaign included awareness materials, community immunization drives and outreach efforts to encourage vaccination among children and adults. In addition, flu shots, COVID-19 boosters and other essential vaccines were promoted throughout the year to enhance regional health resilience.
- Sexually Transmitted and Blood-Borne Infections (STBBI) Awareness Campaign: The Communications team launched a regional campaign to raise awareness about the prevention, testing and treatment of STBBIs. Through community outreach, social media engagement and partnerships with local organizations, the initiative aimed to reduce stigma and encourage safe practices, promoting better sexual health for Nunavimmiut.
- Executive Director Advocacy, Public Relations and Media Relations: The Communications team played a pivotal role in supporting the Executive Director and senior management in advocating for Nunavimmiut's health and social service priorities. This included public relations efforts, strengthening relationships with key stakeholders and facilitating discussions with provincial and federal governments to address critical issues impacting the region. Additionally, the team actively engaged in media relations to ensure transparency and promote the NRBHSS' efforts, campaigns and projects to the general public.

Through these initiatives, the Communications Department reinforced the NRBHSS' mission of informing, engaging and empowering the Nunavik population. Moving forward, the team remains dedicated to fostering meaningful connections, delivering impactful campaigns and elevating the voice of Nunavimmiut in the realm of health and social services.

Quality, Evaluation, Performance and Ethics Coordination

In 2024-2025, thanks to a specific budget for this purpose (quality of living environments), the QEPE team took on three new members, which allowed it to better carry out its role with regard to quality, evaluation, performance, cultural safety and ethics. Because the cultural safety roles were only filled for part of the year, there were a few challenges in terms of ongoing activities concerning specific matters. The hiring of a resource last March will facilitate progress in this regard. The team helps managers and senior management make decisions that comply with health and social services network requirements while also being adapted to Nunavik's Inuit culture. It also fosters reflection focused on developing an ongoing quality improvement culture regarding accessibility, quality and efficiency to promote the health of the Nunavik population.

The QEPE team also plays a consulting role vis-à-vis the organization's managers, teams and committees in the area of service quality (processes, standards, organizational practices, ethics, data, etc.). The team, moreover, ensures that all

of the recommendations made to the institutions by various organizations regarding quality assurance (Coroner, Québec Ombudsman, Service Quality and Complaints Commissioner, Risk Management, Professional Orders, Viens Commission, etc.) are regularly updated. Its mandates and responsibilities are multifaceted and touch numerous areas (data management, follow-up of the contribution agreement via Indigenous Services Canada (ISC), quality and ethics, cultural safety, optimization and continuous improvement).

Quality, Evaluation, Performance and Ethics

The team assists the NRBHSS and the institutions in carrying out the Strategic Regional Plan (SRP) in conjunction with the person in charge of coordinating management agreements and the strategic regional plan. It also provides support by following up on the NRBHSS' strategic planning and carrying out and monitoring the health plans associated with various contribution agreements.

Cultural safety aims to improve the quality and accessibility of healthcare services while also decreasing inequities and discrimination. It also strives to further develop collaboration measures and partnerships with users and their families and this at every level, as a means of putting Nunavummiut at the centre of the care they receive and their health. It acknowledges the expertise of community members and encourages greater reflection on our beliefs and practices.

Evaluation, in turn, allows for fostering an improved performance in the methodical quantification of activities and processes. Data collecting, charts providing regular follow-up information and a dashboard allow two areas of expertise, namely clinical and administrative data and financial data, to complement one another.

This service offer constitutes the initial foundation for a regional mandate of performance improvement that also focuses on the cultural safety of services.

Despite 2024-2025 having been marked by changes to the team members, various achievements identified below are worthy of note.

Data Management

- Carried out in conjunction with both coasts, introduction of the information system regarding family-type resources (*Système d'information sur les ressources de type familial* [SIRTF]); this system will eventually replace the programs for foster family follow-up and payments (CPEJHUD and CPRJUNG).
- Dissemination of sub-regional data with the goal of following up on strategic planning objectives. This entails the collection and analysis of data on housing and the unhoused, support in searching for specific statistical data such as information on SAPA users housed in the South, production of performance evaluation reports that allow for monitoring the objectives described in the actual SRP and the data and statistics requested by various departments. With the works carried out in connection to these projects usually incorporating strategic initiatives that in turn involve the development of SRP indicators for the new strategic plan, the implementation of a follow-up system using a control room and the subsequent development of a Power BI, helped promote visibility and real-time monitoring of strategic plan results. These projects can generate regular requests and have a significant impact on decision-making and the execution of activities within scheduled timeframes. As such, activities associated with each request category carried out during the 2024-2025 fiscal year, varied in terms of frequency and degree of complexity, but provided valuable decision-making support to managers.

Contribution Agreement With Indigenous Services Canada

- Regular communications with ISC made it possible to remain apprised of all cases underway and to ensure that information regarding the agreement between ISC and the NRBHSS was up-to-date.
- Assistance was provided to program managers with regard to key aspects of the agreement with ISC, among them the financing process, eligibility criteria, activity planning, report preparation and financing details (additions, suspensions, reductions, projects, transfers).
- Requirements regarding report preparation for the funded programs were gathered and all details documented. Some reporting requirements were reviewed to improve

their design and ongoing support was provided to handle requests for information and meet the mandatory obligations associated with the report preparation process.

- Preliminary activities were carried out to review and update the health plan, in particular meetings for the purpose of discussing and clarifying ISC's expectations. After much thought, a format tailored to the project was agreed upon. A plan was subsequently developed, which included objectives, a schedule, tasks and details of everyone's involvement.
- Following the convergence of the ISC agreement and the related political events, an analysis of the ISC financing was performed; this exercise focused on relevant data regarding the status of the funds for the programs being financed.
- Potential improvements (a new paradigm) were examined and a presentation was prepared to share the team's thoughts and suggestions.

Quality, Ethics, Continuous Improvement

- Work on the NRBHSS' document management began in fall 2024, with the aim of standardizing the process, as requested in the NRBHSS' strategic planning.
- The objective was to introduce a common framework favouring internal consistency with regard to the development and management of official documents.
- In conjunction with the activities begun in the fall of 2024, concerning the Regional Complaints Commissioner, official documents were drafted and promotional tools were developed. Given that the Commissioner role has not yet been filled, the matter remains with QEPE so that the population can stay informed of measures for handling complaints and the existence of the Commissioner.
- Follow-up was done with the Québec Ombudsman concerning the calls for action of the Viens Commission and to comply with the new guidelines and provisions of the law facilitating the disclosure of misconducts.
- A person was appointed in charge of Ethics and Integrity (*Responsable de la gestion de l'éthique et de l'intégrité* [RGEI]), particularly regarding misconducts and a regulation regarding such actions and detailing the RGEI's obligations in this regard is being drafted.
- The works are continuing, so that the NRBHSS may become compliant with the new provisions of the Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information. In addition to the introduction of Law 25, this particular issue also concerned the consulting role with various departments.
- Actions were taken to create a clinical ethics committee, in conjunction with the IHC and the UTHC and to supervise all ethical matters.
- Quality of living environments: A comprehensive action plan (IHC-UTHC-Regional Board) was submitted in early 2025, which identified two specific issues as priorities. The first involved the development of a regional reference framework on the quality of living environments, including indicators; work in this regard has already begun and will continue in 2025-2026. The second issue consisted of optimizing practices promoting access to and prioritizing living environments in and outside of the region.
- Fighting maltreatment: With input from IHC and UTHC and following a review, the Board of Directors adopted the Policy on the Fight Against Maltreatment of Seniors and Other Persons of Full Age in Vulnerable Situations in December 2024. A roll-out plan was established to promote awareness of the policy among health and social services network workers in the region. The revised policy submitted is on the NRBHSS website and the information regarding maltreatment has been updated. Other initiatives to further increase awareness of the revised policy among the persons concerned by this issue will be introduced.
- Advisory group on the MSSS' action plan for long-term housing 2021-2026: participation in the activities focused on adopting the Policy on Long-Term Care, Housing and Services (Politique d'hébergement et de soins et services de longue durée - Des milieux de vie qui nous ressemblent), with numerous health and social services network actors and partners contributing to develop a shared and inclusive vision of such housing. The MSSS, in response to the concerns voiced regarding seniors, created an advisory committee on long-term housing. This strategic committee advises the MSSS on the relevant actions to achieve in order to augment the long-term care and services offer as well as on the implementation of the housing policy. Involvement in these projects helped identify housing issues and will support the region in addressing them in the future.

- QEPE supports other departments through its participation in various activities, for example, the census, the development of consulting tools, remote and community consulting measures, analysis of consulting findings and support for various other activities.
- The implementation of the patient experience survey is still underway, in collaboration with IHC and UTHC; the final roll-out phase should take place over the next few months.
- Research ethics: A number of potential research projects were submitted and evaluated, and the formal process of receiving these requests is currently ongoing in conjunction with the Public Health Department. Attendance at Attaniuvik steering committee meetings was also prioritized at the committee's request to ensure consistency among the various actors involved in research in Nunavik.

Cultural Safety

- In terms of cultural safety, several collaborative efforts with various departments were made in order to provide support for the following: review of documents, participation of the Inuk Planning and Research Officer in cultural safety initiatives, presence of a cultural vision consistent with Inuit values.
- While progress was slower than anticipated, due to vacant positions and employee absences, the activities of the advisory committee as well as the introduction of the results of the Evaluation of the Health and Social Services System in Nunavik: The Users' Perspective continued.
- A regional committee was created with IHC, UTHC and the NRBHSS Human Resources Department to define and develop a regional vision of cultural safety and prepare a cohesive regional action plan with due consideration for the autonomy and specific needs of the institutions.
- Work is also underway with RUISSS McGill to establish a framework policy that will enable cultural safety.

PLANNING AND PROGRAMMING

The Department of Planning and Programming works with local and regional organizations to plan, develop, organize, coordinate and evaluate all of the health and social services programs offered to the Nunavik population.

Saqijuq

This year, Saqijuq stayed focused on finalizing the transition of its financial, human and material resources in its role as a community organization. The transfer of the On-the-Land employees working for the health centres began in the summer of 2024 and was completed by the end of the fall. The NRBHSS supported Saqijuq during this entire period and will continue to do so as the organization moves forward with its mandate.

On-the-Land

An On-the-Land team was established in Kuujjuaq, in September 2024, and has since offered various activities to community members. The creation of this new team brings the total number of communities where Saqijuq offers its services to six. As a group, the teams organized more than 1,500 cultural activities, among them fishing and hunting expeditions and sewing, cooking and camping activities. In concert with various partners, including the NRBHSS and the region's two health centres, Saqijuq organized four 5-day cultural activities under the My Choices program, including on-the-land workshops on substance abuse and addiction, which were held in three different communities. Saqijuq's On-the-Land program will continue growing in 2025, with a presence in Kangiqsujuaq, in March and in Salluit, at the end of the year.

Mobile Intervention Team

The Mobile Intervention Team (MIT), the main objective of which is to defuse high-risk crises and find non-coercive solutions within the community, continued its operations in collaboration with the Inuulitsivik Health Centre in Puvirnituq. In 2024-2025, 85% of the team's interventions were resolved at the community level and judicialization was avoided in 97% of the cases. The cases in question concerned several issues, including suicide (28%), at-risk youth (27%) and domestic violence (14%). 70% of the interventions conducted involved women. Saqijuq has taken steps to establish a new mobile intervention team in Kuujjuaq, hopefully by the summer of 2025.

Nitsiq

Nitsiq is an accessible and personalized alternative justice program currently available to referred participants from Puvirnituq and Akulivik. Its objectives are to promote public safety and reduce criminal recidivism by providing psychosocial support and facilitating access to services. In August 2024, the Saqijuq Board of Directors decided to grant responsibility for the mental health - justice support program, i.e., Nitsiq, to the NRBHSS and the health centres. A collaborative agreement between Saqijuq, the NRBHSS and the two health centres was thus established in order to ensure the program's continuity and development. Saqijuq will continue cooperating with the Nitsiq program.

Having completed its transition, Saqijuq will now continue growing as a community organization, promoting its mandate focused on cultural healing through community actions steeped in Inuit traditions and values. The organization grew significantly in 2024-2025, and now has 32 employees, 91% of them beneficiaries of the James Bay and Northern Québec Agreement, working in various communities across Nunavik. The roll-out will continue over the coming years. Saqijuq's success and the quality of its services are in large part due to the support extended by the NRBHSS.

Emergency Prehospital Services and Civil Security

2024-2025 saw a number of major advancements in Nunavik's emergency prehospital services. One of the most important changes was the creation of First Response Coordinator positions in every community offering first responder services at the municipal level. Such positions were only found in the larger communities prior to this. Moving forward, all of the communities concerned can benefit from financing that will allow them to fill these roles, which are a critical component of the region's prehospital services.

During this same period, a pilot training project targeting students and the general population was introduced in the community of Kuujjuaq, in conjunction with the region's school board. The project addresses a significant need for regular first-aid training. It aims to provide the local population with tools that will enable them to handle critical medical situations through simple actions available to everyone. The program is slated to be introduced in all of Nunavik's communities in the coming years.

Another major project introduced this year revolves around exchanges with regional actors involved in prehospital services. This process seeks to optimize the NRBHSS' support of

emergency prehospital services and includes consultations with working groups in five communities (Kuujjuaraapik, Salluit, Puvirnituq, Aupaluk and Quaqtaq) as well as with the regional actors. The consultations are underway and a report of the ensuing recommendations will be released by the summer of 2025.

In 2024-2025, a complete review was carried out of the equipment and supplies kept aboard ambulances as well as the emergency kits used by first responders. A thorough optimization process allowed for identifying the equipment needed by these professionals and new devices will be introduced progressively over the next few months.

In tandem with this initiative, 13 psychosocial training measures were organized in Nunavik's communities. These sessions sought to help first responders cope with the psychological stress brought on by difficult interventions and allow them to build trusting relationships with the psychosocial trainers who in addition to providing training, also offer coaching and support services as part of the employee assistance program for first responders.

In early March of 2025, the Shining in Service: First Responders campaign was rolled out to pay tribute to the first responders in Nunavik's communities. This initiative also sought to recognize the profession and support employee recruitment. Several communication measures will be deployed over the upcoming year to bolster this campaign.

The basic training program for first responders was given in 11 communities and resulted in the certification of 33 new first responders in the region. In addition, 17 two-day refresher sessions and three-day training sessions for coordinators were held. In 2024-2025, the more than 150 certified first responders in the region dealt with nearly 4,800 emergency calls.

Medical Affairs and Physical Health

Medical Personnel

In 2024-2025, Nunavik welcomed 6 new family doctors, four of them at the Inuulitsivik Health Centre and two at the Ungava Tulattavik Health Centre. As of March 31, 2025, 58 family doctors worked in the region (including physicians working exclusively for the Department of Public Health).

As of March 31, 2025, 15 medical specialists worked in the region, in addition to those with a minority practice in Nunavik, and based at partner centres. The table below shows the detailed distribution of specialist positions as well as vacant positions.

SPECIALTY	POSITIONS	INCUMBENTS	AVAILABLE POSITIONS
Anesthesiology	2	2	0
General Surgery	1	0	1
Orthopedic Surgery	1	0	1
Internal Medicine	3	1	2
Obstetrics/Gynecology	1	1	0
Ophthalmology	1	1	0
Otolaryngologists (ENT) and Head-and-Neck Surgery	1	1	0
Pediatrics	3	2	1
Psychiatry	2	3	-1

SPECIALTY	POSITIONS	INCUMBENTS	AVAILABLE POSITIONS
Child and Adolescent Psychiatry	2	1	1
Diagnostic Radiology	1	0	1
Public Health, Preventive Medicine and Occupational Medicine	3	3	0
NUMBER OF SPECIALIST PHYSICIANS	**21**	**15**	**6**

Intellectual Disability, Autism Spectrum Disorder and Physical Disability

The North-South corridor was designed to address the specific needs of users from Nunavik, with an intellectual disability (ID) or an autism spectrum disorder (ASD). This service seeks to improve their well-being and degree of social participation while giving due consideration to specific cultural characteristics.

Two intermediate resources have been introduced within the framework of the service corridor: an intermediate resource for men (8 spots) and a resource specifically for children (6 spots). These two resources are presently at full capacity and routine collaboration has been established between the CIUSSS de l'Ouest-de-l'Île-de-Montréal, the NRBHSS and the Nunavik health centres. This joint endeavour was initiated with the goal of ensuring referrals for users, the integration of new users, the return of the latter to their home communities and the joint follow-up of the users staying at one of the resources.

Development of a Third Intermediate Resource

In 2024-2025, work began in conjunction with the development of a third intermediate resource as part of the service corridor for persons with an intellectual disability or an autism spectrum disorder in partnership with the CIUSSS de l'Ouest-de-l'Île-de-Montréal. The development of this resource, dedicated specifically to women, is still ongoing. It is now slated to open its doors in 2025-2026.

Need for Temporary Lodging and Respite Resources

The partners examined various options for meeting the needs of users with an intellectual disability or autism spectrum disorder in terms of temporary lodging and respite resources. Discussions will continue throughout 2025-2026, with the goal of identifying suitable short- and medium-term solutions for better meeting the specific needs of these users while also improving access to available services in the event of any emergency or temporary transitions.

Tasiurtigiit

The actions below were carried out as part of the Tasiurtigiit program in 2024-2025.

- The program's regional governance was introduced within the usual governance structures and includes the follow-up mechanisms established by the *ministère de la Santé et des Services sociaux*, which allowed for recording the progress made with regard to the program deliverables (new MSSS orientations for the program as of 2023).
- The project team began the work required to report on the program's 2023-2025 regional action plan and to draft the 2025-2028 action plan.
- Representations were made to the MSSS for the purpose of consolidating (compensating for the existing variance) and ensuring the viability of the funding necessary for the program's professional positions.
- A second session was completed by the Turaartaviit enrolled in the college-level training (ACS) in Special Education offered at Cégep St-Félicien. Measures were taken to modify the delivery approach for the training sessions to offer greater flexibility to the workers and health centres (acknowledgement of acquired knowledge and skills, new enrollments, personalized approach, etc.) given the personnel movement within the teams.
- Sensory boxes (designed to prompt stimulation), developed as part of Nutaraqsiutitlu Qaujisaunirq, an Inuit project created to improve the skills of young children (Aqqiumavvik Society, 2023) were made available to the Tasiurtigiit teams (8 kits of 9 boxes per health centre).

- The NRBHSS reached out to Shirley Tagalik, who sits on the Board of Directors of the Arviat Aqqiumavvik Society, and asked her to carry out an in-depth revision of the Tariutugiit program's reference framework. This revision allowed for incorporating content on the fundamental elements of Inuit culture and the socialization of children, as part of the transfer of knowledge implicit in the interventions based on the Inuit Qaujimajatuqangnit and more specifically, the Inunnguiniq principles.
- The regional communications plan was introduced and numerous tools for promoting the program were created, produced and disseminated (page on the NRBHSS website, brochures, video, graphic designs, etc.).
- Culturally safe intervention tools were prepared and distributed (4 children's books and illustrated labels).
- The collaboration with the *Université du Québec à Trois-Rivières* research team led by Carmen Dionne and with an MSSS-mandated goal of "[Translation] ... the cultural adaptation of tools for discerning development issues touching First Nations and Inuit children" (measure 3.6.1, PAI-2 of the PGPS [government policy on health prevention]) continued moving forward. A research project aligned with the needs identified in Nunavik, was delineated as a first step in the development and future signing of a research protocol.

Persons Experiencing Loss of Autonomy

Efforts were made throughout the year to ensure an equal access to services in Nunavik's communities. A pivotal point in this regard was the creation of an access point for programs for people with disabilities. This access point is essentially a regional evaluation and authorization process for a wide variety of services targeting users with functional limitations, as well as their loved ones. This includes users experiencing a loss of autonomy, for various reasons such as aging or having had an accident, calling for short- or medium-term rehabilitation (e.g., stroke, vehicular accident, etc.).

The services users can benefit from via the access point include:

- Assistance with household activities (e.g., cooking, cleaning, laundry, etc.) in the home, by means of a direct allowance.
- Assistance with activities of daily living (e.g., personal care, help getting dressed, safe movements, etc.) in the home, by means of a direct allowance.

The implementation of the access point resulted in the direct allowance program, initially introduced in 2023, being available in all of the region's villages. This program allows a user with a loss of autonomy to hire a person of their choosing from the community to provide support and home care services. These services are in addition to the home support offered by the health centres.

The major achievements of the past year included the successful introduction of a plan for the delivery of services offered under Nunavik's program for persons experiencing a loss of autonomy and the financing of cognitive stimulation equipment for the Tusaajiapik senior home. Investments were also made to train nurses in foot care.

Despite the impressive successes, certain issues remained, among them a shortage of personnel, amplified by a number of employees being on sick leave, recruitment challenges and a lack of available professionals. The housing shortage in the region also proved to be an obstacle vis-à-vis our ability to provide adequate lodgings to personnel, which in turn prevented us from making home care services increasingly available in all of Nunavik's communities.

Palliative and End-of-Life Care

In the fall of 2024, the Medical Affairs and Physical Health team was given the mission of identifying a clear path for palliative and end-of-life care in the region. The objective consisted of reviewing provincially mandated requirements while also considering the specific reality of Nunavik and respecting Inuit values, traditions and past experiences.

A dedicated team was created to develop an approach that would give due consideration to the needs of patients and their loved ones. This team, working in close cooperation with the Hudson and Ungava coast health centres, sought out local expertise and examined the reality in the field while striving to better define access to palliative and end-of-life care. One of the first items addressed was the revision of the Medical Assistance in Dying (MAID) protocols, with an eye to ensuring that they were aligned with Nunavik's cultural and organizational

reality. A reference framework is currently being developed to provide clear instructions to healthcare workers and promote improved management adapted to the reality of Nunavik's communities. A governance structure was also proposed with the aim of ensuring increasingly coordinated care while offering more consistent support to persons who are dying.

To enhance the palliative care measures offered in Nunavik, special attention was granted to support for patients and their families. An action plan was developed to facilitate access to care and ensure a compassionate presence throughout the end-of-life experience. This initiative involved renovating the end-of-life care facilities at the Tusaajiapik senior home in Kuujjuaq. Carried out with the cooperation of the government of Canada, this project is focused on transforming the space in question into a more comforting and welcoming environment, namely an oasis of respect and serenity where families can be with their loved ones.

Natural Caregivers

In November 2024, the Nunavik Regional Board of Health and Social Services held various activities during National Caregiver Week to highlight the important role they play. Without their contribution, many Nunavimmiut with permanent or temporary disabilities would be forced to leave their homes or community.

During this third edition, an entire month was dedicated to acknowledging the importance of caregivers. As part of this initiative, community members and the region's health centres were encouraged to nominate notable caregivers, namely those whose contribution to their loved ones or their community made a significant difference.

A total of 114 caregivers were nominated during the month, all of whom were included in a regional drawing held at the end of that period. Thanks to a partnership with the Nunavik Housing Bureau and Air Inuit, over $2,000 in prize money and two plane tickets were distributed among the winners. Three radio segments and a number of local events took place in Kuujjuaq, Puvirnituq and Inukjuak, highlighting the essential support that caregivers bring to their respective communities.

Development of the access point for programs for people with disabilities proved to be a valuable addition to the services designed to assist caregivers. In addition to support services in the home and this by means of a direct allowance, the access point also provides new respite services created to help prevent caregiver exhaustion. This relief includes:

- Hourly respite services via a direct allowance;
- Nighttime caregiver respite in the community, up to a maximum of 14 nights per year;
- Financial assistance for caregivers providing support to persons with an intellectual disability or an autism spectrum disorder;
- Respite stays outside of the community, made possible by a partnership with resources such as Isurivik in Kuujjuaq, Camp Massawipi in the Eastern Townships and Petites Lucioles in Québec City.

Elder Well-Being and the Fight Against Mistreatment

The actors involved in the initiative favouring elder wellness are committed to promoting a community that values, respects and protects its elders, thereby contributing to the creation of a safe and improved environment for elders throughout Nunavik. This goal was prioritized while carrying out the primary initiatives that were introduced last year, namely:

- Nunavik Elder Safety Day (June 15, 2024), which emphasized a community where elders are valued and respected, and where their safety is ensured. This event included a social media campaign, regional radio ads and a call for projects.
- Nunavik Elders Day (October 1, 2024), which allowed for promoting the physical, emotional and social wellness of elders, and included a call for projects, an awareness-raising workshop on elder safety, a social media campaign, regional radio ads, a community challenge and the video "A Lifetime of Wisdom".
- An awareness-raising workshop on elder safety in Inukjuak, which brought together caregivers and workers for the purpose of discussing the meaning of well-caring, understanding the signs of mistreatment and providing safe support. This session was the first of a series of 4 workshops that will be given over the next 12 months as part of a pilot project.

Actions Planned for the Upcoming Year

- Introduction of the regional policy on the Fight Against Mistreatment of Seniors and Other Persons of Full Age in Vulnerable Situations, revised to comply with departmental requirements.
- Release of a comic strip on the wellness of elders, to increase awareness in the communities.
- Discussions regarding the implementation of a concerted intervention process favouring speedy, coordinated and complementary actions by healthcare, social services, justice and public safety actors, as well as community partners to address complex mistreatment issues.
- A novel escape game, created in collaboration with the communities, to promote exchanges on the topics of the mistreatment and well-caring of elders.

Cancer

Various actions aimed at preventing cancer and improving the services available to patients and caregivers impacted by cancer have been undertaken in the region.

Nunavik's participation in the provincial cancer table has allowed us to learn more about the best practices in the field and led us to introduce the region's first cancer action plan in 2024. This plan is currently being prepared, in conjunction with the two health centres in Nunavik. It will include the main priorities for action identified by the MSSS and the recommendations ensuing from Arsaniit Sivurlirtiit, a series of public consultations held in 2021, with persons and caregivers who received care and services in conjunction with a chronic disease. The action plan will be submitted to the respective management committees of the three organizations involved in the spring of 2025, so as to be adopted and submitted to the MSSS.

A core element of this action plan is an initial cancer profile for the region; this initiative is currently underway. New initiatives associated with cancer will bring added value to the prevention efforts and services extended to Nunavimmiut affected by the disease.

Numerous measures regarding prevention and designed to improved screening of the main tumour sites were carried out in 2024.

Colorectal Cancer Prevention

The two health centres, with the assistance of the NRBHSS, reviewed and cleaned up their respective waiting lists of colonoscopy patients. This activity was carried out in accordance with the MSSS directives aimed at reducing the time spent on waiting lists.

Breast Cancer Prevention

While participating in the 2024 annual conference of RUISSS-McGill's breast cancer partners, Nunavik representatives were able to expose the limitations faced by the region's women with regard to breast cancer screening. Despite the ensuing discussions with government authorities on the possibility of each health centre having a permanent device for conducting mammograms, this project continues to face numerous obstacles. Meanwhile, a number of actions were taken to improve the existing screening services offered by a medical imaging laboratory in the South. Administration of the Québec Breast Cancer Screening Program was transferred to the NRBHSS' Department of Planning and Programming – Medical Affairs and Physical Health. The existing procedure was reviewed and improved, and personal communications were sent to women in Nunavik to announce the screening program and encourage them to participate. Promotional posters and radio spots ran on both coasts to raise awareness of the screening program for eligible women.

Telehealth

The development of telehealth in the Nunavik region has been significant over the past year. Thanks to the evolution of telecommunications between the North and the South, improvements were observed in both the quality and reliability of teleconsultations with specialists. These advances were further enhanced by the replacement of the existing telehealth equipment in all of the villages, a measure that will ultimately prove more user-friendly, while improving the quality of remote consultations. Additionally, accessibility to provincial clinical applications continues to increase, which benefits the population of Nunavik.

These technological advancements, combined with ongoing efforts with regard to human resources, led to an increase and a consolidation of clinical services in the region. This positive momentum attests to a continued commitment to improving the quality of healthcare throughout the region, thus paving the way for further progress.

Telehealth services are currently offered in the following specialties:

- Neurology
- Orthopedics
- Pediatrics
- Psychiatry
- Child psychiatry
- Real-time ultrasound
- Remote interpretation of imaging
- Mental health

Medical Imaging

The technologists' practice was enhanced thanks to an optimization of the medical imaging infrastructure. Several other small projects are also currently underway to standardize the use of computer systems in conjunction with medical imaging.

The NRBHSS continues to oversee the provision of abdominal, pelvic, surface, vascular and obstetric ultrasound services in the region by a team of independent technologists who visit Nunavik's health centres every month, with the aim of offering more services, including access to cardiac ultrasounds.

Dentistry

The NRBHSS upheld its contingency plan to increase the attraction and retention of permanent dentists at its institutions. Given the obstacles in terms of access to services, particularly on the Ungava Coast, where there are only two permanent dentists, users who must undergo certain emergency interventions are sent to the South. To allow dentists practicing in the North to see a greater number of patients, the committee on Out-of-Region Services authorized transfers for other categories of patients, notably those requiring services considered semi-urgent or lengthier interventions.

An action plan is being established with the health centres to address various problems in the area of dentistry. One solution put forth in 2024-2025 was to provide dental hygiene services in clinics, thanks to a pilot project funded by the Non-Insured Health Benefits program.

Psychosocial Affairs

Suicide

2024-2025 saw a focus on local interventions in conjunction with key actors of the Suicide Prevention Strategy in Nunavik (Inuuguminaq). Priority was given to updating the actions to be carried out by various regional partners, among them the Nunavik Youth House Association (NYHA) and men's groups, both of which work with persons particularly vulnerable to distress.

The NRBHSS once again took on an active role in the working group led by ITK (Inuit Tapiriit Kanatami) and which digs into the issue of suicide with the collaboration of the Inuit Nunangat regions. The Board also attended in-person meetings, notably during the ICC-Health event in Halifax, in November 2024 and at the annual meeting of the Canadian Association for Suicide Prevention (CASP) held in Vancouver in May 2024, during the course of which the Inuuguminaq's activities were presented.

The roll-out of the three psychosocial intervention training programs currently managed by the suicide prevention component of the Psychosocial Affairs team continued during the course of the year, in the following areas:

- Suicide Intervention in Nunavik – Best Practices
- Basics of Suicide Intervention in Nunavik
- On-Call Crisis Intervention

With regard to suicide prevention measures carried out during the year; the following numbers speak for themselves:

- 49 training sessions
- 83 training days
- 245 participants trained

A consolidation meeting was organized for trainers and clinical support is now being extended to Open Doors, the organization that works with Inuit clients in Montréal. New training measures are also being created in conjunction with our partners.

- Kativik Ilisarliniriniq (KI): Tusajiit (those who listen), an initiative to help professors with students aged over 13, to better identify those who might be at risk and refer them to appropriate resources. A program for teachers of students between the ages of 6 and 13 will be introduced next year.
- Makivvik: A training measure for the Makivvik Justice team members responsible for preparing Gladue reports.

Mental Health

The directory of local, regional and national resources available to Nunavimmiut, is currently being validated. In additional to being available online, a paper version of the directory will be distributed in every community. A card and magnet regarding these resources will also be given out as an additional means of increasing awareness and encouraging people to turn to them for help.

The task of preparing applications for financing important to the region is ongoing. Temporary lodgings for persons with mental health issues are being built in Kuujjuaq and discussions are underway to create similar resources in Puvirnituq and Inukjuak. This resource is scheduled to open its doors in 2025-2026.

Efforts to find lodging solutions for persons with mental health issues in Nunavik are ongoing and the option of facilitating access to adapted resources in the South is being considered. The Mental Health Accommodations Resources Orientation committee still holds monthly meetings and work has begun on the evaluation of its role, operations and scope.

The Mental Health First Aid - Inuit training continued this year with a session offered to the Qarjuit Youth Council and another session is planned for the Kativik Regional Government.

As part of the agreement regarding psychiatric services with the Douglas Mental Health University Institute, North-South exchanges and communications with the partners involved were mapped out and weekly meetings were set up in order to properly communicate the care regimen of each user.

Homelessness

The NRBHSS sits on the provincial interdepartmental committee on homelessness among Inuit and participates in the Together North South meetings organized by Makivvik, all to facilitate bringing vulnerable Inuit in Montréal who find themselves in dire straits, back to Nunavik.

Following meetings with over 20 partners from Nunavik and outside of the region, the NRBHSS prepared a profile of homelessness in Nunavik and identified the actions to take over the following year.

The Homeless Shelter in Kuujjuaq stayed open from May to October 2024, a period when it is usually closed. On average, 16 people were able to benefit from meals and have a roof over their heads.

Nunami: On-the-Land Program

The Nunami program, aligned with the mission of promoting community well-being and facilitating access to activities on the land, had a major impact this year.

A total of 52 regional projects were approved with an overall financing of $832,352.92, successfully mobilizing communities throughout the region. These initiatives were supported by around 1,000 participants, fostering community ties, cultural retention and personal development.

This year, Nunami offered its support to a wide variety of projects, displaying its commitment to the holistic wellness of communities and cultural revitalization. Some of these projects are described below.

- Fishing expedition for elders – Activity providing elders with access to activities on the land, designed to help them reconnect with their culture.
- Summer camps – Camps offering youth immersive experiences focused on traditional knowledge, survival in the wild and the harvesting of animals.
- My Choices addiction workshop – A one-of-a-kind healing program, on the land and designed to help people move forward with their rehabilitation.
- Fishing excursions for single parents – Activities enabling widows, single moms and orphans to reconnect with their culture.

- Tent sewing projects – Activities that favour traditional skills, such as sewing and teach independence during stays on the land.
- Cabin building project – Cooperative financing for the construction of a community cabin to be used for activities on the land.
- Beluga hunting projects – Cooperative financing in support of a community initiative for the construction of a cabin for use by beluga hunters.
- The Nunami program also partnered with the Saturviit Inuit Women's Association and Nurrait – Jeunes Karibus to jointly create a camp designed to support grieving youth.

Nunami's collaboration with the health centres made it possible to develop 12 new projects on reconnection with one's inner self, healing on the land and personal discovery.

With the collective effort of our four Planning and Programming officers, we are able to continue moving forward with our mobilization efforts, supporting initiatives, developing wellness projects and providing critical assistance to groups in the region. Our activities still strive to provide communities with the resources and opportunities they need to thrive.

By looking to the future, Nunami remains staunchly determined to foster greater resilience, cultural pride and community involvement with innovative and promising projects.

Substance Use and Addiction

Finding New Momentum in Addiction Intervention

The Nunavik addiction training program, "Finding New Momentum in Addiction Intervention", was regularly conducted throughout the year. This specialized and comprehensive program, which provided training to over 100 people in 2024, consists of three parts, each spanning two days and covering essential notions regarding substance abuse, motivational approaches, harm reduction strategies, interventions with pregnant women and drug-using parents, and support for family and friends. The recruitment and training of local trainers is currently underway and new complementary sessions were developed during the year with a planned implementation in 2025.

My Choices Nunavik - Nallikaaqtaka

The My Choices intervention program focuses on harm reduction and has been offered in the region for just shy of two years now. To date, over 50 people have been trained to deliver the program, both in health centres and in community organizations such as Isuarsivik and Saqijuq. The program is available on an individual or group basis and can be completed in a compressed 5-day format, externally and with the close collaboration of the Nunami and Saqijuq teams.

Ungammuatuq

The Ungammuatuq conference was designed to set off conversations about psychoactive substance use and fight the associated stigma. Two conferences were held in 2024, one at Raglan mine and the other one in the community of Kangiqsualujjuaq. A total of 61 participants, among them 14 men, registered for these workshops. 16 cultural activities (7 for men and 7 for women) as well as a live musical show took place, gathering a total of 76 participants, many of them men. The awareness-raising kiosk drew 174 visitors and 30 naloxone kits were handed out to help prevent overdoses and save lives. Individual consultations were also requested. Planning of the activities for 2025-2026 is currently underway.

Overdose Prevention and Response

Additional overdose prevention and response training was offered in 2024, as various new sectors came on board (schools, police departments, health institutions, community organizations). Over 150 people were trained in the last year, in addition to the 230 people exposed to the topic by virtue of educational kiosks. Naloxone continued to be distributed by community organizations, thanks to Isuarsivik, and was also enhanced through I Care We Care and the Qajaq Men's Network, both of which now redistribute the kits.

Psychoactive Substance Use Procedure on School Grounds

A procedure concerning school grounds and designed to support secondary school students was established and introduced in collaboration with the Kativik Ilisarniliriniq school board and 13 other Nunavik organizations. This procedure seeks to set out clear guidelines on how to intervene when a student is under the influence of substances, or in possession or selling

such drugs on school grounds. A pilot project was conducted in two establishments during the 2024-2025 school year. The school board's objective moving forward is to implement the procedure in the region's 12 other secondary schools in 2025-2026. In tandem with the development of this procedure, all of the school board's establishments and other facilities are now equipped with naloxone kits.

Clinical Plan

In 2024-2025, the Clinical Planning team officially formalized its role vis-à-vis partners and created a project follow-up structure. The NRBHSS entrusted the governance and management of projects to the two health centres while continuing to support the existing teams. This overall process also included the implementation of management and follow-up tools to promote consistency and continuity throughout the region.

Some of the projects called for a significant commitment, one such example being giving priority to each coast having its own CT scan machine. The planning phase was reached quickly, thanks to the preparation of the clinical plan and its submission to the *ministère de la Santé et des Services sociaux*. The team also played a significant role during the discussions regarding Ullivik's reorganization.

Some of the issues brought to the *ministère de la Santé et des Services sociaux*'s attention needed to be further refined or called for new actions; the team notably stepped up to ensure the efficiency of the exchanges. The projects specifically concerned by this were the Inukjuak CLSC/Birth Home and the Elders Homes and Alternative Housing in Kuujjuaq and Puvirnituq. Following discussions, representatives from the boards of directors of both health centres and the NRBHSS approved the construction of two health centres, one in Puvirnituq and one in Kuujjuaq. The preparation of the related clinical plan is scheduled to begin in the next year.

Community Organizations

23 community organizations active in the region's 14 communities, including the Nunavik Youth House Association (NYHA), received funding totalling $16,710,349 under the Support Program for Community Organizations (SPCO). Saqijuq, a recently established regional organization, was also included in the program.

The team supporting the region's organizations took on two new members during the year, as a result of which four persons can now ensure ongoing, enhanced and diversified assistance and support. In addition, as part of the internship program, three Master's students spent several months in the communities, working closely with the community organization directors and their board of directors.

The team focused on the development of accessible tools for the organizations, while continuing to help develop new services that will soon be available in the region. It also helped bolster the administrative capacities of directors and increased the support offered by developing or extending partnerships with various organizations throughout Nunavik.

Funding for Community Organizations

The table below shows the amounts allocated to the eligible community organizations.

CATEGORIES	COMMUNITY ORGANIZATIONS	2023-2024	2024-2025
Women's Shelters	Tungasuvvik (Kuujjuaq)	$525,000	$415,000
	Initsiaq (Salluit)	$736,000	$755,000
	Ajapirvik (Inukjuak)	$620,000	$520,000
Family Houses with Safe House	Qarmaapik (Kangiqsualujjuaq)	$500,000	$513,500
	Mianirsivik (Kangiqsujuaq)	$400,000	$500,000
Family Houses	Pituat (Puvirnituq)	$600,000	$350,000
	Iqitsivik (Salluit)	$350,000	$359,450
	Tasiurvik (Kuujjuarapik)	$200,000	$205,400
Mental Health Resources	HCU Ippigusugiursavik (Kuujjuaq)	$750,602	$813,364
	Uvattinut (Puvirnituq)	$327,214	$366,985
Healing Resources	Isuarsivik (Kuujjuaq)	$3,334,925	$3,310,000
	Aaqitauvik Healing Center (Quaqtaq)	$246,000	$350,000
	Saqijuq	N/A	$800,000
Elder's Homes	Qilangnguanaaq (Kangiqsujuaq)	$515,000	$600,000
	Ayagutaq (Inukjuak)	$515,000	$600,000
Men's Associations	Unaaq Men's association of Inukjuak	$135,988	$139,660
	Qitmutjuit Men's association of Kuujjuarapik	$118,023	$121,210
	Qajaq Men's network (Kuujjuaq)	$161,284	$165,639
Women's Association	Saturviit Inuit's women association of Nunavik	$276,284	$350,000
Food Security	Sirivik (Inukjuak)	$268,750	$360,938
Youth Services	Nurrait Jeunes Caribous (Kuujjuaq)	$323,936	$360,415
	Inukrock (Inukjuak)	$74,620	$175,000
NYHA	Nunavik Youth House Association	$4,458,411	$4,578,788
TOTAL		**$15,437,037**	**$16,710,349**

Family Houses

Assistance was offered to five Family Houses in the region. Given that each of these establishments are managed by their community, the help provided took into consideration each one's specific mandate, organizational structure and actions. Virtual group meetings, which began a few months ago, are being held to facilitate communications with the Family Houses and discuss issues or concerns related to their activities, challenges, solutions and growth opportunities. Family Houses being establishments where members of a community come together, the variety of services and activities offered is by extension both significant and demanding. These services and activities are enhanced when the establishments share their experiences and practices with their peers, especially with regard to the planning of activities or the lodging services offered by some of the establishments. Developing yet more tools to assist with activity planning and communications is being considered, as this would allow for expanding the scope of activities to various communities.

Over the past year, the NRBHSS provided a number of training sessions to Family House personnel; these notably addressed addiction, good practices, food security and the organization's governance. The NRBHSS also offered financial support or otherwise collaborated to enable workers to benefit from training given by its partners (e.g., communications within the framework of helping relations, communications in an administrative context, first aid, office task skills, etc.). Debriefing tools began to be used to evaluate the training made available and ensure it meets the needs of Family House employees.

Several Family Houses participated in reflective thinking initiatives, particularly with the Atautsikut community of practice and the steering committee on gender-based violence, and due to their ties with the Fédération québécoise des organismes communautaires Famille and the research team for the project on community family support in Inuit environments.

A gathering of all of the Family Houses is planned for the summer of 2025. This first such meeting will provide an opportunity for the employees to meet, connect and collectively reflect on the future evolution of their organizations and what steps will need to be taken. Work was also done to improve the employee benefits provided.

Violence

The steering committee on gender-based violence, which also focuses on sexual violence and domestic violence, held 2 in-person meetings and one virtual meeting. During these two-day meetings, various partners came together to discuss violence based on gender in the communities and look for solutions to bring down the intervention silos that some organizations must contend with. Meeting participants included the two health centres (DYP and CLSC divisions), the Centre d'aide aux victimes d'actes criminels (crime victims' assistance centre or CAVAC), the Sûreté du Québec, the Nunavik Police Service, Saqijuq, the Department of Public Health, members of the NRBHSS' Inuit Values and Practices team, Nunavimmi Ilaugit Papatauvinga, Kativik Ilisarniliriniq, the Family Houses and other partners, all of whom exchanged, shared their reality and circumstances, and explored opportunities for collaboration.

Family Violence

Violence continues to be an issue of concern in Nunavik, as a result of which, workers must have the necessary tools and skills to efficiently identify and handle domestic violence and avoid such situations escalating into spousal homicide. Training on the identification and evaluation of circumstances where persons are exposed to domestic violence and the further evaluation of homicide risk was given to front-line workers on several occasions in 2024. Over 100 health centre employees also participated in this training, along with partners such as CAVAC (crime victim assistance centre), probation officers, the Sûreté du Québec and the Nunavik Police Service.

Communication and collaboration are necessary to protect the victims of family violence, and rapid response cells were put together for this very purpose in Kuujjuaq in 2024. A rapid response cell is a communication and collaboration tool involving regional partners and designed to prevent spousal homicide. The creation of this cell was greatly facilitated by the support of the health centres, the Nunavik Police Service, the CAVAC (crime victim assistance centre) and the probation office. Its implementation on the Hudson Coast is slated for the next fiscal year.

Sexual Violence

Sexual violence is a major issue in Nunavik, to the point where it is critical that Nunavimmiut receive information and be able to count on effective resources to address this urgent problem. Front-line workers must have access to appropriate tools in order to recognize, intervene and effectively respond to situations involving both the victims and perpetrators of sexual violence.

The development and improvement of training programs for front-line workers is ongoing, and a regional forum to address gender-based violence is in the process of being formed in order to promote dialogue, facilitate the sharing of experiences and good practices, and develop concrete solutions to prevent this violence. These actions rely on the collaboration among the partners involved to define and improve the course of the services available to address sexual violence in Nunavik. A specialized floating team is currently being created to help achieve the next phases of this initiative. The group will be comprised of experts in the field and be deployed to offer specialized services and offer support to the persons concerned in all of Nunavik's communities.

Open Space

During 2024-2025, Open Space continued to create and organize activities in various villages in order to gather the opinions and outlooks of youth. As of 2025, a partnership and involvement agreement from youth was established in Ivujivik. This agreement covers the finalization of an understanding as to the rental of a portion of the Ivujivik Youth House and its use for Open Space activities. The next steps will involve recruiting youth from the community to form an advisory committee that will help develop programs. Meetings will be planned with the new youth advisory committee for the purpose of gathering opinions and ideas from parents and community members. Youth participation in community activities is also planned.

Child, Youth and Family

A clear and specific rehabilitation plan was developed in conjunction with the rehabilitation services team, with the goal of defining the roles and responsibilities of all parties involved in the life of youth and their families. The team clearly identified the needs of youth nearing adulthood, by noting services that could be introduced in order to accompany them on this journey. In addition, the development of clinical decision-making support tools in relation to Youth Protection services and checklists is still ongoing. Overall, special attention is being paid to these initiatives in order to ensure that the practices during interventions when authorities are involved, take past trauma into account, are culturally suitable and are evidence-based.

The team continued to work in close collaboration with Nunavimmi Ilagiit Papatauvinga with the aim of improving the cultural safety of the programs and services offered to the population. Another objective of the overall plan was to hand over the continuum of services provided to the region's youth and families once everything was in place.

The collaboration with Saqijuq has been steadily advancing since the launch of the Atautsikut Qaujiluta program last May. The response to requests for activities has been positive. A few last-minute cancellations occurred in some villages where the team make-up was less stable. A back-up plan was developed to overcome these situations; it included a list of alternate guides able to step up on a replacement basis. Overall, the cooperation proved to be reliable, especially in the locations with a high demand and well-established teams. Saqijuq remains an important and valued partner that plays a key role in the program's success.

The team is continuing to support the persons responsible for foster homes at the Inuulitsivik Health Centre with the evaluation of prospective families.

NUNAVIMMI ILAGIIT PAPATAUVINGA

Anirraulaurtutu Kamajingit

Since the fall of 2023, it was determined that Anirraulaurtutut Kamajingit would prioritize taking over the accreditation process as a first step in transferring foster home responsibilities under Nunavimmi Ilagiit Papatauvinga.

Meetings were held with the Child, Youth and Family team at the NRBHSS, who were previously responsible for accreditations. From January to May 2024, preparations were made to transition the accreditation process to Nunavimmi Ilagiit Papatauvinga. Starting in April 2024, Anirraulaurtutut Kamajingit became involved in the accreditation decision-making process. As of June 3, 2024, Nunavimmi Ilagiit Papatauvinga assumed full responsibility for the accreditation process for foster families in Nunavik.

Since June 2024, a total of 181 files have been submitted for accreditation from both health centres (UTHC and IHC):

51 files for Ungava Tulattavik Health Centre

- 50 approved, 1 refused

130 files for Inuulitsivik Health Centre

- 105 approved, 25 refused

In September 2024, four new workers joined Anirraulaurtutut Kamajingit:

- Elaisa Alaku, based in Kangiqsujuaq
- Vicky Uqittuq, based in Kangiqsujuaq
- Rose-Ann Unaluk, based in Puvirnituq
- Bertha Adams-Kulula, based in the South

A one-week training session was held in Montreal, to integrate them into the accreditation and evaluation process. Since the hires, 11 evaluations have been completed:

- Puvirnituq: 3
- Salluit: 2
- Ivujivik: 3
- Kangiqsujuaq: 2
- South: 1

Several tools developed to better support services and conduct assessments to meet community needs:

- Creation of a new online application for individuals interested in becoming foster families.
- Launching a communications campaign in collaboration with NRBHSS' communications team to encourage the population to apply to become foster families. This includes radio messages, flyers, magnets, posters and an advertisement in Air Inuit magazine.
- Development and implementation of new evaluation forms.
- Implementation of a new Sanirquiniq policy (derogation policy) to improve decisions on placements in the best interest of Inuit children.
- Development of an evaluation and accreditation procedure to enhance collaboration on shared files with DYP.

Plans for the Next Year

- Develop support and training for foster families
- Complete a list of every Inuk child in need of foster care
- Recruit Inuit foster families
- Transfer payment processes under Nunavimmi Ilagiit Papatauvinga
- Provide training on and utilize the IT system for note-taking
- Implement the Sanirquiniq policy
- Organize Aquimaniq cultural camp
- Create guidelines for requesting occurrence reports
- Take more responsibility for evaluating and supporting foster families
- Organize foster family activities, including support groups, foster home appreciation days, training and recreational events

Sivuliurisimautiit

This report highlights the activities, progress and accomplishments of the Nunavimmi Ilagiit Papatauvinga Sivuliurisimautiit department during the 2024-2025 period. The year was marked by key developments in governance, service delivery and the launch of new initiatives aimed at supporting families and communities of Nunavik.

Governance and Strategic Initiatives

Governance and Service Development

The Sivuliurisimautiit department continued to focus on strengthening governance structures and refining services for the benefit of Nunavik communities. The team worked closely with expert consultants to support the planning and development of services. Key activities included:

- Participation in NIP's work on governance and service development
- Groundwork for deployment planning with consultant support
- Preparation of documents and communication materials for the new board of directors

Communication and Stakeholder Engagement

We developed communication tools to enhance the visibility and effectiveness of NIP's services, ensuring all stakeholders were well-informed and aligned with our objectives. This included:

- Organizing and delivering training on the NIP approach with various partners, including CSTU, CSI, UdeM, Ombudsman and MSSS

Training and Capacity Building

Spring 2024 - Child Protection and Family Support Training

In Spring 2024, NIP organized and co-facilitated a training session focused on child protection and family interventions, aimed at Inuit community members and stakeholders working with children and families. The session took place in Kuujjuaraapik, led by Mina Beaulne.

Key Developments in 2024-2025

Integrated Youth Services Department: Sivuliurisimautiit

In September 2024, NIP introduced the term Sivuliurisimautiit for the integrated youth services department in Nunavik. This term underscores NIP's commitment to prioritizing prevention services and voluntary family support, with services primarily available on the frontline.

Priority Areas for Service Development

To enhance family support and reduce legal interventions, three priorities were identified for recruiting intermediate managers:

- Centralization of Youth Service Requests
- Cultural Continuity in Child Protection
- Application of Family Support Measures for those in need of protection

These priorities will guide the development of services tailored to the needs of Nunavik families.

New Additions to the Team

In October 2024, Judy Gordon joined NIP as the Coordinator for Youth Service Requests. Judy brings extensive experience working with Inuit representation organizations and will help ensure families receive timely services to prevent legal intervention while delivering services in their language.

In January 2025, we welcomed Sarah Samisack as the Cultural Continuity Coordinator. A graduate of the Nunavik Sivunitsavut program, Sarah's deep understanding of Inuit culture and history ensures that children receiving services from NIP stay connected to their cultural heritage.

Major Projects and Initiatives

Pigiarviliutik Project (2025-2027)

Starting in January 2025, NIP launched the Pigiarviliutik Project, which will run for the next two years. This major project focuses on deploying NIP services and optimizing existing family services in Inukjuak. Key steps include:

- Finding suitable premises for service expansion
- Hiring qualified personnel to deliver services
- Training staff and engaging in mobilization and collaboration activities

This project will be carefully documented and upon completion, will serve as a model for replication in other Nunavik communities to ensure culturally relevant and responsive youth services.

Looking Ahead: Priorities for 2025 and Beyond

As we move forward, NIP remains committed to improving services for Nunavik families and communities. Priorities for the upcoming year include:

- Continuing the deployment of the Pigiarviliutik Project across communities
- Expanding the reach of Sivuliurisimautiit and integrating services into the community's daily life
- Strengthening collaboration with key partners and stakeholders to enhance service delivery and community engagement

The 2024-2025 period has been transformative for NIP. With the continued dedication of our team and partners, we are confident that the initiatives and projects underway will significantly improve services for Nunavik families, all while respecting the region's cultural and historical context. We look forward to the future with optimism as we continue to develop, implement and refine services that make a positive impact on the lives of the Nunavimmiut.


PUBLIC
HEALTH

Public Health's main goal is to keep people healthy, as well as prevent injury, illness and premature death[1]. Public Health actions are most often aimed at the general population of or sub-groups of the population, rather than individual patients or users of health care services. Although the preventive work of Public Health is often not as visible as clinical care services, its impact on the population and community health can be profound, as its actions aim not only to protect and promote the health of the population of all communities, but also to reduce the differences in health status— between Inuit and other populations.

PH work is based on a combination of scientific and experiential Inuit knowledge and delivered according to the following PH core functions:

- **Assessing and monitoring population health**, in order to inform planning and priority setting for PH interventions and programs;
- **Protecting the health of the Nunavik population** against infectious diseases, as well as other health hazards which can be found in the environment or work settings;
- **Preventing disease and injury, as well as promoting health and wellness** in populations by addressing underlying (upstream) social, economic, political or historical determinants shaping population health in Nunavik.

The past year was one of renewal and consolidation in Public Health. A new Deputy Director was added to the coordination team to support the Director of the Public Health Department in her second year of interim leadership. This enabled the team to consolidate administrative processes to facilitate planning, monitoring and better allocation of financial resources. The past year was marked by numerous changes, the assistance of the Ministerial team and the introduction of multiple new administrative policies in the management of human and financial resources. The preparation work has begun for the development of the 2025-2030 regional public health action plan with the consultation of partners and an important priority setting exercise; this PH strategic planning is to be integrated as part of the broader NRBHSS' strategic planning efforts.

Monitoring of Population Health

Population Health Monitoring Strategy

Significant progress has been made in drafting our Strategy on Health Monitoring, a document that will guide Public Health in collecting and analysing data of the health population in Nunavik, over the next ten years. Multiple contributors worked collaboratively on this strategy, which will be available early in the next fiscal year.

Health Profile Report Publication

Results from the Uvikkavut Qanuippat (UQ) survey on the health of students in Nunavik have been disseminated to Kativik Ilisarniliriniq (KI), and a summary report highlighting key findings is now available on the NRBHSS website. Preparations for the next phase of dissemination are underway. In addition, updates of health profiles of Nunavimmiut are in progress using the most recent available data.

Qanuippitaa? National Inuit Health Survey (QNIHS)

Cycle 1 of the survey had to be paused early in the fiscal year after data collection was completed in five communities due to various logistical challenges. A restructured QNIHS team identified obstacles to data collection through internal debriefing sessions, consultations with stakeholders, reviews of historical reports and interviews with other regional health survey teams. This allowed our team to make important progress in restructuring work processes, improving local work conditions and refining methods in alignment with the Inuit Ilusirsusiarniq, Qanuinngisiarniq and Inuuqatigiitsianiq (IQI) Inuit Model of Health. The QNIHS team is now working to optimize Cycle 1 data and plan for Cycle 2 in coordination with ITK and other Inuit regions.

Research Coordination and Committees

The Nunavik Health Survey Committee and the Nunavik Nutrition and Health Committee bring together key regional representatives from Nunavik organizations and associations. The first has continued to oversee the use and access to the Nunavik-owned Qanuilirpitaa? 2017 data/biological samples and to discuss aspects of the QNIHS when relevant. The latter has conducted the socio-cultural review of the Northern Contaminants Program projects proposals to ensure research benefits Nunavik.

1 Canadian Public Health Association (CPHA). *Strengthening Public Health Systems in Canada. December 2022*. Available at https://www.cpha.ca/sites/default/files/uploads/advocacy/ strengthen/strengthening-ph-systems-brief-e.pd

Prevention and Health Promotion

Food Security and Nutrition Team

The Food Security and Nutrition team began the year by hosting a regional Community Kitchen and Nutrition training in Kuujjuaraapik, which brought together 22 cooks, coordinators and project leaders from a diverse array of food projects and organizations. It was a full week of learning and collaboration on topics including country food preparation, nutrition, budgeting, reporting and food safety.

Throughout the year, the team supported 40 local food projects across Nunavik. Projects received training, in-person support, resources and funding. Work was done to further bolster the online platform used to map projects and share tools, recipes and resources with partners and projects. Specialized support was provided to Sirivik, the only food security specific non-profit in Nunavik, on the continued development of their programs, operations and construction of their new facility.

Nunavik school food programs secured recurring funding from the Federal Government this year as part of the creation of a national school food program. This is a first for the region and a huge step toward the expansion of school food program offerings in Nunavik. Currently, breakfast programs continue to operate in all schools in the region, while expanded meal program offerings, including hot lunch and snack programs are continuing to be developed.

In order to strengthen Inuit self-determination over the food system, leadership of the Nunavik Food Security Strategy has transitioned to Makivvik, with the objective of creating a collective vision with regional stakeholders to achieve food security and food sovereignty in the region. However, our Food Security & Nutrition team remains intensively involved in the process, through its work in advocacy, conference presentations and ongoing participation in committees and working groups at the regional, provincial, federal and international levels. Active participation in a wide scope of research projects that impact and intersect with the Nunavik food system continued.

The Imatsiaq! Program promoting water as beverage of choice to children and youth continued to operate in all Nunavik schools and was expanded to eleven (11) childcare centres in the last year. The program will continue to expand to other centres as well as other public places. Additional support was provided by the Public Health nutritionists in the training and implementation of the Nutrition Program in childcare centres.

Collaborative work was done with the Ilagiilluta program to promote healthy food for pregnant women, as well as to continue to support the pre-natal food coupon program. To facilitate work with grocery stores in the region and better evaluate retail needs in nutrition promotion, the Public Health nutritionists presented at the Co-op General Managers annual meeting. Discussions centered on the existing food coupon program and proposed updates to the in-store nutrition program. The year was capped off with the annual regional campaign for Nutrition Month and Traditional Food Day in March. This year, Nunavimmiut were invited to share their original country food recipes during Nutrition Month and a recipe book will be created for the region.

Diabetes and Chronic Disease Prevention

Significant progress has been made in diabetes and chronic disease prevention in Nunavik. Clinical follow-ups and education sessions were provided in clinics and in homes, focusing on diabetes management, foot care and wound healing with NRBHSS support. Diabetic retinopathy screenings were conducted in Puvirnituq, benefiting users from multiple communities. Additionally, a pamphlet was developed to raise awareness.

Gestational diabetes screening efforts continued with midwife training on the Hudson Coast and diabetes screening workshops were held in Ungava Bay communities. Knowledge-sharing sessions for healthcare professionals improved collaboration and patient care.

Community-based initiatives played a key role in promoting healthy lifestyles. Ice fishing activities combined with diabetes education strengthened the link between Inuit traditions and health. The NRBHSS also supported initiatives encouraging active lifestyles, including structured sports programs for youth, rock climbing expeditions and other physical activities. Programs promoting healthy habits and encouraging positive community engagement helped foster well-being and resilience through culturally relevant approaches, including radio shows in Inuktitut.

The NRBHSS, in collaboration with UTHC and IHC, developed culturally adapted educational and clinical tools for the prevention of diabetes, chronic diseases and related complications.

These tools are intended to support health professionals as well as prevention and wellness workers on various topics such as healthy eating, diabetes prevention and complication management. Other tools are currently in development, including a comprehensive resource booklet designed for both community wellness workers and health professionals.

Tobacco and Vaping Prevention

Several tobacco and vaping prevention activities were undertaken in 2024-25 to support efforts in reducing smoking and vaping rates in Nunavik. As part of the World No Tobacco Day initiative, a regional school contest was organized by the NRBHSS Tobacco Prevention team. Students submitted drawings with messages encouraging others to quit smoking or to never start. The selected winning entries were featured in a social media post, which also included a key prevention video. Other prevention messages were broadcast on regional radio to extend the campaign's reach.

The NRBHSS supported locally driven prevention activities in Kangiqsualujjuaq, where a community nurse led educational sessions focused on the harms of tobacco and vaping. Collaboration was also initiated with the Canadian Cancer Society to co-develop a vaping prevention program tailored to Nunavik schools. Focus groups were held with youth and parents in Kangirsuk, as well as interviews with teachers, community workers and nurses. The findings will guide the development of a pilot project planned for 2025–2026.

Efforts also continued in preparation of a regional vaping awareness campaign. Information gathering, scenario development and agency consultations were carried out during the year to support the campaign's launch in 2025–2026. In addition, educational tools created in previous years were translated into Inuktitut to improve their accessibility across communities.

A collaboration is under way with the Ungava Tulattavik Health Centre to integrate tobacco cessation services within the region. One option being explored is the adoption of the Ottawa Model for Smoking Cessation (OMSC–MOAT), which would allow cessation follow-up to be offered across all Ungava communities. Similarly, collaboration is progressing with the Inuulitsivik Health Centre to implement tobacco and vaping prevention and cessation services.

Finally, members of the NRBHSS Tobacco Prevention team participated in the National Community of Practice Gathering organized by the National Indigenous Diabetes Association (NIDA). The event provided a valuable opportunity to exchange knowledge and strategies with partners from other regions and explore approaches applicable to the Nunavik context.

Community Support

In 2024 the Community Support Team continued their support to the Wellness Committees. Needs ranged from funding support and financial reporting to helping with event logistics, internal issues and access to resources to support their activities. The second annual gathering of Wellness Committee representatives took place in Kuujjuaq, in the fall of 2024, with a focus on discussing the successes and challenges faced by new committees and building a better understanding of how the Community Support team can support them in fulfilling their mandates. The team also supported Wellness Committee elections in 4 communities and 13 communities at the end of March 2025, had active committees.

Throughout the year, ad hoc support and funding was also provided to community workers and grassroots project initiators in planning and implementing local initiatives, including the Community Liaison Wellness Workers (CLWWs). Training opportunities were also provided to the CLWWs and more trainings are being developed to answer their needs.

Roll-out of Nunavimmiut Katutjiqatigiittut – a website providing Nunavik-specific resources to support community-led initiatives - started as planned in 2024 and is in the final stages. Several changes have been made to the website to make it more appealing and user-friendly, and to meet a real need in the communities. The Facebook group Good News Nunavik, a group utilized to document and promote existing projects throughout the region is also being fed regularly to inspire and give ideas to communities.

Interest in the IQI model of health and well-being has grown considerably in the region in 2024. As Inuulitsivik Health Centre has adopted this model for the development of its strategic planning, a number of discussions have been initiated with the Community Team to determine how to disseminate it further to adapt services, programs and methods. Several Public Health teams have also requested training to better integrate it into their work. In addition, the model has been the subject of a webinar for all health and social services workers within the

region and a presentation to IHC Board of Directors, where planning to train all IHC staff in the model in 2025 were discussed.

The community mobilization and work carried out within the team has garnered the attention of various First Nations organizations, interested to learn more about how the teams operates. The Community Support files were presented at a meeting involving several community agents at the First Nations of Quebec and Labrador Health and Social Services Commission, as well as at the Wellness Committee Gathering of the Cree Board of Health and Social Services of James Bay and at the International Congress of Arctic Social Sciences in Bodo, Norway. All these opportunities for exchange have led to productive discussions and a desire to collaborate, and share best practices with other organizations with the goal of increasing the impact of the work done within the region.

Sexual Health & Abuse Prevention

Collaboration with Kativik Ilisarniliriniq has continued on the adaptation of the provincial sexual education curriculum; pilots are to be delivered in schools in the region next fall. The team also worked on adapting the Speak-Up Be Safe sexual abuse prevention program, now replacing the school component of the Good Touch-Bad Touch program. This updated version will also be piloted by Kativik Ilisarniliriniq. Workshops on sexual development of children and healthy and healthy relationships were also offered to partners and parents across the region. Collaboration has begun with Saturviit Inuit Women's Association of Nunavik, on Sexual Health workshops for women. Collaborations between organisations to improve sexual health services to Nunavimmiut continue.

Mental Wellness

The NRBHSS continues to support the Healthy Schools approach by providing funding, managed by Kativik Ilisarniliriniq (KI). Together with the Mental Wellness team, KI oversees the budget and distributes funds for various health promotion activities, such as sports, art projects and on-the-land programs. In the past year, a total of 71 projects were carried out across the region, including 70 local initiatives and one regional project. Every community participated in at least one activity and 17 of the 18 schools in Nunavik were involved.

The Mental Wellness team is also working in collaboration with KI in adapting the Hors-Piste program into school curricula. This initiative is designed to help youth develop psychosocial skills and reduce the risk of anxiety and other adjustment challenges. A pilot launch is planned for the 2025–2026 school year.

The Regional Action Plan for Men's Wellbeing has been finalized and collaborative meetings are underway with partners to begin implementation. The team continues to support the development of men's groups throughout the region. In addition, NRBHSS is funding the Saturviit Inuit Women's Association of Nunavik to promote women's health and wellbeing across the region.

Perinatal and Early Childhood Health

In May 2024, five staff members attended the BCAPOP Annual Perinatal Conference, including perinatal and early childhood workers from Hudson and Ungava coasts. The team connected with the Centre of Excellence for Women's Health (CEWH) for future FASD prevention collaboration. Participants gained knowledge on harm reduction, motivational approaches, substance use, breastfeeding, community services and Indigenous midwifery.

The Kiluit Table (Perinatal and Early Childhood Consultation Table) collaborative efforts have continued. In October 2024, partners from Inuulitsivik and Ungava Tulattavik Health Centres, Nunavimmi Ilagiit Papatauvinga, Mianirsivik Family House and NRBHSS met to share updates and initiatives. The table identified their main priorities to be:

- Breastfeeding promotion: A regional breastfeeding committee is in development and breastfeeding training for Hudson coast midwives and Ilagiilluta workers is planned for Fall 2025.
- FASD prevention: A regional FASD committee is also being established. Collaboration with Public Health, Planning and Programming, and CEWH led to an agreement to launch a Community of Practice in April 2025.
- Parenting skills: In January 2025, the team attended a parenting skills workshop hosted by Aqqiumavvik Society at the Saturviit office focusing on Inuit Qaujimajatuqangit principles from Ilitaqsiniq.

Ongoing collaborations between McGill, NRBHSS and IHC will allow expansion of Ilagiilluta Services for Inuit families who must travel to Montreal for childbirth. The first executive committee

meeting was held in January, to confirm governance and next steps. Finally, work continues with the Martin Family Initiative to adapt the Early Years program for Nunavik. A memorandum of understanding is in progress.

Oral Health

A major development in 2024, for the Nunavik Oral Health team since the pandemic was the first in-person meeting at the JDIQ (Journées Dentaire International du Québec) and the JDSPQ (Journées Dentaire Santé Publique du Québec). Bringing together the dental hygienists from both coasts, as well as the dentist advisor, this meeting was beneficial for team building and the harmonization of healthy oral healthcare across the region.

The Nunavik action plan is in progress to improve access to preventive dental care and adoption of healthy oral health habits activities provided in schools and daycares. Unfortunately, difficulties in recruiting dental hygienists continues to pose important challenges to full implementation of the plan. That said, several activities were implemented across the region this year by our 2 full time dental hygienists on staff:

- Tooth-decay detection exams and oral health/oral habits instruction for preschoolers and schoolers.
- Glass ionomer preventive dental sealants for schoolers.
- Supervised teeth brushing program for preschoolers and schoolers.
- Oral health activities for families at SIPPE houses.
- Oral health recommendations for Halloween.
- Dental hygienist increased the promotion of drinking water.

Infectious Diseases

Vaccination

A regional vaccination coverage (VC) monitoring plan was developed this year and an initial quarterly report was shared with health centres in October 2024. A Power BI tool was also developed and the Trust and Vaccination in Nunavik – Report was presented to the region's health centres. The regional roll-out of Quebec's newborn RSV immunization program was completed. Funding was obtained from PHAC for the Nunavimmi Kapurtaurnirmik Tukisilaurta project, which aims to develop a glossary on immunization in Inuktitut and a bank of promotional tools for Nunavik workers.

Avian Flu

The global situation is being closely monitored, given the transmission of this virus among livestock, particularly in the United States. Although transmission to humans remains rare and human-to-human transmission has never been reported, monitoring of hunting activities is ongoing. The last case of animals detected in Nunavik, date back to September 2023.

Respiratory Virus Surveillance and Control

Monitoring of the circulation of the main respiratory viruses (such as COVID-19, influenza and RSV) continued in Nunavik in 2024, using data collected from laboratories and health centre consultations. In addition, the development of wastewater surveillance in Nunavik, continued this year thanks to a partnership with Université Laval and the University of Ottawa and funding from the Natural Sciences and Engineering Research Council of Canada (NSERC).

Infection Prevention and Control

In 2024, the Infection Prevention and Control (IPC) team continued their activities with community organizations, schools and early childhood education and care services. A total of 19 activities were carried out in seven Nunavik communities, including schools, daycares, family homes and other living environments. Posters and leaflets were created to support the dissemination of preventive measures and basic infection prevention measures were given at community gatherings. In addition, tuberculosis awareness activities were conducted in schools, including a workshop aimed at young people.

Other Reportable Diseases

Like many regions of Quebec, Nunavik experienced a whooping cough outbreak this year, with 37 cases reported in seven villages. Although new cases continue to be reported, their frequency has decreased in recent months as has been the case elsewhere in the province.

The global measles situation is also being closely monitored as cases continue to increase in several countries around the

world. The province experienced two outbreaks during 2024, but no measles cases were reported in Nunavik. An interdepartmental committee has been activated to ensure adequate preparation in the event of the introduction of measles in the region and the PHD continues to provide health centres with expert advice and support in outbreak management if one was to occur. Communications to clinicians and the general public have been made and an effort to increase vaccination coverage has been ongoing in both health care facilities.

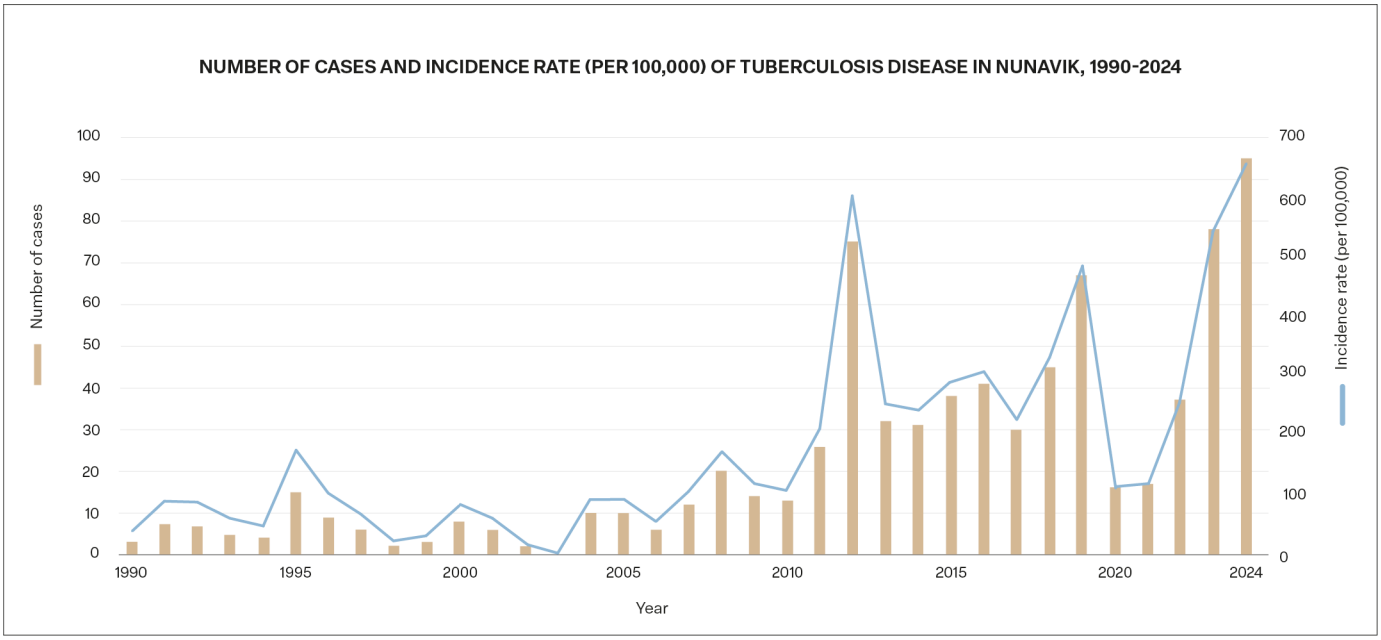
An increase in fox populations were observed in the winter of 2024-2025, amplifying the risk of human exposure to rabies in the region. The team provided support to health centre professionals in assessing risk of human exposures, as well as partnered with the NRBHSS Civil Security team and various municipal partners to prevent exposure to human populations in the region.

Summary table of the most frequently reported infectious disease (other than TB and STIs) for the 2024 calendar year (January 1 to December 31, 2024).

DISEASE	NUMBER OF CASES REPORTED
Whooping Cough	37
Giardiasis	14
Invasive Strep A Infection	9
Invasive Haemophilus Influenzae Infection	10
Invasive Strep Pneumoniae Infection	9

Tuberculosis

Following the resurgence observed in 2022, the number of people affected by tuberculosis (TB) in Nunavik, continued to rise considerably in 2024, with 95 individuals reported and a peak incidence of 655 per 100,000 persons, over 100 times greater than the provincial average. Six of the 14 Nunavik communities experienced TB outbreaks.



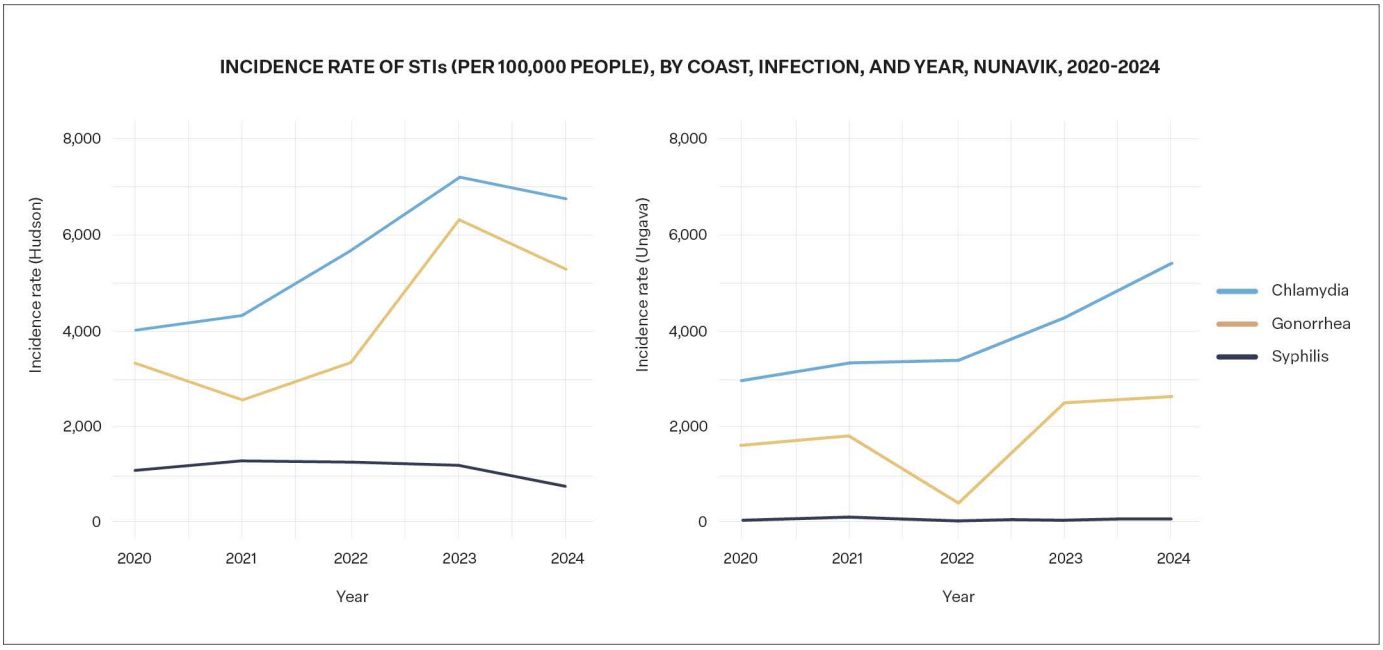
Prevention and Outbreak control activities were continued, including:

- Ongoing contact tracing activities among those who have been in close contact with individuals diagnosed with TB;
- Population-based screening campaigns were held in one community on the Hudson coast, as well as in one school in an Ungava community, reaching a total of over 300 people and identification of 18 people with tuberculosis infections (non-contagious sleeping TBI) and a few diagnosed with active TB disease. The ability to diagnose TB during the screening efforts was enhanced by the deployment of a portable X-ray machine in one of the communities.
- Vaccination of newborns with BCG vaccine is being pursued to prevent serious complications of the disease in young children.
- A shorter treatment for TBI using a combination of isoniazid and rifapentine (3HP), has also been available to Nunavimmiut since April 2024.

Partnership with communities, their representatives and the Health Centres has remained a priority to ensure that interventions are tailored to each community's specific needs and available resources. The reinforcement of the Kanniq initiative has also been key to the development and expansion of community-driven activities in TB across the region. Kanniq, which in Inuktitut signifies the place where 2 rivers coming together as one, is a project which aims to bring together Inuit ways of knowing and Public Health scientific knowledge in the development and expansion of Public Health Officers (PHO) practice in Nunavik. The professionalization of the role, capacity building for those in place and the reinforcement of governance and partnerships have been intensified over the last year, particularly with the support of the TB Regional Committee made up of Nunavik Municipal Mayors, the completion of a co-led research project on community experiences in TB with McGill University and the organization of a PHO Retreat in collaboration with Inuulitsivik Health Centre which brought all IHC PHOs together for networking and professional development workshops.

Sexually Transmitted and Blood-Borne Infections (STBBIs)

There has been a slight decrease in the total number of STBBI tests performed in Nunavik this year. The upward trend in cases reported, which began in 2023, continued in 2024 on the Ungava coast, particularly among young women aged 15 to 19. On the Hudson coast, there has been a decrease in the number of reported cases, with the gap between the incidence rates on the two coasts narrowing. The rates on the Ungava coast are gradually approaching the historically higher rates on the Hudson coast.



The number of cases of syphilis reported in Nunavik decreased in 2024 (68 people, compared to 101 in 2023), but the number of communities affected (5) remained the same as last year. It should be noted that since December 2016, 602 cases of syphilis have been recorded in Nunavik (as of December 31, 2024). Syphilis transmission still primarily affects people aged 20 to 29, as they represented 40% of reported cases in 2024. However, an increase in the number of cases reported in people aged 40 to 49 has been observed on the Ungava coast. Also of note, 62% of reported cases occur in women of childbearing age (15 to 49 years), and eight women were pregnant at the time of diagnosis in 2024. There were no reports of new congenital syphilis diagnosis in the region in 2024, and no cases have been reported since 2022.

Various activities to raise awareness, promote screening and prevent STBBIs were pursued, along with the resumption of the social media campaign surrounding hockey tournaments. This campaign was deployed both on social networks and in communities. Promotional activities during the Aqpik Jam festival reached a significant number of participants. Deployment of rapid tests for syphilis continues in Hudson communities. Workshops on STBBIs have been given to several front-line workers and are also systematically offered to beneficiaries admitted to the Isuarsivik Regional Recovery Centre. Finally, a public consultation is being conducted with a view to making safe consumption equipment available, essential to preventing a possible outbreak of hepatitis C and HIV in Nunavik.

Drug Overdose

In 2024, 13 suspected overdoses were reported, 6 of which were confirmed with a mortality rate of 67%, compared with 13 confirmed cases in 2023, for a mortality rate of 54%. Raising clinician awareness on the importance of reporting overdose cases remains a priority, as these reports allow for targeted prevention and harm reduction activities, such as:

- Awareness campaigns on the risk of crack cocaine use
- A Public Health Bulletin for front-line workers on the threat of fentanyl.
- Monthly meetings with Nunavik Police Services, as well as regular meetings with internal and intersectoral partners on the monitoring of street drugs in circulation and the implementation of appropriate overdose prevention and response interventions; work has also begun on an integrated overdose response and prevention Regional Action Plan with various partners.
- Several training sessions provided to healthcare professionals on overdose reporting and management, as well as the development of an improved overdose dashboard to better visualize data and integrate prevention indicators.
- Direct community outreach interventions, including an interactive kiosk during the Aqpik Jam festival in Kuujjuaq, which enabled discussions with 235 people on various psychoactive substance-related issues.

Environmental and Occupational Health

Environmental Health (EH) and Occupational Health (OH) professionals have worked in collaboration on multiple files this year. Examples include:

- A project aimed at improving indoor air quality (IAQ) in public buildings, workplaces and residential dwellings to harmonize IAQ interventions, through capacity building and the communication of convergent and accessible messages to the population, workers and their employers.
- The EH-OH team responded to twelve (12) IAQ-related reports. The majority of these reports concerned the presence of mould in residential environments, public buildings and workplaces. In addition, five (5) reports relating to water-related issues were addressed.
- The team collaborated with researchers in the fields of IAQ and drinking water on issues related to communications with the communities.

In 2024-2025, collaboration continued with the NRBHSS' Civil Security - Health Mission teams and the Kativik Regional Government's Municipal Public Works regarding water access issues. An online form on the KRG website allows for collection of information on problems related to the lack of running water in communities. Just over 200 situations were reported in various communities. The report resulting from a 2022-2023 survey on water access in Nunavik was finalized, highlighting the persistent challenges related to this issue in Nunavik communities.

Regarding reportable diseases of chemical origin, two episodes of carbon monoxide (CO) poisoning, occurring in a school and a grocery store, led to an investigation of 69 cases of intoxication. Over the past year, 101 other reports required interventions, including 95 cases of high mercury blood levels.

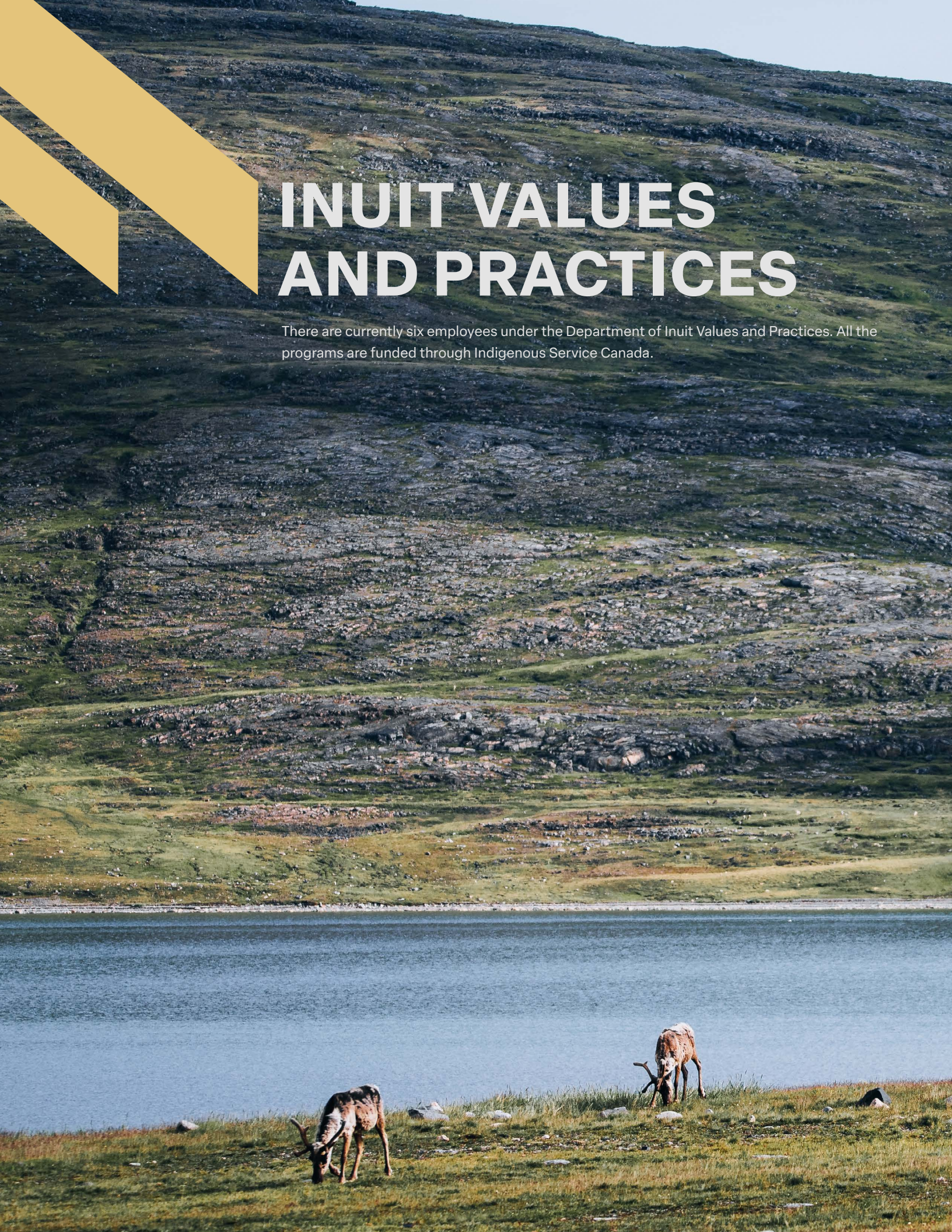
In environmental health, five (5) air quality alerts were issued during the 2024 forest fire season. Air quality monitoring sensors for fine particulate matter (PM 2.5) were put in place in most Nunavik communities in the fall of 2024. Knowing the concentration of these particles in communities allows us to inform the population about smoke episodes and issue appropriate public health recommendations.

The summer of 2024 was also marked by two heat waves in the southernmost communities of the region. The team communicated with municipalities and CLSCs, particularly to ensure access to drinking water for the population. Our team continues to collaborate with provincial and federal partners to officially adjust heat thresholds for Nunavik to reflect the northern reality.

The team began collecting information on climate hazards identified as posing the greatest risks for Nunavimmiut. The NRBHSS Climate Change Committee also met regularly during 2024-2025. To provide support for this project, two resources have been hired: an occupational health nurse and an Inuk advisor.

In consultation with stakeholders from the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) and sectoral associations, the occupational health team makes sure the needs of workers and employers are met consistently and efficiently. It is involved within communities, on construction sites, in healthcare and educational facilities and in Nunavik mines. Some of the interventions deployed this year include:

- Health, safety and fire prevention risk management support interventions conducted during community visits, as well as in mining establishments and construction companies.
- Information sessions held in establishments on occupational hazards prioritized by the joint occupational health and safety committee.
- Medical surveillance is provided within mining establishments to prevent early exposure to lead and mineral dust (asbestos and silica).
- Support for joint health and safety committees in health centres regarding ergonomic and psychosocial risks at work.
- Raising awareness among stakeholder representatives about the risks of tuberculosis transmission.
- Prevention of adverse pregnancy outcomes through the Safe Maternity Program (PMSD), where nearly 200 applications were processed this year.



INUIT VALUES AND PRACTICES

There are currently six employees under the Department of Inuit Values and Practices. All the programs are funded through Indigenous Service Canada.

Indian Residential Schools

There are four full time support workers with four others under contractual basis as needed.

Community visits were carried out, on-the-land healing workshops, support work on various events, unmarked graves, dog-slaughter apology, dialogue for life and the Sober Up Challenge.

Trauma Informed Health and Cultural Support

Community visits were held, including workshops with families. Funding was also sent to the Inuulitsivik Health Centre's Natural Helpers for their salaries and travel expenses within the Hudson coast.

Aaqitauvik Healing Centre was also financially supported for the work they provide for the Nunavik population, which included visits to prisons to meet and council Inuit who are incarcerated in the South.

Midwifery Education and Services

Funding had been distributed to both Health Centres to provide extra funds for midwifery services and education of new trainees within Nunavik.

Missing and Murdered Indigenous Women and Girls

Workshops with families, counselling services provided with affected families and financial support were also provided for workshops on self-defence for women.

Indian Day School

All schools were supported with activities for National Children's Day (Every child Matters) and cultural appreciation activities.

Brighter Futures Program

Community-based promotional and prevention program for youth aged 18 years old and under. Funds were distributed on a per capita basis for all 14 communities and 66 projects were funded.

HUMAN RESOURCES

Creation of the Department

In the spring 2024, Executive Management decided to split the Department of Administrative Services and merge the human resources service with the Department of Regional Human Resources Development into the Department of Human Resources.

Below is a comparative table of the personnel before and after the merge.

BEFORE	
Department of Administrative Services (human resources sector)	**Department of Regional Human Resources Development**
Director (1) Assistant to the Director (1) Coordinator (1) Personnel-Management Officer (3) Administrative Technician (2)	Director (1) Assistant to the Director (1) Coordinator (1) Executive Advisor RT (1) Planning, Programming and Research Officer (1) Personnel Management Officer (5) Specialist in Administrative Procedures (2)

AFTER
Department of Human Resources
Director (1) Assistant Director (1) Assistant to the Director (1) Coordinator (1) Executive Advisor (1) Planning, Programming and Research Officer (1) Personnel Management Officer (9) Specialist in Administrative Procedures (2) Administrative Technician (3)

Working Conditions

Standardization of Working Conditions at the Three Organizations

With an eye to standardized conditions, the Nunavik Regional Board of Health and Social Services (NRBHSS) reviewed the working conditions of all three health organizations of Nunavik. These efforts are still under way.

List of Working Conditions for Non-Unionized Employees and Local Conditions

Through the negotiations on provincial working conditions, a new list was adopted for the employees last December, and non-compliant practices were reported to the department as well as to the *ministère de la Santé et des Services sociaux*.

Local conditions will be submitted to the Board of Directors for approval in April. The objective is to optimize processes and establish policies.

Addition of Job Titles

For better recognition and integration of Inuit cultural and linguistic skills, efforts are under way with the Comité patronal de négociation du secteur de la santé et des services sociaux [Management negotiating committee for the health and social services sector] to create or adapt job titles that reflect the region's realities:

- Public Health Officer
- Psychosocial Intervener in Indigenous Settings

The granting of a premium to all Inuit employees and recognition of cultural and linguistic skills will be proposed.

Working Conditions for Management Positions

A request to review the salary classes for management personnel (jointly with the two Nunavik health institutions) was addressed to the MSSS, along with a report, for the purpose of recognizing the reality in the North. Work is under way, as the MSSS' reply in June 2024, was unsatisfactory. Meetings will be scheduled with MSSS authorities.

Bill 21

Under Bill 21, work continued on development of training, including a component for official recognition of experience and skills, thus authorizing the performance of reserved activities by First Nations and Inuit interveners. Development of the training content has been completed.

Establishment of Policies

Regional and Local Policy on Remote Work

Out of concern for uniformity and clarification of practices, two important policies were drafted and approved: the regional policy of the three Boards of Directors of the Nunavik health network and the NRBHSS' local policy on remote work, defining the rules governing remote work within the organization.

Policy on Conflicts of Interest for Management Positions

A policy was introduced to properly structure the employees' commitment and improve their satisfaction. It also seeks to foster the organization's agility.

Policy on Hiring and Recruitment

Last March, the departments were consulted to propose strategic guidelines relative to recruitment. The results of that consultation will be submitted to Executive Management in view of defining the guidelines to adopt. A policy on hiring and recruitment will then be drafted, established and communicated with the assurance of respecting and considering Inuit realities and specificities equitably.

Policy on the Promotion of Civility and the Prevention of Harassment and Violence in the Workplace

This policy has been in effect within the organization since 2022. After legislative adjustments, it was updated and presented to the Board of Directors. The new version of the policy now includes a code of conduct.

Policy on Orientation and Integration

For over a year now, an orientation and integration program has been in effect. It was developed to better guide the tasks and responsibilities of all, particularly in the northern context and thus foster retention.

Skills Development

Human Resources Development Plan

The Department of Human Resources coordinates the new portfolio consisting of the human resources development plan, a process and a tool meant to support the departments in planning training for their personnel. The first annual cycle has begun and the departments participated in the task of identifying their training needs and establishing priorities among those needs for 2025-2026.

Digital Learning Environment

Progress was made toward deployment of the regional committee on the digital learning environment (DLE) for Nunavik. A committee—EnuNAvik—was created to strengthen the collaboration of the three organizations and ensure efficient and harmonious use of the platform. The teams will soon be able to create their own training for personnel through a standardized process and established norms.

Scholarships

The scholarship program continued supporting Inuit students living in the southern regions of the province and enrolled in a college or university program in the field of health and social services. This year, among the six applicants, five students, all enrolled full time, received a scholarship.

The Department of Human Resources participated in the management of the categories of "remote regions" and "psychotherapy (student component)" of the MSSS' scholarship program.

Regional, Non-Certified Training

Regular Pre-North Training

A total of 516 participants took the Pre-North training, provided online in 45 sessions. Mandatory for all new employees of the Nunavik health and social services network, this training is intended to prepare them properly for arrival in the region.

Development of the Digital Pre-North Training

Work at developing the new edition of the Pre-North training continued. This training will be available in its entirety on the DLE platform.

Inuktitut

Jointly with the Institut national des langues et civilisations orientales (INALCO), courses on Inuktitut were offered once again this year to the health centres and community organizations. A total of 41 employees took the courses:

- 13 employees of the Inuulitsivik Health Centre
- 23 employees of the Ungava Tulattavik Health Centre
- 4 employees of the Nunavik Regional Board of Health and Social Services
- 1 employee of a community organization

Ongoing Training for Interveners of the DYP and Community Services

Jointly with the Department of Planning and Programming, we continued work at deployment of regional training for the interveners of youth protection and community services. The training sessions are organized on a rotating basis during the year.

Regional, Certified Training

Attestation to Collegial Studies

With Marie-Victorin College, we offer two programs leading to an attestation to collegial studies (ACS) to employees of the network. The ACS in Communications in Administration, with a current enrolment of five students, aims to improve communication skills in a professional context. This year, one person completed the program and obtained the diploma.

The ACS in Supervision of Human Resources, also with an enrolment of five students, seeks to develop skills in team management and supervision. Two students successfully completed the training during the year. These programs are provided according to the same methods as other training programs, with one in-person session per month in different communities, along with individual follow-up.

Inuliriji Pathway

For the training program in social work, Inuliriji Pathway, a total of 59 students were enrolled for 2024-2025: 53 in the program leading to an attestation to collegial studies, 5 in the program leading to a diploma in collegial studies (DCS) and 1 in the university undergraduate program. The training toward the ACS and the DCS are provided by Marie-Victorin College, whereas the university program is provided jointly with McGill University.

This year, three students will successfully complete the program toward their attestation to collegial studies.

DCS in Nursing: “Anniasiurtik”

Jointly with Saint-Félicien College, the department ensured the development of and follow-up to the second year of the program leading to a diploma in collegial studies in nursing, launched in October 2022. To date, six semesters have been completed full-time under the program.

ACS-DCS in Specialized Education: “Turaartaaviit”

The Department of Human Resources worked jointly with the Department of Planning and Programming on development of a new format for the ACS program in specialized education, Turaartaaviit. The group, composed of students and new hires, will have access to this improved version in the fall.

Certificate in Administration for Inuit Management

Four courses were offered in the region this year, and a total of 12 students registered for at least one course. This training leads to a certificate in Management of Health and Social Services, a credited program offered in partnership with McGill University. One student successfully completed the program.

Local Training

English Courses

Six persons registered for English courses offered jointly with McGill University.

Courses in Office Automation

Training in office automation was offered to the employees of the NRBHSS. In total, six licences for office automation courses were activated.

Development of Structuring Tools

Register of Positions and Human Resources Dashboard

The administrative structure of positions within the organization's departments was revised, accompanied by a full update in the Logibec system. This revision enabled the creation of a new tool for tracking positions in Excel, updated every two weeks. Accessible to all management personnel, this tool includes filters by department and by sector for rapid visualization of occupied and vacant positions.

A human resources dashboard in Excel format was also developed in order to have a clear, up-to-date profile of personnel. Accessible to all management personnel, this tool provides them with an accurate and overall view of the composition of their teams.

Personnel Profile

Breakdown of the personnel on March 31, 2025.

JOB TITLE (CATEGOY)	NUMBER OF EMPLOYEE
Management Officer	45
Office Employee	3
Nurse	10
Clinician Nurse	37
Health Professional	130
Administrative Professional	49
Social Services Professional	5
Health Technician	2
Administrative Technician	45
Social Services Technician	0
Other	1
TOTAL	**327**

OUT OF REGION SERVICES

The Out of Region Services Department is tasked with ensuring and improving access to care, services and essential resources intended for beneficiaries of the James Bay and Northern Quebec Agreement (JBNQA), whether they live in Nunavik or outside of the region.

It groups together two complementary programs:

- **Non-Insured Health Benefits (NIHB)**, which enable access to specialized care, medication, medical devices and support services that would otherwise not be available in the Northern public system;
- **The Child First Initiative (CFI)**, which allows for better addressing the healthcare, social services and education needs of Nunavik's Inuit child beneficiaries, whether they live in Nunavik or outside of the region.

These two programs have a shared vision, that of reducing systemic inequities, meeting the concrete needs of Inuit beneficiaries and strengthening the system's ability to act consistently, show compassion and adjust itself to emerging circumstances. The Out of Region Services Department's role is not solely administrative, as it also acts as a key interface between the reality of the North, the provincial network's various programs, existing services and the fundamental rights of the communities being served.

The annual report presents the department's main achievements and the challenges encountered, provides data on the activities held and offers an outlook for the next year. It also reflects an ongoing commitment towards the enhancement of regional initiatives, the integration of services and respect for Inuit values.

Non-Insured Health Benefits Program – Nunavik

The NIHB program provides Nunavik's Inuit population with additional coverage for medically necessary goods and services not covered by the Government of Québec's programs. Thanks to this program, expenses for travel, lodging and special care are guaranteed for beneficiaries of the JBNQA in or outside of the region. The control and administration of funding and services are appropriately governed by the program's framework policy and sub-policies, and an annual accountability report and audited financial statements are submitted to the Executive Director, the NRBHSS Board of Directors and the MSSS. This process ensures transparency and proper control over the use of funds.

Communications

A communication plan for the program was introduced, with support from the NRBHSS Communications team. The primary goal of this plan is to increase awareness of the program among Nunavimmiut and ensure they understand the services to which they are entitled. The actions carried out as well as those anticipated under this communication plan involve:

- distributing promotional items and information materials (pamphlets, posters);
- broadcasting radio messages in the 14 communities;
- publishing articles in the Tarralik and Air Inuit magazines (planned for fall 2025);
- participating in information clinics for First Nations and Inuit in downtown Montréal.

Another objective of the communication plan revolves around educating healthcare professionals, both in and outside of the Nunavik region, with regard to the benefits and services available under the NIHB. Healthcare professionals and other parties (community organizations, government organizations, etc.) are essential partners for providing Nunavimmiut with more information and greater access to the program.

The communication plan also includes tours of all the villages, for the purpose of meeting the population in their community environment and offering them information regarding the program. To date, three communities on the Ungava Coast (Kuujjuaq, Tasiujaq and Kangirsuk) were visited, and three communities on the Hudson Coast are scheduled for a visit in the summer of 2025. All villages should be visited over the next few years.

Program Management Team

The NRBHSS team responsible for managing the Non-Insured Health Benefits program has grown and is increasingly stable. Up until 2024, the team consisted of three permanent full-time positions. Since then, five new permanent positions were created to enhance the team's ability to act quickly and efficiently, while continuing to support the program's development through various measures such as new procedures and more suitable tools.

The team presently consists of:

- a Director
- a Coordinator
- three Planning, Programming and Research Officers
- two Administrative Technicians (Accounts Payable)
- an Administrative Processes Specialist
- an Administrative Technician (Secretarial Services), shared with the CFI

Other positions are slated to be created soon, as part of the establishment of other services that will be offered directly in the region.

Transportation Services for Health Reasons

A regional policy on transportation services for health reasons was adopted by the Board of Directors in June 2023, and this past year we trained the employees concerned with regard to its application in conjunction with the NIHB program. Moving forward, this training will be available to all new personnel whose duties require that they apply this policy.

A number of improvements were identified since the policy took effect; a review of the policy on transportation services for health reasons will begin next year.

Mental Health Counselling

The regional policy on mental health counselling services was adopted in June 2024. Since then, requests for services have been on the rise. In 2024-2025, 991 requests were handled by the NIHB team, compared to 595 in 2023-2024. These figures reflect the policy's effective dissemination in the region's communities and among the healthcare professionals concerned. Additional communication and awareness-raising initiatives are planned for this year, with the aim of further facilitating access to services, both in and outside of the region.

Optometry Services

In March 2025, in conjunction with the Department of Planning and Programming, a request for proposals was issued with regard to optometry services in the region. It is expected that potential suppliers will have been identified and met with by the end of the summer. A contract with the supplier selected should be signed by the end of 2025, with a view to services being offered as of 2026.

This request for proposals will renew and enhance the optometry services offered in Nunavik, which have notably not evolved over the past several years. The anticipated contract will allow for improved supervision of the services offered, both qualitatively and quantitatively.

Upcoming Program Policies

A number of policies will be established or updated over the coming years. These, which will be submitted to the Board of Directors for approval, include:

- a regional policy for medical supplies and medical equipment under the NIHB program;
- a regional policy on drugs/medication under the NIHB program;
- a regional policy on vision care under the NIHB program (update should be completed by the time a contract for optometry services is signed);
- a regional policy on hearing aids under the NIHB program;
- a regional policy on dental services under the NIHB program;
- a regional policy on denturology under the NIHB program.

Regional Committee on Out of Region Services

The regional committee on Out-of-Region Services (RCORS) meets four to five times a year to discuss the various services tied to the NIHB program. This committee is comprised of the Directors of the institutions, the NRBHSS Executive Director, the Director of Ullivik, the Director of Planning and Programming, and the Director of Out of Region Services. Regular meetings of the committee allow for assisting the Department of Out of Region Services in making decisions that will impact the services offered in order to meet the needs of the Nunavik population.

Child First Initiative – Nunavik

The Child First Initiative is a federal measure implemented by the Department of Out of Region Services of the Nunavik Regional Board of Health and Social Services.

The initiative's mission consists of addressing the specific needs of Inuit child beneficiaries in Nunavik, whether they live in or outside of the region. The measure finances products and services associated with education and health and social services, particularly those which are not available or accessible in the region within a reasonable timeframe. The CFI does not seek to replace existing services, programs or funding, but rather to complement them.

Ongoing Growth of the Team

The regional CFI office has a team of professionals responsible for providing support to individuals, families and communities wanting to submit financing requests. It is currently also integrating two new employees at its regional office, a financial management officer and an Inuit resource. The office's responsibilities include managing the funding extended and ensuring that its activities and services are culturally suitable.

Availability of an Online Data and Forms System

The collaboration with the NRBHSS' Information technology department for the purpose of implementing online forms in Nunavik's official languages (French, English and Inuktitut) in order to facilitate the administration of financing applications is still ongoing. The roll-out and promotion of the forms, initially planned for 2024-2025, have been postponed until 2025-2026 to allow the NRBHSS to further enhance the user experience.

Strategic Planning

The regional CFI office has drafted and finalized numerous strategic documents aimed at mapping out its actions, so as to improve access to financing for young Nunavimmiut.

- **2023-2026 strategic plan:** Establishes our priorities and actions to better manage resources and achieve objectives.
- **2024-2026 communication plan:** Identifies all of the communication measures introduced to effectively promote the CFI.
- **Regional policy framework:** Indicates the principles and procedures associated with the CFI's transparent and fair administration.
- 2**023-2026 transition plan:** Seeks to shed light on the transition towards a new sharing of roles and responsibilities by the NRBHSS (the regional CFI office), Makivvik Corporation and Indigenous Services Canada.

Ongoing Collaboration with Indigenous Services Canada – Québec

Co-development initiatives with ISC were continued, both regionally and nationally.

On a regional level, the ISC-QC-NRBHSS joint committee met on a regular basis, serving as a forum for structured dialogue and operational cooperation. These meetings made it possible to implement concrete actions designed to support the CFI's implementation while also ensuring effective communications between the NRBHSS and ISC – Québec region.

On a national level, the regional CFI office also contributed to the Canada – Inuit Nunangat co-development committee, in support of Makivvik Corporation. This committee helped establish a national framework to govern the CFI's implementation over the long term.

Impact of the Decision-Making Approach on the CFI in Nunavik

In the fall of 2024, the Government of Canada introduced new decision-making practices and operating parameters to standardize the access to products and services provided to First Nations and Inuit children throughout Canada.

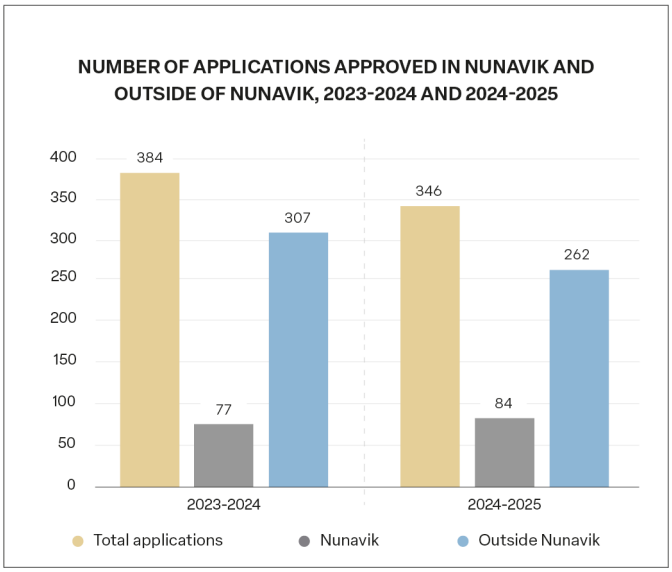
These changes were challenging and had an impact on the CFI's implementation in Nunavik:

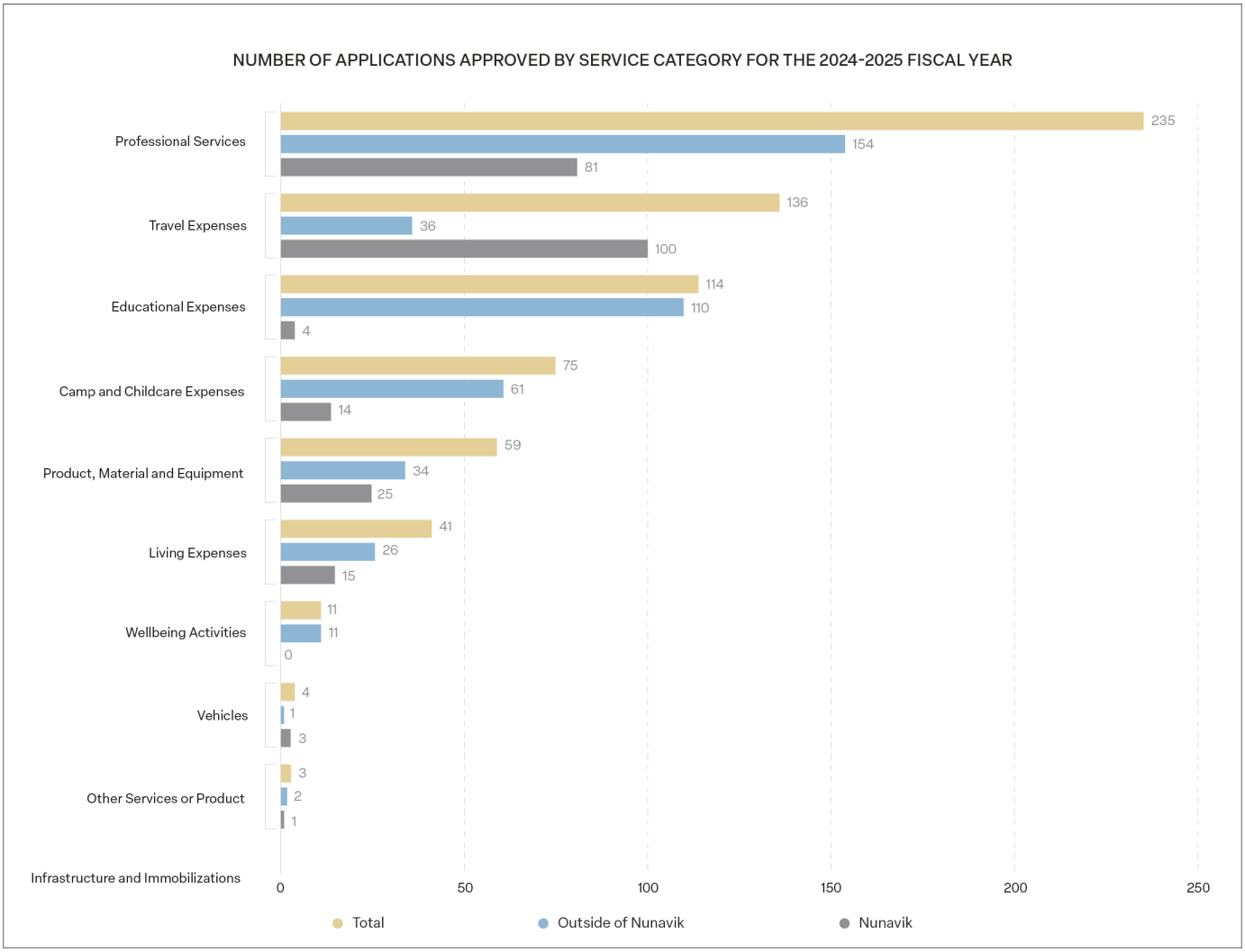
- **Complexification of applications:** The introduction of new operating criteria rendered access to financing more difficult for certain families and organizations.
- **Delays in processing applications:** The introduction of new decision-making parameters by the government of Canada led to delays in the processing of applications by Indigenous Services Canada offices, which in turn hindered prompt access to essential products and services.

Statistics

Despite the team's need to adjust to the new operating parameters established by ISC, 346 applications were approved, which attests to a continuity with regard to previous years (384 applications in 2023-2024, 229 in 2022-2023, 258 in 2021-2022 and 169 in 2020-2021). This financing allowed for providing a wide range of essential services and covers expenses associated with:

- professional services;
- travel expenses;
- products, materials and equipment;
- living expenses;
- camps and daycare fees;
- school and other training/education expenses.





ADMINISTRATIVE SERVICES

The Department of Administrative Services ensures a wide range of support services for the other departments of the Nunavik Regional Board of Health and Social Services. Our primary resource-management services are budgetary and financial services, supply services, biomedical-engineering services, fixed-assets management and information resources.

The department also supports the development of and annual follow-up to the strategic regional plan. In accordance with that plan, it manages the development of and follow-up to capital projects for short- and long-term investments for the region's entire health and social services network.

Further, it ensures support for the Nunavik region's two health centres in diverse sectors such as budgets and other financial services, biomedical-engineering services and fixed-assets maintenance through various renovation and replacement projects.

Financial Resources

Regional Budget

Regional credits from the *ministère de la Santé et des Services sociaux* for fiscal 2024-2025 totalled $577.3M, destined for the Nunavik health and social services network as presented in the table below. During the year, the NRBHSS allocated these credits to various institutions and organizations. The two health centres received funding for their activities in the amount of $344.4M. The regional board transferred $17 M to eligible community organizations. From that envelope, it also received and managed the funds earmarked for the Non-Insured Health Benefits program.

ALLOCATIONS	2023-2024	2025-2026
Inuulitsivik Health Centre	$149.3M	$177.8M
Ungava Tulattavik Health Centre	$138.4M	$166.6M
NRBHSS Operations Funds	$31.0M	$33.4M
Non-Insured Health Benefits	$98.6M	$115.6M
Earmarked Funds	$61.0M	$66.9M
COMMUNITY ORGANIZATIONS (see table of community organizations next page)		
Youth centres	$4.5M	$4.6M
Other	$11.6M	$12.4M
TOTAL TRANSFERS	**$494.4M**	**$577.3M**

Health Centres' Operating Budget and Financial Results

Within its advisory role with the health centres, the regional board invested major efforts during the year, including several meetings to ensure appropriate fiscal monitoring. The Inuulitsivik Health Centre and the Ungava Tulattavik Health Centre ended the year with a surplus, as shown in the following table.

In accordance with the Act respecting health services and social services, which requires the health network's institutions to maintain fiscal balance, a budget-balancing plan (BBP) is under way at both health centres.

	2023-2024		2024-2025	
PUBLIC INSTITUTION	**NET AUTHORIZED BUDGET**	**SURPLUS (DEFICIT)**	**NET AUTHORIZED BUDGET**	**SURPLUS (DEFICIT)**
IHC	$149.3M	$(12.6)M	$177.8M	$0.2M
UTHC	$138.4M	$(15.9)M	$166.6M	$2.3M
NRBHSS	$31.0M	$2.5M	$33.4M	$0.9M
TOTAL	**$318.7M**	**$(26.0)M**	**$377.8M**	**$3.4M**

Funding For Community Organizations

The table below presents the amounts allocated to the eligible community organizations.

COMMUNITY ORGANIZATION	ORGANIZATIONS NUMBER	2023/2024	2024/2025
Inuit Men's Associations			
Qimutjuit Men's Association of Kuujjuaraapik	0735-8161	$118,024	$111,907
Qajaq Network	0683-8262	$161,285	$145,229
Unaaq (Inukjuak)	0732-2209	$135,988	$88,994
Inuit Women's Associations			
Saturviit (Nunavik)	0730-5113	$276,284	$262,500
Inuit Youth Associations			
Nurrait	0735-9060	$323,936	$270,311
Nunavik Youth House Association (NYHA)	0670-4241	$4,491,745	$4,578,788
Inukrock	0736-8293	$74,620	$131,250
Elders' Homes			

COMMUNITY ORGANIZATION	ORGANIZATIONS NUMBER	2023/2024	2024/2025
Ayagutaq Residence Committee (Inukjuak)	0732-6374	$654,100	$450,000
Qilangnguanaaq (Kangiqsujuaq)	0731-6599	$654,100	$450,000
Family Houses			
Iqivik Family House (Salluit)	0733-6845	$437,500	$87,500
Mianisivik Family House (Kangiqsujuaq)	0734-4815	$416,000	$375,000
Tasiurvik Centre (Kuujjuaraapik)	0733-3891	$200,000	$154,050
Pituat Family House	0736-5166	$599,999	$300,000
Qarmaapik (Kangiqsualujjuaq)	0732-6366	$379,400	$250,000
Mental-Health Residences			
Uvattinut Supervised Apartments (Puvirnituq)		$327,214	-
Community residence (Ungava)	0722-6616	$550,602	$650,773
Community residence Uvattinut	0730-6722	-	$316 139
“I Care We Care” project		$200,001	-
Treatment Centres			
Aaqitauvik Healing Centre	0737-2204	$246,000	$262,500
Isuarsivik Recovery Centre (Kuujjuaq)	0735-8211	$3,597,425	$5,482,500
Aaqitauvik Healing Centre		$246,000	-
Saqijuq	0738-6477	-	$664,959
Women’s Shelters			
Ajapirvik (Inukjuak)	0731-0154	$620,000	$520,000
Initsiak (Salluit)	0606-2764	$736,000	$755,000
Tungasuvvik (Kuujjuaq)	05054804	$525,000	$415,000
Poverty Reduction			
Sirivik Soup Kitchen	0735-2149	$368,750	$270,704
TOTAL TRANSFERS		**$16,330,874**	**$16,993,104**

Operating Budget

In compliance with the Act respecting health services and social services (Chapter S-4.2) and the MSSS’ bulletins, the operating budget estimates for 2024–2025 were produced with a deficit of $24.9 million for the two health centers. Meanwhile, the RRSSSN had presented a balanced budget for the 2024–2025 fiscal year.

Earmarked Funds

Aside from the operating budget, the regional board receives and manages funds earmarked for specific activities. These funds are primarily provided by the federal and provincial governments.

Federal Funds

Indigenous Services Canada

The contribution agreement signed with the federal government for a 10-year period, from 2019-2020 to 2028-2029, was initially for $70M. After various amendments since the start of the agreement, that amount is presently close to $185M.

In 2024-2025, an amount of $34,749 401 was paid. Contrary to the initial agreement, unspent fund balances are now transferrable from one year to the next until the agreement's end, with the exception of a single program. Some 30 programs/projects obtained funding this year, besides funding for the Child First Initiative.

INDIGENOUS SERVICES CANADA	2023-2024	2024-2025
Aboriginal Diabetes Initiative	$859,037	$930,756
Aboriginal Health Human Resources Initiative	$123,161	$60,643
Aboriginal Health Human Resources Initiative: Training	$11,522	-
Brighter Futures	$1 ,364,726	$2,031,078
Children's Oral Health Initiative	$1,145,144	-
Federal Tobacco Control Strategy	$845,761	$442,095
Foetal Alcohol Spectrum Disorder	1,047,108	-
Home and Community Care: Palliative Care	$6,400,058	$7,296,367
Home and Community Care: Capacity Development	$996	$9,262
Inuit Health Survey (study)	$2,006,818	$895,031
Maternal and Child Health Program	$(798,986)	-
Mental Health in the Communities (Community Liaison Wellness Workers)	$(164,264)	-
Missing and Murdered Indigenous Women and Girls	$15,800	$13,864
Oncology and Medical Biology	-	$96,882
Canadian Drugs and Substances Strategy (opioids)	$23,886	$211,440
Nutrition North Canada	$375,758	$704,136
Respiratory Viruses – Infection Prevention and Control	-	$329,993
Forum on Sexual Health and Prevention	-	$3,877
Canada Prenatal Nutrition Program	$399,732	-

INDIGENOUS SERVICES CANADA	2023-2024	2024-2025
Climate Change	$90,112	$251,275
Planning and Management of the Quality of Health Services in Nunavik	$252,486	$528,721
Indian Residential Schools	$247,558	$650,833
Sexually Transmitted and Bloodborne Diseases	$146,867	$304,902
Suicide-Prevention strategy and Initiatives	$3,417,884	$3,826,766
Mental-Health Team: Creation and Development	$238,785	-
Tuberculosis	$2,431,003	$2,196,256
Victims of Family Violence	$6,380	$22,218
Projects: Prevention of Family Violence	-	$82,519
Understanding Vaccination	-	$22,952
Indian Day Schools	$17,841	$27,477
Child First Initiative: Agir tôt, UTHC	$8,652	-
Child First Initiative: RCS-II-ASD	$786,289	-
Child First Initiative: SWAT Team	$138,860	-
Child First Initiative: Turartaviks, IHC	$3,434	-
Child First Initiative: Vehicle Fleet	$881,491	-
Child First Initiative: UTHC	$5,267	-
Child First Initiative: IHC	$648,482	-
Child First Initiative: Turartaviks, UTHC	-	-
Child First Initiative: Hotel Expenses	$4,751	-
Child First Initiative: Service Coordination	$512,211	-
Child First Initiative: NRBHSS	$450,873	-
Child First Initiative: Recovery Centre, Isuarsivik and Menstrual Products	$489,255	-
Child First Initiative: Tasiurtigiit Association	$32,258	-
CIUSSS de l'Ouest-de-l'Île-de-Montréal	$60,420	
COVID-19 Pandemic: Food Security	$58,800	-
NNHC Operations	$106,605	$102,485
Psychological Addictions	$243,612	-
Prevention of Unintentional Injuries	$553,781	$262,914
Community Mental Health	-	$1,908,305

INDIGENOUS SERVICES CANADA	2023-2024	2024-2025
Maternity and Child Health	-	$1,509,276
Communication	-	$67,420
Legislation on Indigenous Health	$108,668	-
Mobile Intervention Team for Sexual Abuse in Nunavik		$252,218
Midwifery (antiracism fund)	$14,720	$766,709
Advocates (antiracism fund)	$26,625	$38,770
Child First Initiative	$7,923,646	$8,901,961
TOTAL SUBSIDIES	**$33,188,115**	**$34,749,401**

In addition, the allocated funds include $30,136,623 in provincial funding and $1,992,457 from other sources.

Capital Funds: Maintenance of Regional Assets

The three-year functional and conservation plans were updated by the regional board and the two health centres. The expenses for fixed-assets maintenance and functional renovations totalled $8,700,358 for the Nunavik region. Given the context of budget cuts, the regional board yielded its portion of the amount and allocated the total amount to the health centres, where the needs are greater.

ORGANIZATION	ASSETS MAINTENANCE	MINOR RENOVATIONS	MEDICAL EQUIPMENT	NON-MEDICAL EQUIPMENT	TOTAL
IHC	$1,364,830	$1,429,855	$2,672,143	-	$5,466,829
UTHC	$2,060,596	$772,392	-	$399,541	$3,233,529
NRBHSS	-	-	-	-	-
TOTAL	**$3,425,426**	**$2,202,247**	**$2,672,143**	**$399,541**	**$8,700,358**

Fixed-Assets Activities and Regional Development

The regional board worked on capital projects, which are funded through the 2018-2025 agreement on the provision and funding of health and social services in Nunavik (2018-2025 agreement).

Capital Master Plan

The 2018-2025 agreement, signed on October 1, 2020, includes a chapter on the global budget for capital development. That agreement assigns the NRBHSS the responsibility of carrying out projects under the capital master plan, which identifies the infrastructure investments.

According to the 2018-2025 agreement, the regional board must annually submit a capital plan to establish its priorities in short- and long-term capital investments and to use it as a management tool.

During fiscal 2024-2025, the regional board continued expanding its internal project-management team to ensure sound management of all projects. The advisory committee for the capital master plan continued updating the plan and ensured follow-ups to capital projects in Nunavik. The Québec 2025-2035 infrastructures plan under the Minister responsible for Infrastructure orients governmental investments and is revised each fiscal year. The list of project priorities submitted by the regional board after consultation with Nunavik institutions is under review at the MSSS and will be officially approved by the latter with or without modification over the coming months. Below is the preliminary list of projected projects and those under way.

Preliminary list of capital projects

COMMUNITY	TYPE OF INSTALLATION
Puvirnituq / Kuujjuaq	Two hospitals (preliminary studies)
Pierrefonds, Montréal	Youth rehabilitation centre (4 units)
Kuujjuaq	1 rehabilitation unit under reconstruction, Saturvik
Puvirnituq	2 rehabilitation units
Salluit	Renovations to the Sapummivik Centre for office space
Pierrefonds, Montréal	Ulluriaq for girls: 1 temporary unit (rental)
Nunavik	IT development
Kuujjuaq	Warehouses
Kuujjuaq / Puvirnituq	Rooms for CT scans
All communities	420 housing units
Kuujjuaq	New construction: birthing centre
Inukjuak	New construction: HSSC (CLSC) + birthing centre
Kuujjuaq	New construction: liaison offices
Kuujjuaq / Puvirnituq	New construction: (2) elders' homes and alternative
Salluit	New construction: HSSC (CLSC) + birthing centre
Kuujjuaq	New construction: youth house
Puvirnituq	Patient transit

Capital Projects Undertaken in 2024-2025

Elders' Homes

There are two projects for elders' homes in Nunavik, with 34 beds for Puvirnituq and 34 beds for Kuujjuaq, to respond to the pressing need for long-term beds for elders. These services are presently non-existent in Nunavik and require new installations.

The portfolio was submitted to the MSSS and the approval process is under way.

In 2021, the design phase of the two elders' homes began with the collaboration of the two institutions for which the homes are being built, for the clientele of both coasts: Hudson Bay and Ungava Bay.

Thanks to the collaboration and participation of the health centres, we were able to develop a home-type design adapted to Nunavik and especially to Inuit culture. These two projects are essential if we are to provide health services appropriate for:

- elders lacking autonomy;
- users suffering from dementia;

- users with major and multiple health problems;
- users with motor, visual and hearing problems or moderate to severe mobility limitations.

At present, several clients are on waiting lists in their communities and many others are placed in long-term resources in the South as well as at the health centres in Puvirnituq and Kuujjuaq.

A design consisting of a 34-room installation was created, with 32 of those rooms divided among four wings. Each wing will have eight bedrooms for users, as well as a living room and a dining room. The installation will also include two rooms for palliative care. The common area will house a kitchen, rooms for clinics, a day centre and spaces reserved for the preparation of traditional Inuit meals. The plans and specifications were submitted to the MSSS in December 2021, for authorization to proceed.

The MSSS asked that the spaces be optimized to reduce costs that, according to the ministry, were too high. The cost estimates for these installations, although preliminary, will exceed $100M each.

Given the complexity of construction in the Nunavik region, many aspects must be considered. Construction on permafrost, water and electricity supply, the more sophisticated mechanical rooms and the challenges relating to manpower, among other factors, mean that the costs are three or four times higher than those for a similar installation built elsewhere in Québec. This cost discrepancy makes our projects more difficult to have approved by government agencies. The regional board is pursuing dialogue with the MSSS in order to find new approaches to enable construction of high-quality installations at lower cost. The regional board privileges local enterprises for building necessary infrastructures.

Housing Units in Nunavik

On April 23, 2020, the Minister of Health and Social Services authorized the NRBHSS to build 66 housing units for the personnel in various communities of Nunavik.

The project's first phase was completed in Kuujjuaq, in 2021-2022 for a total of 24 housing units built and delivered; the 42 units of the second phase were delivered in 2024, in various other communities.

A decree issued by the MSSS on February 22, 2023, authorized the regional board to award private construction contracts to Makivvik Corporation and the Federation of Cooperatives of New-Québec. That decree enabled the construction of 108 units, completed in the fall 2024, for the communities of Puvirnituq, Inukjuak and Kuujjuaq.

Two new requests (Phase 7A-7B) for construction projects in Nunavik communities were submitted to the MSSS in September 2023, (7A for 46 units) and August 2024 (7B for 40 units). Construction for Phase 7A began in 2024, for 46 new units approved by the MSSS in spring 2024, and in accordance with the related decree. Two private contracts for the construction were awarded to Makivvik Corporation and the Federation of Cooperatives of New-Québec, through the latter's FCNQ Construction, Inc. division.

The next phase, 7B, is still pending approval. To date, since 2023, 112 units have been delivered and a total delivery of 90 units for 2025 are expected. The funding is from the 2018-2025 agreement on the provision and funding of health and social services in Nunavik.

Birthing House in Kuujjuaq

After reception of the notice of admissibility dated December 7, 2023, from the MSSS, a request was sent to the MSSS for authorization to launch a call for tenders to hire professionals to proceed with the design phase for the future construction of a birthing house in Kuujjuaq. The MSSS' authorization arrived on March 21, 2024. The call for tenders was launched on November 13, 2024, and the contract was awarded to the consortium of architectural firms Evoq and JLP.

Rehabilitation Centres for Youths in Difficulty in Nunavik

The clinical rehabilitation plan seeks autonomy for the Nunavik region, responding to the need for youth-rehabilitation services. It increases the capacity of its installations from 64 to 118 places, completes the program offer—some were previously inaccessible—and increases the number of places on the license for several programs. The existing units at the group home in Puvirnituq, the girls' unit in Inukjuak, and the group homes for clients aged 6 to 12 in Kuujjuaraapik and Kuujjuaq, were kept. Development is under way at two campuses: one with more specialized resources in Montréal, with four units (renovations of an existing building in Pierrefonds) and one consisting of three units in Nunavik.

First unit: Saturvik Group Home for clients aged 12-18 years, presently in Kuujjuaq, to be moved.

Second unit: Sapummivik Centre, Salluit, which had to be closed, to be replaced.

Third unit: To become an over-capacity unit to meet increased need during congestion periods.

Rehabilitation Centre for Inuit Youths with Adjustment Difficulties

The MSSS' authorization was received for the launch of a call for tenders in the spring 2024, to proceed with development of a functional and technical plan for a project to renovate four units in Pierrefonds, Montréal. The functional and technical plan is complete and will be sent to the MSSS in April 2025, for approval.

Information Technologies Service

In 2024-2025, efforts concentrated on developing services and expanding current services while continuing to reinforce security. Concurrently, the health centres were supported by advancing their local, regional and provincial projects. It was necessary to ensure efficient leadership for the initiatives defined by the MSSS, the *ministère de la Cybersécurité et du Numérique* (MCN) and the *Secrétariat du Conseil du trésor* (SCT).

Starlink Project

For the first time since the creation of the regional board, Region 17's entire health network has access to a broadband connection. On the Hudson coast, a fibre-optic link provides broadband, low-latency connections. On the Ungava coast, Starlink antennas provide broadband, low-latency connections. Such progress considerably improves the capacity to provide services for the population. This level of innovation and ingenuity made this solution possible, as it is unique in the Nunavik region.

Telephony System

The telephony system, an essential element in the communications infrastructure, was replaced and upgraded. The new system includes several functions that can significantly reduce costs for remote users in the near future. These functions include advanced call routing, better vocal quality and improved connectivity options. The modernized system guarantees reliable and efficient communications throughout the region, supporting both daily operations and the efforts to respond to emergency situations. This improvement should entail substantial advantages in terms of cost savings and operational efficiency.

Audiovisual Service

To improve the regional board's visibility, for both personnel and citizens, major investments were made in the audiovisual sector. These investments enabled enhancement in organizing conferences and streamlining the broadcast of conferences, guaranteeing that personnel and the public remain informed and up-to-date. Video-editing services are now available for various projects, which makes high-quality visual content possible. The use of Magic Info to announce current events and information, further improved communications and engagement within the community. These advances contribute to a more connected and better-informed health network.

Integration Process for New Users

Efforts were made to improve reception of hardware and client services in general. The integration process was streamlined to guarantee that new users receive the necessary resources rapidly and efficiently. Complete training sessions and user guides were created to facilitate the transition for new users. Feedback mechanisms were set up to ensure lasting improvement of the integration experience in accordance with user comments. These initiatives aim to create a more favourable and reactive environment for all users.

Project Leaders

The addition of project leaders considerably improved the information-technologies service capacity to manage and supervise projects through to completion. The project managers contribute specialized skills in the areas of planning, coordination and execution, guaranteeing that projects are completed on time and within budget. Their expertise in risk management and resource assignment enabled improving the efficiency of work flow and results. By providing clear guidelines and focussing on project objectives, the project managers strengthened the service capacity to manage complex initiatives and foster ongoing improvement.

Project-Management Tools

To further support efforts in project management, several tools were created. A project plan of action was drafted, including various critical elements such as the project's tasks, its charter, requests for changes and "Go/No Go" decisions. This complete plan guarantees that all aspects of a project are subjected to meticulous management and monitoring.

A capacity tool was also created to monitor a project's overall progress and the number of hours the informatics team is expected to devote to various projects. This tool is invaluable for resource management, as it enables better scheduling and use of the personnel's time.

Finally, a cost-assessment tool was perfected in order to provide precise financial projections for projects and ensure follow-up to all invoices. This tool links to a main file that monitors and follows up all expenses of projects at the service level, thus guaranteeing financial transparency and responsibility.

Medical Imaging

The first phase of centralizing communications and consultations for medical imaging between Nunavik and the McGill University Health Centre (MUHC) was successfully completed. This initiative led to a considerable reduction in the time required for gathering information on patients under treatment. Throughout this process, rigorous standards for data security and protection of user files required by the ministry were maintained and followed. This centralization effort improves the effectiveness and efficiency of medical consultations, guaranteeing that patients receive precise diagnoses and treatments within the specified period.

Pharmacy (Ubik)

Pharmacy services were improved for both the Hudson and Ungava coasts. These improvements guarantee that the pharmacy is fully functional and capable of responding to the community's needs. Although certain elements remain to be optimized, the current service is operational and efficient. Ongoing efforts are deployed to refine and improve pharmacy services to guarantee the best possible level of care and efficiency.

Application for the Child First Initiative

An application was developed to optimize and ensure the security of communications between several governmental agencies under the Child First Initiative. This federal program aims to help Inuit in applying for reimbursement of their medical expenses, by ensuring they receive the necessary support and services. The CFI application improves the efficiency and security of communication processes, resulting in more fluid interactions and quicker resolution of issues. Through its use of this technology, the regional board can better serve the Inuit population by providing rapid and efficient assistance for requests for reimbursement of medical expenses.

Technological Modernization Plan: Helping the Health Centres

The technological modernization plan (TMP) is an opportunity for temporary funding, exclusively available for the province's computer services. Access to this funding requires several procedures and a report to the MSSS. At the regional board, diligent efforts were carried out to ensure the health centres can benefit from the funding to progress in their projects or to have access to industry experts for specific tasks. This initiative enables the health centres to undertake modernization efforts and improve technological infrastructure and service provision, contributing to the overall efficiency and effectiveness of the region's health services.

Replacement of Obsolete Equipment

Under the MSSS' initiative aimed at strengthening overall security, efforts were made to replace older equipment that could have security vulnerabilities. This initiative is focussed on identifying and upgrading equipment older than five years, in order to ensure a robust and secure computer environment. By replacing obsolete hardware and software, the service seeks to attenuate the risks linked to security holes and improve the computer infrastructure's reliability and performance. These proactive measures are essential to maintaining a secure and efficient technological landscape.

Fifteen Security Measures

Under an initiative of the *ministère de la Cybersécurité et du Numérique*, efforts are being actively deployed to improve the cybersecurity posture. The application of appropriate

procedures and guidelines led to significant improvements. The primary objective now is to train personnel to be better prepared to face threats to cybersecurity. Progress was made in the areas of infrastructure and network security through focus on additional improvements based on previous accomplishments. Major progress was made throughout the year, relative to the 15 security measures, with most initiatives completed and up-to-date.

Emergency Communications

Radiocommunication systems were upgraded to enable the first responders to exchange information at all times. Repairs and upgrades were made to the current infrastructure to ensure reliability of communications. The radiocommunication antenna in Kangiqsualujjuaq was optimized to support this initiative, providing robust and uninterrupted connectivity. These improvements are essential in maintaining the capacity for efficient emergency intervention and guaranteeing the safety of the region's inhabitants.

Tukisiutik for Android

An application named Tukisiutik was developed to help medical personnel diagnose Inuit in their mother tongue, while maintaining a high level of care and interactions. This application translates medical terms, symptoms and prognoses from basic, conversational English to Inuktitut. By facilitating communications in Inuktitut, Tukisiutik improves the accuracy and efficiency of medical diagnoses and treatments, ensuring quality health care for Inuit.

Throughout fiscal 2024-2025, the informatics service made significant progress in innovation, development, project management and security. The establishment of broadband connectivity through the Starlink project and the upgrade to the telephony system improved infrastructure, whereas investments in the audiovisual service improved communications and engagement within the regional board.

The arrival of project leaders considerably improved capacity to manage and supervise projects through to completion, guaranteeing efficient work flow and better results. The efforts at centralizing consultations for medical imaging and improving pharmacy services, enabled streamlining operations and improved service provision.

Development of the CFI application and the Tukisiutik application for Android, enabled optimizing communications and facilitating provision of health care for Inuit. Funding for the plan for technological modernization allowed progress in the health centres' projects and improvements in technological infrastructure.

Proactive measures for replacing obsolete equipment more than five years old and application of the 15 security measures strengthened our position in cybersecurity. The improvements to emergency communications ensured reliable information exchange for first responders.

Looking back on the substantial progress made this year, the commitment to innovation, development and security remains unshakable. Ongoing investment in infrastructure, cybersecurity and personnel development is essential to maintaining and improving the service's capacity. Further diversification of services are sought while maintaining the highest standards in matters of security and adaptability.

Immovables Equipment Maintenance and Replacement Services

In accordance with its mission to support and monitor the health centres, the regional board continued deepening its collaboration with the institutions despite budget cuts. The envelopes reserved for immovables maintenance were reduced by 30% compared to the previous year, leading to numerous challenges and forcing the postponement of projects at the health centres. The impact was minor on the regional board's installations but is expected to grow in the coming years.

New Accounting Method

The year was marked by the MSSS' sudden application of a new accounting method referred to as "dual accounting," which imposes strict limits on both expenses and disbursements. As this method penalizes the Nunavik region in particular, representations were made with the MSSS to relax its application. These representations are still under way.

Discussion Tables

To facilitate communications, two discussion tables are now held monthly with the health centres.

The DTS Table brings together all directors of Technical Services and their assistants, as well as the various interveners of the regional board and the MSSS involved in immovables maintenance. Its objective is to allow its members to share their experiences and issues, coordinate their resources to improve efficiency and arrive at shared guidelines that the regional board can then raise with the MSSS. The undertaking has begun to make progress, as the regional board's concerns in such matters are increasingly being heard by the MSSS.

For its part, the Actifs+Immo committee pursues the objective of simplifying and streamlining approval of projects and expenses linked to assets maintenance. Composed of equal parts of members of the financial services and immovables services of the region's three organizations, it works at establishing standardized methods of functioning to enable quicker processing of requests, accelerating reimbursements for the health centres for amounts payable to them for immovables maintenance.

Sharing with the Community

The regional board continues to fulfil its mission of supporting community organizations, including within its immovables division. A house was made available to the Tungasuvvik women's shelter to allow that resource to maintain its services during renovations; surplus furnishings were donated to the Ungava supervised apartments to replace older furnishings. Another house belonging to the regional board was also transformed into a daycare for the UTHC, pending completion of renovations to its permanent installation.

Acquisition of Two Warehouses

After receiving funding from the MSSS, the regional board completed the purchase of two warehouses in Kuujjuaq. The larger one was transferred to the UTHC and the smaller one remained with the regional board. This will allow freeing up a warehouse shared with the UTHC and consolidating storage of materials in a single location, improving the efficiency of operations. The move is planned for the summer of 2025.

Maintenance of the Immovables Stock

Various actions for maintaining the regional board's immovables stock were carried out during the year, at a cost of roughly $400 000. Of particular note are refurbishment of three mechanical rooms and a crawlspace, installation of an automatic purging system for the glycol-water networks and replacement of several luminaries with LED lighting. With personnel turnover causing delays in activities, a catching-up process is planned for 2025-2026.

Installation of a Monitoring System

Fiscal 2024-2025 also saw the launch of a pilot project for monitoring the regional board's housing units and their mechanical rooms. Once in place in all of our installations, this system will enable real-time monitoring of temperature and detection of liquid spills, allowing quick action when anomalies are detected. Deployment is under way.

Upcoming Renovation to the Head Office

The regional board's main building was built 33 years ago. Many of its components are at or near the end of their useful life, particularly the windows, roof and electromechanical equipment. A preparatory study on the mechanical and electrical systems was completed in the spring and other studies will be carried out in 2025-2026 for a clearer idea of the extent of the required work. The renovation is planned for 2028 to 2030.

Personnel Movements

In 2024-2025, the team responsible for immovables and equipment maintenance and replacement saw the arrival of a new coordinator. A new building advisor assumed the coordinator's previous position. No new positions were created.

Biomedical Engineering

Since the creation of this service at the regional board in 2020, much effort has been deployed to respond to the needs in managing development, assets maintenance and improvement of operating procedures. With the support and supervision of the Assistant to the Director of Administrative Services, the service was active and ensured appropriate response to challenges in public health in the region, all while attempting to continue developing its operations and improve the evolution of biomedical engineering for the future. A summary of some projects worked on follows.

Ongoing Improvement

New concepts were adopted or are under development toward better control of biomedical engineering in Nunavik:

- Drafting of the first five-year plan for the addition of medical equipment: a new procedure for planning and scheduling acquisitions of medical equipment. This plan consists of establishing the clinical needs and identifying technical and administrative solutions to respond to those needs. The plans were submitted and the acquisitions will be financed over the coming years through the regional development budget.
- Planning the implementation of a tool for managing regional biomedical engineering, jointly with the information-technologies service. This project seeks to create a biomedical-engineering section in the C2 Atom platform. The goal will be to streamline communications relative to regional requests, including requests for projects for assets maintenance, clinical development and others, such as training for technicians and project review on the Actifs+Réseau platform. The biomedical engineer has received training capsules that will enable the set up the platform's online structure.
- Request to create a recurrent budget to fund projects for the addition of medical equipment. There is a particularly pressing need to develop and add medical equipment in Nunavik, a region in full growth, but the challenges in the North are also particularly acute, which leads to the consideration of applying for a recurrent budget to fund new requests for medical equipment, in order to avoid delays regarding authorization for projects and their funding. The five-year plan adopted in 2024-2025 will be the means to communicate needs for additional equipment in order to determine the level of the budget. That budget in the new regional strategic development plan is yet to be confirmed.

Development

New projects for developing the clinical service offer were executed jointly with other sectors of the regional board and the health centres:

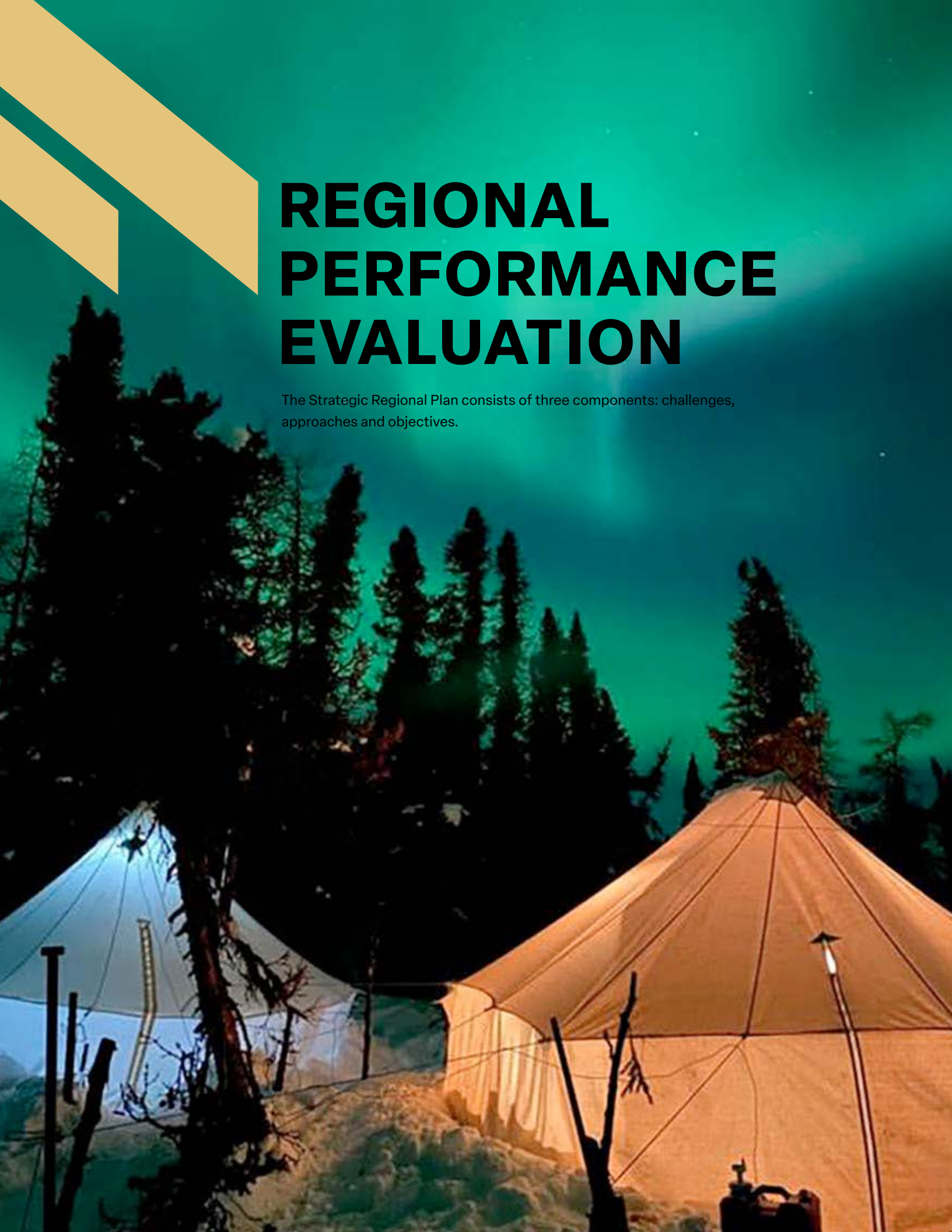
- Addition of a mobile radiology device to ensure development of the service offer for prevention and control of infectious diseases in the village of Akulivik. In 2022, our biomedical-engineering service began working closely with the Department of Public Health on planning the implementation of this service offer in the villages of Kangiqsujuaq, Kangiqsualujjuaq, Akulivik, Salluit and Puvirnituq.
- Completion of all the preparatory steps for conducting rapid screen tests for syphilis in the communities of Puvirnituq, Akulivik, Inukjuak and Kuujjuaraapik.
- Initiation of discussions on the project to establish CT scans in Nunavik. The pre-project steps have been identified for the purpose of obtaining the necessary ministerial authorizations.

Assets Maintenance

Work began on rectifying assets maintenance for the IHC:

- One hundred twenty projects were corrected, including 21 executed projects that were closed and the equipment in use was inventoried. Forty-five projects, some executed and others not, were removed and 27 projects executed before approval was obtained, were added to a request for funding.
- Approval and funding for 31 assets-maintenance projects for medical equipment for the Inuulitsivik Health Centre. These are priority projects that had been carried out in 2024, to avoid interruption of clinical services, for an amount of $1.2M.
- Drafting of the three-year PCEM (equipment- and furnishings-conservation plan) for the Inuulitsivik Health Centre for the need to replace medical equipment. The plan includes 62 replacement projects through to 2028. Unfortunately, due to the reduction in the health centres' liability limits, there are strong chances that the health centre will not be able to replace all the equipment that has reached the end of its useful life.
- Disbursements made and funding in the amount of $964,000 granted to the Inuulitsivik Health Centre for projects not executed and not reimbursed.
- Authorization and funding in the amount of $801,000 for the replacement of medical equipment for the Ungava Tulattavik Health Centre. The plan includes 18 replacement projects through to 2028.

Work is closely being done with other sectors and consultants, as well as the MSSS, to ensure the sound management of and the support necessary to the various projects involving biomedical engineering.



REGIONAL PERFORMANCE EVALUATION

The Strategic Regional Plan consists of three components: challenges, approaches and objectives.

Improve the Health of the Population, Reduce Health and Social Inequities and Ensure Access to Quality Health and Social Services

CHALLENGE 1 IMPROVE HEALTH PREVENTION, PROMOTION AND PROTECTION INITIATIVES	
APPROACH 1 Promote the introduction of current and future public health action plans in the health centres, within the NRBHSS and among the various community organizations.	**Objective 1:** Ensure ongoing follow-up and monitoring of the population's health status and determinants.
	Objective 2: Promote the overall development of children and youth and the support available to families.
	Objective 3: Promote the adoption of healthy lifestyles and the creation of healthy and safe environments.
	Objective 4: Take steps to promote the prevention and control of infectious diseases.
	Objective 5: Oversee the management of risks and threats to health and preparedness for public health emergencies.
APPROACH 2 Involve communities, individuals, families, community organizations, governments and establishments.	**Objective 6:** Mobilize the communities in their quality as partners working to improve the health and social well-being of the population.
	Objective 7: Offer reinforcements to the community well-being committee in each village.
	Objective 8: Expand the Saqijuq program.
	Objective 9: Provide front-line services to pregnant women as a way of fostering healthy pregnancies.

CHALLENGE 2 IMPROVE ACCESS TO FRONT-LINE SERVICES IN EVERY COMMUNITY	
APPROACH 3 Provide front-line services to the entire population.	**Objective 10:** Develop and provide access to a range of specific IHSSC services adapted to the particular conditions in Nunavik.
	Objective 11: Provide services to youth, families and individuals.
APPROACH 4 Improve service accessibility (hours and service levels).	**Objective 12:** Improve access to emergency services (24/7) at clinics or on call, in every community.
	Objective 13: Offer extended service hours.

CHALLENGE 2 IMPROVE ACCESS TO FRONT-LINE SERVICES IN EVERY COMMUNITY	
APPROACH 5 Provide integrated services at a local level.	**Objective 14:** Offer a continuum of care to patients at every step of the provision of care process.
	Objective 15: Involve the liaison team: o service corridors o SI (Systems Integration) and IPSSS (Information Processing Systems and Support Services)

CHALLENGE 3 ENSURE ACCESS TO SPECIALIZED SERVICES IN NUNAVIK	
APPROACH 6 Repatriate specialized services and clients with special needs.	**Objective 16:** Draft a new regional clinical plan aimed at establishing a global vision for the development of services in Nunavik.
	Objective 17: Identify and arrange appropriate service corridors with RUISS McGill and formalize them by means of agreements, with the goal of providing culturally adapted services to Inuit patients.
	Objective 18: Bring together and further develop all of the specialized youth protection and rehabilitation services under a new institution.
	Objective 19: Enhance long-term care, substance abuse and rehabilitation services.
	Objective 20: Improve the screening and monitoring of cancer patients.
APPROACH 7 Optimize regional coordination between the two sub-regional poles.	**Objective 21:** Develop service provision agreements with both health centres which establish priorities and service levels.
	Objective 22: Determine the type and quality of services, including public health services, at the local and regional levels.

CHALLENGE 4 DEVELOP AND PROMOTE INUIT VALUES AND PRACTICES	
APPROACH 8 Provide access to traditional and holistic approaches.	**Objective 23:** Identify and provide access to traditional therapeutic and psychosocial approaches.
	Objective 24: Promote access to traditional foods as part of the drafting and introduction of the regional food policy.
	Objective 25: Develop traditional on-the-land activities.

CHALLENGE 5 DEVELOP HUMAN, MATERIAL, TECHNOLOGICAL, INFORMATION AND FINANCIAL RESOURCES	
APPROACH 9 Develop the region's human resources, training initiatives and working conditions.	**Objective 26:** Offer attractive working conditions (including housing) to Inuit and non-Inuit workers as well as professionals.
	Objective 27: Identify and develop the qualified Inuit workforce (creation of positions for qualified Inuit candidates).
	Objective 28: Improve the cultural training provided to new employees.
APPROACH 10 Develop material, technological and financial resources.	**Objective 29:** Provide the operating budget necessary to allow for developing Automatic Speech Recognition (ASR).
	Objective 30: Provide a capital envelope for projects within the framework of the master plan (new regional health centre, three CLSCs, two coordinators' offices, administrative offices and housing units).
	Objective 31: Develop the internal capacities and expertise needed to manage investment projects (architect, project manager, engineer, biomedical expert, etc.).
	Objective 32: Establish a maintenance budget for capital assets.
APPROACH 11 Develop information technologies to improve patient services (Telehealth, Digital Services for Education, equipment, biomedical initiatives, etc.).	**Objective 33:** Improve information technology with the aim of increasingly relying on telehealth services.
	Objective 34: Provide appropriate and specialized medical equipment to facilities in Nunavik.
	Objective 35: Create electronic medical and social records that can be accessed in Nunavik.
APPROACH 12 Develop and ensure access to accurate and relevant information with regard to health, social issues and services for the population and decision-makers.	**Objective 36:** Provide stakeholders and the population with regular information and communications on matters pertaining to health and health services.
	Objective 37: Evaluate and manage the quality, efficiency and effectiveness of health services.
	Objective 38: Ensure that health research conducted in Nunavik meets the health needs of Nunavimmiut and is administered by the latter.

Progress Report on Regional Performance Regarding Regional Issues

The figure below depicts the regional performance relative to various regional issues. Data was gathered between April 1, 2024 and March 31, 2025.

The data in this report include those concerning the two health centres (the Ungava Tulattavik Health Centre and the Inuulitsivik Health Centre) as well as, in the case of certain indicators, those for the Nunavik Regional Board of Health and Social Services.

NOTE: Because certain Inuulitsivik Health Centre data for 2024-2025 were unavailable, it was impossible to compare the past two years or to show progress in the case of certain indicators.

DRIVERS		INDICATORS	2023-2024 RESULTS	2024-2025 RESULTS	CHANGES*
ISSUE 1: IMPROVE HEALTH PREVENTION, PROMOTION AND PROTECTION INITIATIVES					
Improve the effectiveness of CLSC prevention and promotion measures	No. of interventions (educational and preventive)	Increase	3,597	4,678	30.0%
Improve the effectiveness of activities organized by community organizations	No. of activities	Increase	2,470	3,350	36.0%
Improve the effectiveness of Public Health prevention and promotion measures	No. of activities	Increase	Unavailable	Unavailable	
ISSUE 2: IMPROVE ACCESS TO FRONT-LINE SERVICES IN EVERY COMMUNITY					
Ensure access to local care	No. of CLSC interventions, per program/service (according to profile mapping)	Increase	77,876	96,490	24.0%
Ensure the efficiency of resources	Cost of hours worked by CLSC	Decrease	Unavailable	Unavailable	
	Cost of hours worked by CLSC employees/intervention	Decrease	Unavailable	Unavailable	
ISSUE 3: ENSURE ACCESS TO SPECIALIZED SERVICES IN NUNAVIK					
Ensure access to specialized care	No. of consultations in the South for MNP (mandatory network positions) specialties	Increase	Unavailable	Unavailable	
	No. of visits for MNP specialities in the North	Increase	1,507	Unavailable	
	% of visits for MNP specialities	Increase	Unavailable	Unavailable	

DRIVERS		INDICATORS	2023-2024 RESULTS	2024-2025 RESULTS	CHANGES*
	% of specialties with increased or maintained days of presence in the North	Increase	Unavailable	Unavailable	
	% of Medevacs to the North/Total Medevacs	Increase	74%	60.2% (UTHC only)	
	No. of teleconsultations	Increase	706	826	17.0%
Ensure access to support services	No. of laboratory procedures	Increase	290,514	139,784 (UTHC only)	
	No. of weighted procedures	Increase	1,494,241	819,519 (UTHC only)	
	% of tests performed externally	Decrease	4.9%	1.1% (UTHC only)	
	No. of X-rays	Increase	11,291	5,466 (UTHC only)	
	No. of X-rays (technical unit)	Increase	317,751	68,660 (UTHC only)	
ISSUE 4: DEVELOP AND PROMOTE INUIT VALUES AND PRACTICES					
Ensure culturally adapted resources	% of payroll for Inuit employees	Increase	23.0%	14.0% (UTHC only)	
	No. of training sessions prior to arrival	Increase	51	45	- 11.8%
	No. of Inuit employees who benefited from occupational training sessions	Increase	79	103	30.4%
Carry out efficient activities	No. of on-the-land projects (Nunami) funded	Increase	23	Unavailable	

DRIVERS		INDICATORS	2023-2024 RESULTS	2024-2025 RESULTS	CHANGES*
ISSUE 5: DEVELOP HUMAN, MATERIAL, TECHNOLOGICAL, INFORMATION AND FINANCIAL RESOURCES					
Ensure culturally adapted human resources.	No. of positions filled	Increase	Unavailable	Unavailable	
	Replacement rate	Decrease	Unavailable	Unavailable	
Oversee the efficiency of the healthcare system	No. of accidents	Decrease	781	349 (UTHC only)	
	No. of incidents	Decrease	249	115 (UTHC only)	
	No. of nosocomial infections	Decrease	6	0 (UTHC only)	
	No. of outbreaks	Decrease	5	1 (UTHC only)	
	No. of complaints	Decrease	Unavailable	Unavailable	
	No. of downtime hours due to illness	Decrease	189,816	95,297 (UTHC only)	

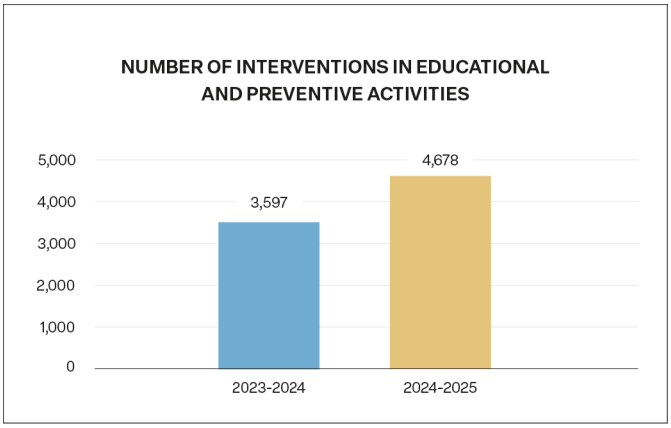
* When percentages are provided, the difference in percentage points is used to indicate a trend.

Consistent with the trend sought Inconsistent with the trend sought Measure or data unavailable

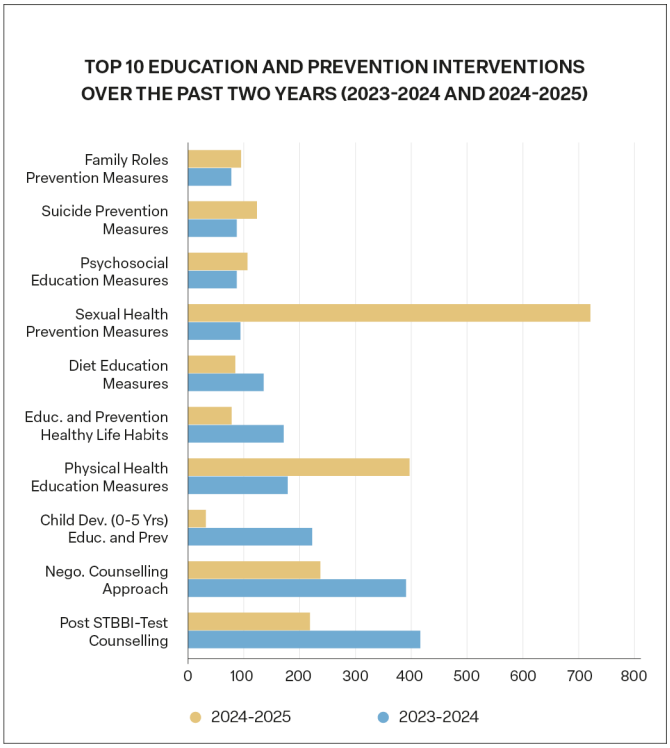
Issue 1 - Improve Health Prevention, Promotion and Protection Initiatives

The first issue consists of ensuring that relevant health prevention and promotion initiatives have an impact in the field. This issue mostly concerns public health measures and the provision of services to the community on a local basis. The data used were obtained with the Sic+ computer tool.

Improve The Effectiveness of CLSC Prevention and Promotion Measures

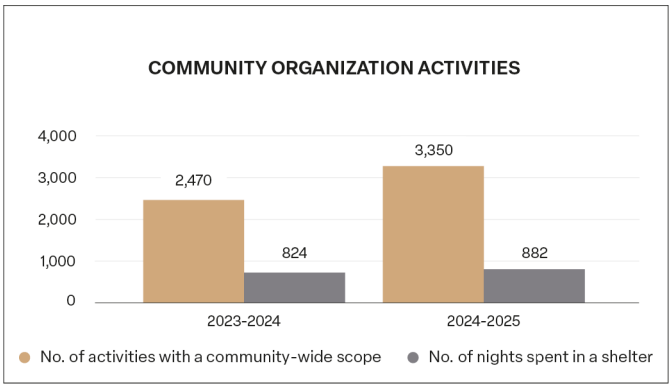


Education and prevention activities are monitored in order to assess the effectiveness of health promotion measures in Nunavik villages. The number of interventions during education and prevention activities increased by an impressive 30% (from 3,597 to 4,678) between 2023-2024 and 2024-2025. This attests to the increased efforts in terms of health prevention and promotion in the region.



Over the past year, there has been an overall increase in activities pertaining to physical and sexual health. In 2024-2025, interventions in the area of sexual and physical health education increased significantly, but other areas, such as diet and child development (0 to 5 years), remained stable or experienced a slight decline.

Improve the Effectiveness of Activities Organized by Community Organizations

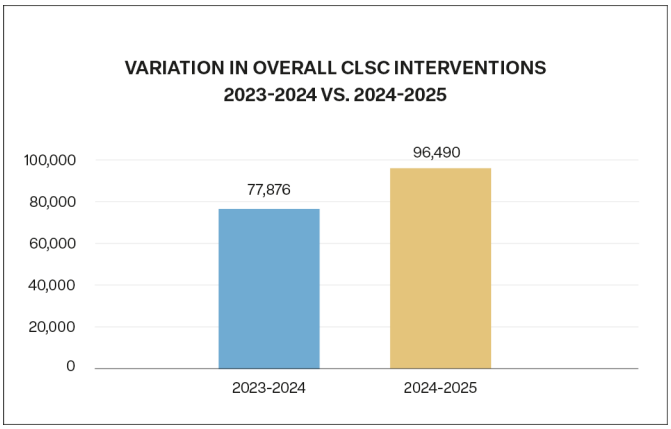


Actions with a community-wide scope, such as nights spent in a shelter are core services offered by community organizations. There was a visibly large increase in the activities of community organizations between the two periods. Activities with a community-wide scope increased by 36%, from 2,470 to 3,350. Nights spent in a shelter also increased, but slightly, from 824 to 882. This upward trend illustrates greater community involvement and increased support for persons in vulnerable situations.

Issue 2 - Improve Access to Front-Line Services in Every Community

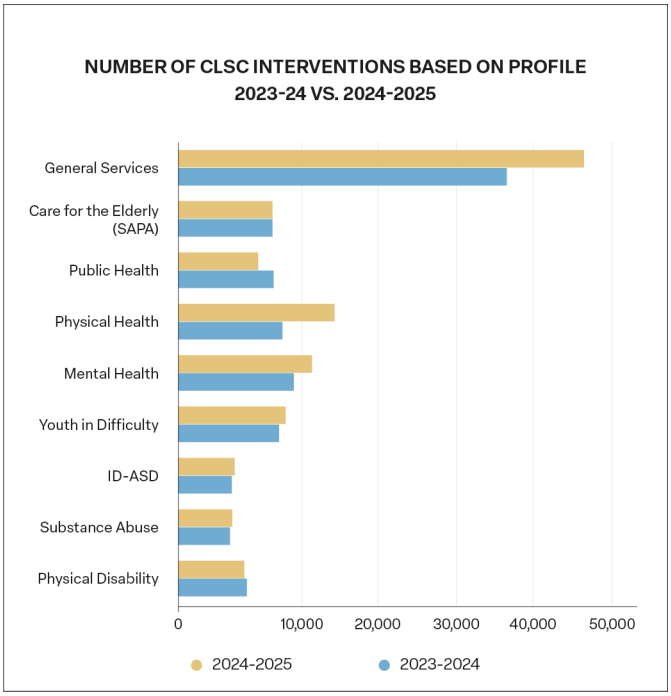
Improving access to front-line care at the community level calls for considering both the accessibility and the efficiency of the resources introduced.

Ensure Access to Local Care



In general, the various health and social services interventions carried out in Nunavik villages provide an overview of the degree of access to local care. CLSC interventions increased significantly, by 24%, from 77,876 in 2023-2024 to 96,490 in 2024-2025. This rise illustrates the enhanced service offer or an increase in demand for front-line interventions.

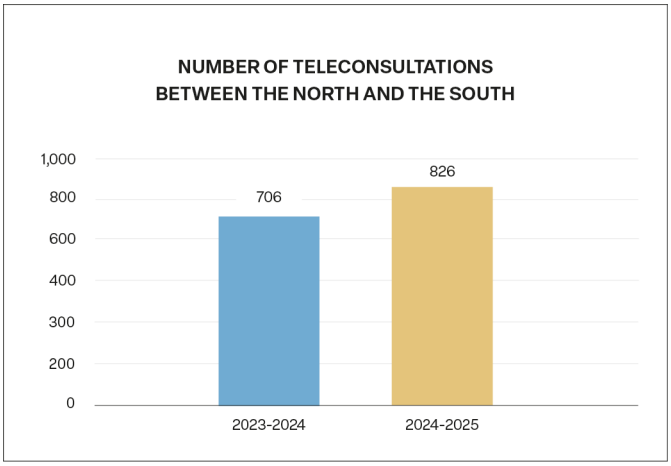
Ensure Access to Local Care (According to Profile Mapping)



A general increase in CLSC interventions by profile was noted in 2024-2025, particularly for general services, where the total number of interventions exceeded 45,000. Significant increases were also observed in the areas of physical health, mental health and SAPA (care for the elderly). Other profiles, such as ID-ASD, substance abuse or physical disability, remained relatively stable, with low numbers. This indicates an increase in front-line services, particularly in the areas with greater demand.

Issue 3 - Ensure Access to Specialized Services in Nunavik

To evaluate the achievement of our objectives in terms of access to specialized services in Nunavik, the accessibility of care and available support services were scrutinized. The overall assessment of this issue is based on the indicator of specialized care received in the South. Thus, if adequate specialized services are developed in the North, a drop in the use of specialized services in the South should result.

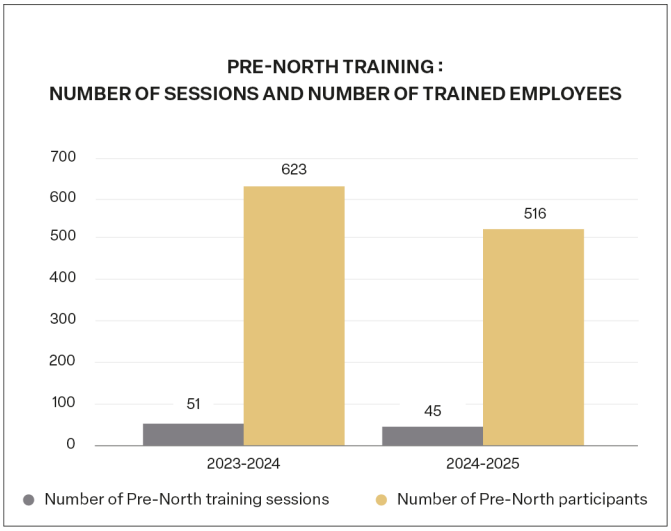


An increase in the number of teleconsultations between the North and the South was observed; these went from 706 in 2023-2024 to 826 in 2024-2025. This hike reflects an increase in virtual medical exchanges, likely in response to growing needs and a willingness to improve access to care in remote regions. This increase could also attest to a progressive integration of healthcare technologies in the northern network and a subsequent drop in medical travel while maintaining an ongoing link with professionals in the South.

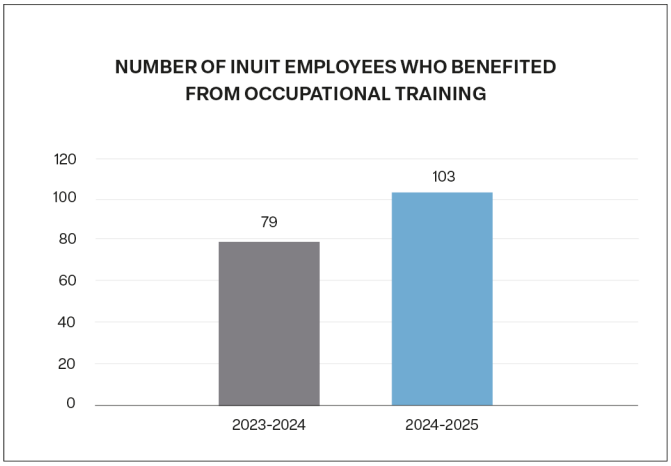
Issue 4 - Develop and Promote Inuit Values and Practices

Given the obvious need for culturally adapted services, the means adopted in the region to ensure these must be addressed. Culturally adapted resources and efficient activities are indicators that allow for monitoring this issue.

Ensure Culturally Adapted Resources



Between 2023-2024 and 2024-2025, the number of training sessions for professionals heading to Nunavik went from 51 to 45, and the number of employees trained dropped from 623 to 516. This generalized decrease could be due to a change in the number of new hires and new onboarded employees, given that the training in question is directly associated with the number of new recruits.



The number of Inuit employees who benefited from occupational training increased significantly, from 79 in 2023-2024 to 103 in 2024-2025. This shift attests to improved efforts regarding the development of local skills as a means of supporting the employability and retention of Inuit personnel as well as culturally suitable resources.

Disclosure of Wrongful Acts

We hereby confirm that no wrongful acts were reported to us for the reporting period of April 1, 2024, to March 31, 2025.

Raymond Chabot Grant Thornton

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June 10, 2025

To the Members of the Board of Directors of
Nunavik Regional Board of Health and Social Services

Enclosed are the combined balance sheet of Nunavik Regional Board of Health and Social Services as at March 31, 2025, and the combined statements of variation of net financial assets (net debt), changes in fund balance, and revenue and expenses for the year then ended, as well as the notes to summary financial statements.

These summary financial statements are extracted from information contained in the audited financial report (AS-425) of Nunavik Regional Board of Health and Social Services for the year ended March 31, 2025, on which we have issued an independent auditor's report with a qualified opinion dated June 10, 2025 (see detailed independent auditor's report in AS-425).

Raymond Chabot Grant Thornton LLP

Raymond Chabot Grant Thornton LLP

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED BALANCE SHEET
MARCH 31, 2025

	2025	2024
	$	$
FINANCIAL ASSETS		
Cash	**29,523,288**	41,079,364
Accounts receivable	**492,184,063**	391,652,959
	521,707,351	432,732,323
LIABILITIES		
Temporary financing	**31,595,059**	7,371,272
Accounts payable and accrued liabilities	**358,756,489**	305,147,482
Deferred revenue	**291,035,099**	237,362,940
Bonds payable	**58,849,908**	63,190,328
	740,236,555	613,072,022
NET FINANCIAL ASSETS (NET DEBT)	**(218,529,204)**	(180,339,699)
NON-FINANCIAL ASSETS		
Capital assets	**193,582,114**	141,770,573
Constructions in progress	**57,441,535**	58,910,063
Prepaid expenses	**93,515**	-
	251,117,164	200,680,636
FUND BALANCE		
FUND BALANCE	**32,587,960**	20,340,937

APPROVED ON BEHALF OF THE BOARD:

_____, Board Member

_____, Board Member

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF VARIATION OF NET FINANCIAL ASSETS (NET DEBT)
YEAR ENDED MARCH 31, 2025

	2025	2024
	$	$
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**12,247,023**	4,478,715
Capital asset and construction in progress variation		
Acquisition of capital assets	**(56,378,886)**	(83,607,808)
Decrease (increase) in constructions in progress	**1,468,528**	27,760,779
Amortization of capital assets	**4,567,345**	3,299,025
	(50,343,013)	(52,548,004)
Decrease (increase) in prepaid expenses	**(93,515)**	345,874
VARIATION OF NET FINANCIAL ASSETS (NET DEBT)	**(38,189,505)**	(47,723,415)
NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR	**(180,339,699)**	(132,616,284)
NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR	**(218,529,204)**	(180,339,699)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2025

	2025 **$**	2024 $
FUND BALANCE – BEGINNING OF YEAR	**20,340,937**	15,862,222
Excess (deficiency) of revenue over expenses	**12,247,023**	4,478,715
FUND BALANCE – END OF YEAR	**32,587,960**	20,340,937

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2025

	2025	2024
	$	$
REVENUE		
Ministère de la Santé et des Services sociaux (MSSS)	**213,861,340**	175,731,544
Indigenous Services Canada	**34,603,002**	26,444,284
Fonds des ressources informationnelles du secteur de la santé et des services sociaux (FRISSS)	**4,503,922**	6,102,572
Makivvik Corporation	**516,239**	3,577,363
Kativik Regional Government – Sustainable Employment	**675,055**	798,365
CNESST	**623,825**	587,427
Ministère des Affaires municipales et de l'Habitation	**530,385**	593,352
Other contributions	**1,693,483**	451,007
Housing rental	**164,697**	119,657
Interest income	**1,253,999**	1,384,534
Inuulitsivik Health Centre	**1,086,456**	478,414
Ungava Tulattavik Health Centre	**783,704**	478,414
Other	**240,051**	64,272
	260,536,158	216,811,205

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONTINUED)
YEAR ENDED MARCH 31, 2025

	2025 $	2024 $
EXPENSES		
Salaries and fringe benefits	**30,853,260**	26,156,356
Advertising and promotion	**513,353**	578,880
Amortization	**4,567,345**	3,299,025
Annual general meeting	**177,539**	78,869
Doubtful accounts	**26,515**	415,154
Equipment rental	**113,282**	106,083
Freight charges	**198,269**	203,004
Heating and electricity	**539,259**	529,617
Honoraria	**413,987**	339,065
Housing rental	**842,948**	880,066
Installation grants	**515,451**	378,004
Insurance	**46,814**	47,605
Interest and bank charges	**2,614,020**	2,654,160
Land leases	**378,272**	290,947
Maintenance and repairs	**351,031**	385,658
Medical supplies	**184,938**	193,255
Meetings and seminars	**83,084**	31,585
Municipal services	**530,385**	593,352
Office expenses	**2,082,826**	1,947,904
Professional fees	**4,487,113**	4,875,377
Publication and membership	**77,385**	75,103
Purchased services	**7,526,133**	6,976,870
Telecommunications	**479,163**	477,159
Training and education	**429,875**	291,565
Transfers to Inuulitsivik Health Centre	**80,162,750**	69,347,574
Transfers to Ungava Tulattavik Health Centre	**69,180,113**	55,857,515
Transfers to organizations	**32,581,435**	26,165,958
Travel and accommodation	**7,746,623**	7,987,302
Vehicle expenses	**87,695**	145,152
Other	**498,272**	1,024,326
	248,289,135	212,332,490
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**12,247,023**	4,478,715

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET
MARCH 31, 2025

	2025	2024
	$	$
FINANCIAL ASSETS		
Cash	**18,304,632**	37,091,357
Accounts receivable (Note 2 a))	**362,151,367**	301,028,596
Due from Long-term Assets Fund	**5,152,430**	16,499,634
	385,608,429	354,619,587
LIABILITIES		
Accounts payable and accrued liabilities	**317,876,857**	300,543,551
Deferred revenue (Note 6)	**35,237,127**	33,735,099
	353,113,984	334,278,650
NET FINANCIAL ASSETS (NET DEBT)	**32,494,445**	20,340,937
NON-FINANCIAL ASSETS		
Prepaid expenses	**93,515**	-
FUND BALANCE		
Fund balance – Operating Fund	**3,404,590**	2,490,506
Fund balance – Internally Restricted Fund – Assigned Fund	**29,183,370**	17,850,431
	32,587,960	20,340,937

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2025

	2025 **$**	2024 $
FUND BALANCE – BEGINNING OF YEAR	**2,490,506**	-
Excess (deficiency) of revenue over expenses	**3,556,252**	4,227,977
Transfers to Assigned Fund	**(2,642,168)**	(1,737,471)
FUND BALANCE – END OF YEAR	**3,404,590**	2,490,506

INTERNALLY RESTRICTED FUND – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (APPENDIX B)
YEAR ENDED MARCH 31, 2025

	2025 **$**	2024 $
FUND BALANCE – BEGINNING OF YEAR	**17,850,431**	15,862,222
Excess (deficiency) of revenue over expenses	**8,690,771**	250,738
Transfers from Operating Fund	**2,642,168**	1,737,471
FUND BALANCE – END OF YEAR	**29,183,370**	17,850,431

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND – STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2025

	2025	2024
	$	$
REVENUE		
MSSS	**54,006,585**	41,242,036
Housing rental	**477,083**	550,364
Kativik Regional Government – Sustainable Employment	**85,068**	798,365
Ministère des Affaires municipales et de l'Habitation	**530,385**	593,352
Administration fees	**446,645**	420,873
Interest income	**1,253,999**	1,384,534
Inuulitsivik Health Centre	**807,406**	478,414
Ungava Tulattavik Health Centre	**734,923**	478,414
FRISSS	**4,503,922**	6,102,572
Other	**141,801**	55,066
	62,987,817	52,103,990
EXPENSES		
General administration (Appendix A)	**53,026,441**	41,867,647
Community health advisors (Appendix A)	**3,879,329**	3,470,449
Building operating costs (Appendix A)	**2,525,795**	2,537,917
	59,431,565	47,876,013
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**3,556,252**	4,227,977

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
BALANCE SHEET
MARCH 31, 2025

	2025	2024
	$	$
FINANCIAL ASSETS		
Cash	**11,218,656**	3,988,007
Accounts receivable (Note 2 b))	**130,032,696**	90,624,363
	141,251,352	94,612,370
LIABILITIES		
Accounts payable and accrued liabilities	**40,879,632**	4,603,931
Due to Operating Fund and Assigned Fund	**5,152,430**	16,499,634
Temporary financing	**31,595,059**	7,371,272
Deferred revenue – MSSS	**255,797,972**	203,627,841
Bonds payable	**58,849,908**	63,190,328
	392,275,001	295,293,006
NET FINANCIAL ASSETS (NET DEBT)	**(251,023,649)**	(200,680,636)
NON-FINANCIAL ASSETS		
Capital assets (Note 3)	**193,582,114**	141,770,573
Constructions in progress (Note 5)	**57,441,535**	58,910,063
	251,023,649	200,680,636
FUND BALANCE		
FUND BALANCE	**-**	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2025

	2025	2024
	$	$
FUND BALANCE – BEGINNING OF YEAR	**-**	-
Excess (deficiency) of revenue over expenses	**-**	-
FUND BALANCE – END OF YEAR	**-**	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2025

	2025	2024
	$	$
REVENUE		
MSSS – reimbursement of interest	**2,599,474**	2,641,063
MSSS – reimbursement of capital	**4,340,421**	4,439,570
MSSS	**226,924**	(1,140,545)
	7,166,819	5,940,088
EXPENSES		
Interest charges	**2,599,474**	2,641,063
Amortization	**4,567,345**	3,299,025
	7,166,819	5,940,088
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**-**	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2025

1. REPORTING ENTITY

Nunavik Regional Board of Health and Social Services (NRBHSS) is an organization created in pursuance of the *James Bay and Northern Québec Agreement.* As at May 1, 1995, the rights and obligations of the Kativik CRSSS became the rights and obligations of the NRBHSS.

2. ACCOUNTS RECEIVABLE

	2025	2024
	$	$
a) Operating Fund and Assigned Fund		
MSSS		
Insured and Non-insured Health Benefits (INIHB) (Note 4)	**109,777,158**	82,958,321
Strategic Regional Plan (partially unconfirmed) (Note 9)	**138,864,743**	80,153,257
COVID-19	**17,507,336**	153,037
PSOC	**-**	667,147
Various other programs (partially unconfirmed) (Note 9)	**74,785,609**	109,491,657
FRISSS	**1,214,280**	3,676,902
GST and QST	**1,494,904**	1,629,334
Indigenous Services Canada	**6,046,734**	-
Inuulitsivik Health Centre	**9,668,807**	8,562,565
Ungava Tulattavik Health Centre	**1,525,814**	9,046,647
Indigenous and Northern Affairs Canada	**19,442**	121,047
Kativik Regional Government – Sustainable Employment	**346,509**	860,763
Makivvik Corporation	**-**	759,833
Saqijuq	**-**	1,753,485
Other	**926,731**	1,764,180
	362,178,067	301,598,175
Provision for doubtful accounts	**(26,700)**	(569,579)
	362,151,367	301,028,596
b) Long-term Assets Fund		
MSSS	**90,876,802**	86,436,349
MSSS – advances to establishments (unconfirmed) (Note 9)	**35,774,442**	2,707,987
FRISSS	**1,777,655**	-
GST and QST	**1,393,182**	1,163,606
Other	**210,615**	316,421
	130,032,696	90,624,363

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2025

3. CAPITAL ASSETS

The capital assets are composed of the following:

			2025	2024
	Cost	**Accumulated amortization**	**Net carrying amount**	Net carrying amount
	$	**$**	**$**	$
Buildings	**212,380,166**	**21,471,853**	**190,908,313**	139,605,844
Computer equipment	**2,531,680**	**1,711,946**	**819,734**	-
Furniture and equipment	**1,017,367**	**970,796**	**46,571**	98,498
Specialized equipment	**3,176,547**	**1,369,051**	**1,807,496**	2,066,231
Vehicles	**1,576,901**	**1,576,901**	**-**	-
	220,682,661	**27,100,547**	**193,582,114**	141,770,573

4. INSURED AND NON-INSURED HEALTH BENEFITS (INIHB)

At year-end, the INIHB accounts receivable are detailed as follows:

	2025	2024
	$	$
2014-2015 to 2016-2017	**28,044,263**	34,317,889
2017-2018	**-**	-
2018-2019	**-**	-
2019-2020	**-**	-
2020-2021	**-**	-
2021-2022	**-**	-
2022-2023	**-**	-
2023-2024	**18,640,432**	48,640,432
2024-2025	**63,092,463**	-
	109,777,158	82,958,321

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2025

5. CONSTRUCTIONS IN PROGRESS

	2025	2024
	$	$
Housing units (50 units)	**1,434**	1,434
Housing units (42 units)	**68,382**	10,775,983
8-plex mental health – Kuujjuaq	**2,879,160**	-
Director of Youth Protection (DYP) building – Puvirnituq	**969,000**	126,288
Housing units (62 units)	**-**	9,079,166
Housing units (108 units)	**47,671,782**	38,498,610
Housing units (300 units)	**1,100**	700
Housing units (46 units)	**5,787,475**	-
Elders' house – Kuujjuaq	**59,824**	-
Elders' house – Puvirnituq	**3,378**	-
Information technology investment resources envelope (ITIRE)	**-**	427,882
	57,441,535	58,910,063

6. DEFERRED REVENUE

At year-end, the deferred revenue is detailed as follows:

	2025	2024
	$	$
Indigenous Services Canada	**35,237,127**	33,723,099
Other	**-**	12,000
	35,237,127	33,735,099

7. COMMITMENTS

The NRBHSS has commitments amounting to $127,070,861. The future minimum contractual obligations for the next years are as follows:

	$
2025-2026	122,610,296
2026-2027	1,443,526
2027-2028	1,395,039
2028-2029	481,942
2029-2030	420,058
2030-2033	720,000
	127,070,861

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2025

8. CONTRACTUAL RIGHTS

The NRBHSS has contractual rights amounting to $159,609,891. The future minimum contractual rights for the next years are as follows:

	$
2025-2026	130,453,176
2026-2027	9,718,905
2027-2028	9,718,905
2028-2029	9,718,905
	159,609,891

9. UNCONFIRMED ACCOUNTS RECEIVABLES

As at the date of issuance of the present summary financial statements, the MSSS did not confirm the accounts receivable detailed as follows:

	2025	2024
	$	$
INIHB – 2014-2015 to 2016-2017	**-**	34,317,889
Strategic Regional Plan – previous years	**-**	43,978,140
Strategic Regional Plan – current year	**33,492,829**	33,807,242
Strategic Regional Plan – capital assets	**4,669,366**	2,367,875
Long-term Assets Fund – advances to establishments	**35,774,442**	-
Foster families	**21,421,798**	54,855,764
Ulluriaq Girls	**13,120,660**	13,120,660
Agir tôt	**262,787**	3,663,679
Youth services	**2,491,271**	2,808,923
INIHB interest	**-**	15,618,989
Tuberculosis	**-**	6,270,255
Attraction premium	**-**	5,335,845
Regional envelope (various projects)	**-**	4,888,114
PSOC	**-**	667,147
Other	**-**	521,193
	111,233,153	222,221,715

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX A – DETAILED EXPENSES – OPERATING FUND
YEAR ENDED MARCH 31, 2025

	2025 $	2024 $
GENERAL ADMINISTRATION		
Salaries and fringe benefits	**17,931,837**	15,319,930
Advertising and promotion	**176,803**	234,302
Annual general meeting	**168,875**	76,537
Doubtful accounts (recovered)	**(7,544)**	415,154
Equipment rental	**67,648**	46,944
Freight charges	**95,068**	98,015
Honoraria	**317,462**	205,650
Insurance	**46,766**	46,683
Interest and bank charges	**13,943**	12,856
Medical supplies	**94,472**	165,368
Meetings and seminars	**16,904**	20,485
Office expenses	**1,617,053**	1,371,099
Professional services	**4,384,014**	3,841,230
Publication and membership	**24,917**	22,845
Purchased services	**2,891,748**	2,703,852
Telecommunications	**436,187**	406,259
Training and education	**199,041**	185,373
Transfers to Inuulitsivik Health Centre	**6,814,871**	3,472,056
Transfers to Ungava Tulattavik Health Centre	**4,096,463**	4,191,241
Transfers to organizations	**9,550,233**	5,153,854
Travel and accommodation	**3,583,795**	3,496,563
Vehicle expenses	**84,276**	76,298
Other	**421,609**	305,053
	53,026,441	41,867,647
COMMUNITY HEALTH ADVISORS		
Salaries and fringe benefits	**2,688,222**	2,276,422
Advertising and publicity	**-**	7,361
Equipment rental	**3,256**	2,741
Freight charges	**12,083**	708
Housing rental	**41,227**	41,852
Meetings and seminars	**12,593**	-
Office expenses	**50,520**	59,054
Professional services	**-**	500
Purchased services	**251,092**	176,823
Telecommunications	**3,564**	4,038
Training and education	**21,842**	16,128
Transfers to Inuulitsivik Health Centre	**179,003**	234,491
Travel and accommodation	**605,169**	646,919
Other	**10,758**	3,412
	3,879,329	3,470,449

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX A – DETAILED EXPENSES – OPERATING FUND (CONTINUED)
YEAR ENDED MARCH 31, 2025

	2025	2024
	$	$
BUILDING OPERATING COSTS		
Heating and electricity	**539,259**	528,854
Housing rental	**729,621**	739,135
Land leases	**378,272**	290,947
Maintenance and repairs	**348,258**	385,629
Municipal services	**530,385**	593,352
	2,525,795	2,537,917

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2025
(UNAUDITED)

	Project number	Fund balance, beginning of year $	Revenue $	Expenses $	Interfund transfers $	Fund balance, end of year $
ADMINISTRATION						
Bandwidth enhancement project	8860	58,731	-	-	-	58,731
CLSC Aupaluk	8082	466,641	-	99,326	-	367,315
IT – communication	8083	690,889	-	72,965	-	617,924
Non-capitalizable costs to capital asset projects	8084	70,867	-	133,021	-	(62,154)
PSOC paid by MSSS for NRBHSS	8087	-	16,993,104	16,993,104	-	-
Federal Funds						
Child First Initiative – service coordination	726	-	795,621	795,621	-	-
Anti-Racism Initiative – cultural safety	744	-	4,251	4,251	-	-
Other Funds						
Community food programs	8098	138,342	-	96,081	-	42,261
Technocentre	8840	-	-	64,772	64,772	-
Regional technical services	8891	207,668	-	(4,418)	(207,668)	4,418
Regional information services	8892	(69,386)	-	152,740	222,126	-
		1,563,752	17,792,976	18,407,463	79,230	1,028,495
EXECUTIVE MANAGEMENT						
Provincial Funds						
Translation	8062	55,677	-	34,971	-	20,706
Communication	8095	(457,303)	457,303	161	161	-
Federal Funds						
Anti-Indigenous racism strategy – transportation escort	745	-	176,292	26,292	(150,000)	-
Anti-Indigenous racism strategy – advocate support	746	-	8,227	8,227	-	-
Communication	776	-	-	67,420	67,420	-
Other Funds						
Saqijuq Nunavik – Quebec project	826	-	315,336	9,456	-	305,880
Intervention team – Saqijuq	829	(35,105)	-	-	-	(35,105)
Clinical plan	8067	(2,948,708)	2,193,274	103,568	7,345	(851,657)
		(3,385,439)	3,150,432	250,095	(75,074)	(560,176)
REGIONAL DEVELOPMENT OF HUMAN RESOURCES						
Provincial Funds						
Bursary project	613	85,413	-	22,500	-	62,913
Interns' integration program	8033	112,500	-	35,423	-	77,077
Law 21 project	8072	840,606	102,000	-	-	942,606
Attraction and retention	8076	53,329	58,391	53,329	(58,391)	-
Federal Fund						
Aboriginal Health Human Resources Initiative	811	-	60,643	60,643	-	-
Other Funds						
Administration and communication	8038	86,208	-	-	-	86,208
McGill Health project	8040	(2,000)	-	(2,000)	-	-
Healthcare and home care assistance	8041	262,070	-	-	-	262,070
		1,438,126	221,034	169,895	(58,391)	1,430,874
INUIT VALUES						
Provincial Funds						
Regional midwifery	8016	214,426	-	-	-	214,426
Elder abuse prevention	8023	350,308	-	-	-	350,308
Services for men	8029	(91,809)	98,913	7,104	-	-
Cultural safety in healthcare services	8096	112,050	37,350	64,304	-	85,096
Federal Funds						
Brighter Futures	699	-	2,381,078	2,031,078	(350,000)	-
Missing and murdered Indigenous women and girls	712	-	13,864	13,864	-	-
Support to residential schools	715	(24,943)	-	105	24,943	(105)
Indian day school	729	-	27,372	27,372	-	-
Anti-Racism Initiative – midwifery	749	-	280,709	766,709	486,000	-
Indian residential schools	819	-	675,777	650,834	(24,943)	-
Other Funds						
Trauma-Informed Health and Cultural Support	704	-	113,206	113,206	-	-
Midwives	708	-	(119,981)	5,019	125,000	-
		560,032	3,508,288	3,679,595	261,000	649,725

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONTINUED)
YEAR ENDED MARCH 31, 2025
(UNAUDITED)

	Project number	Fund balance, beginning of year $	Revenue $	Expenses $	Interfund transfers $	Fund balance, end of year $
OUT-OF-REGION SERVICES						
Provincial Funds						
Insured and Non-insured Health Benefits program	938	-	114,563,012	114,563,012	-	-
Insured and Non-insured Health Benefits management	939	-	1,008,290	1,008,290	-	-
Federal Funds						
Child First Initiative – community worker UTHC - ISC-86164	742	-	258,645	-	(258,645)	-
Child First Initiative – hotel fees – ISC-106583	747	-	106,176	106,176	-	-
Child First Initiative – swat team – ISC-114186	750	-	51,339	51,339	-	-
Child First Initiative – car fleet UTHC ISC-130618	752	-	2,378,500	2,378,500	-	-
Child First Initiative – IHC – car fleet – ISC-131972	753	-	(43,264)	(43,264)	-	-
Child First Initiative – KI CFI projects	756	-	1,129,720	1,129,720	-	-
Child First Initiative – UTHC	757	-	906,952	906,952	-	-
Child First Initiative – IHC	758	-	1,563,970	1,035,460	(528,510)	-
Child First Initiative – surplus	759	-	(363,364)	-	363,364	-
Child First Initiative – NRBHSS	761	-	1,320,126	1,320,126	-	-
Child First Initiative – Isuarsivik Recovery Centre	762	-	45,627	495,627	450,000	-
Child First Initiative – Tasiutigiit Association	764	-	(54,497)	24,013	78,510	-
Child First Initiative – CIUSSS ODIM	766	-	4,875	4,875	-	-
Child First Initiative – financing services	778	-	18,317	18,317	-	-
		-	122,894,424	122,999,143	104,719	-
PUBLIC HEALTH						
Provincial Funds						
Integrated perinatal and early childhood services – OLO	601	397,120	212,272	-	-	609,392
Perinatal resource centres	602	60,000	-	-	-	60,000
Temporary staff – vaccination, screening and sampling	663	-	186,944	737,448	550,504	-
Inuit health survey	690	879,375	-	166,805	-	712,570
Youth house renovation – Salluit tuberculosis	718	-	13,285	13,285	-	-
Health prevention – climate change coordination	748	279,633	170,000	6,103	-	443,530
Pregnancy notice	760	19,213	92,000	114,464	-	(3,251)
Climate change	768	(12,475)	212,301	153,858	-	45,968
Prevention of addictions among young people attending secondary school (12-17 years old)	916	377,923	211,674	17,976	-	571,621
Quebec smoking cessation program	926	127,577	120,740	324	-	247,993
Kinesiology	931	88,955	-	-	-	88,955
Integrated perinatal and early children	933	18,687	(19,883)	-	1,196	-
Community mobilization	936	296,514	-	6,193	-	290,321
Tuberculosis outbreak	937	21,689	6,290	934,347	-	(906,368)
Psychotropic	944	952,287	278,000	-	-	1,230,287
Food security	945	83,713	60,000	92,330	(83,714)	(32,331)
AIDS and STD – information and prevention	956	106,134	157,007	145,618	-	117,523
Nosocomial infections	960	646,014	522,286	11,851	-	1,156,449
Overdose response service	979	130,019	57,853	-	-	187,872
Good Touch Bad Touch	8030	(1,839)	11,055	9,216	-	-
Health data analysis	8060	737,624	130,891	398	-	868,117
Smoking habits	8061	674,939	124,271	-	-	799,210
Palivizumab in Nunavik	8063	84,213	-	-	-	84,213
Strengthening families	8066	39,147	-	-	-	39,147
Prevention of chronic diseases (diabetes)	8077	80,104	(90,000)	-	9,896	-
Prevention of rabies (zoonoses)	8078	30,000	-	409	-	29,591
Mental health school environment	8089	733,539	217,014	8,111	-	942,442
Prevention-promotion DGSP	8092	1,188,622	465,573	188,700	(300,000)	1,165,495
Development and sharing of intersectoral housing expertise	8102	-	80,000	-	300,000	380,000
Federal Funds						
NNHC functioning	614	(47,791)	10,000	102,485	-	(140,276)
FASD	634	-	703,144	-	(703,144)	-
Let's understand vaccination	664	-	-	22,952	-	(22,952)
Inuit health survey	692	(1,584)	896,616	895,032	-	-
Diabetes	693	-	930,756	930,756	-	-
Perinatal nutritional program	696	-	608,703	-	(608,703)	-
Tuberculosis screening – Ivujivik	706	-	-	18,781	18,781	-
Maternity and child health	707	-	610,398	1,509,276	898,878	-
Children's oral health initiative	709	-	211,999	-	(211,999)	-
Sexually transmitted and blood B.I.	711	-	304,902	304,902	-	-
Tuberculosis elimination action plan	713	-	2,044,072	1,882,080	(161,992)	-
Tuberculosis screening – Salluit	719	-	(228,707)	65,548	294,255	-
Tuberculosis screening – Puvirnituq	720	-	36,866	70,882	34,016	-
Tuberculosis screening – Kangiqsujuaq	721	-	6,220	70,703	64,483	-
Child First Initiative – menstrual products	735	-	195,414	209,382	13,968	-
Tuberculosis screening – Kangiqsualujjuaq	736	-	231,583	86,902	(144,681)	-
Responding regional needs – professional development	737	-	215,006	262,913	47,907	-
Tuberculosis screening – Akulivik	739	-	359,140	1,358	(357,782)	-
Canadian drugs and substances strategy (opioids)	743	-	211,440	211,440	-	-
Respiratory viruses – infection prevention and control	754	-	329,993	329,993	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONTINUED)
YEAR ENDED MARCH 31, 2025
(UNAUDITED)

	Project number	Fund balance, beginning of year $	Revenue $	Expenses $	Interfund transfers $	Fund balance, end of year $
PUBLIC HEALTH (CONTINUED)						
Federal Funds						
Tuberculosis screening – Inukjuak	763	(1,027)	(184,473)	-	185,500	-
Nutrition North Canada	820	-	704,136	704,136	-	-
Federal strategy for smoking prevention in Nunavik	827	(64,414)	656,509	442,095	(150,000)	-
STI and tuberculosis prevention	935	118,090	-	-	-	118,090
Other Funds						
Occupational health and safety	611	(131,902)	623,825	818,258	209,245	(117,090)
Kino-Québec	612	84,754	-	-	-	84,754
Vaccines B – sec. 5	660	(71,340)	1,340	-	70,000	-
Inuit health survey	691	231,383	-	216,768	-	14,615
Strengthening families (Ungaluk)	8075	64,506	-	-	-	64,506
		8,219,402	12,698,455	11,764,078	(23,386)	9,130,393
PLANNING AND PROGRAMMING						
Provincial Funds						
Upgrade units endoscopy	682	(189,633)	189,633	-	-	-
Network training	683	39	-	-	-	39
Medical congress	684	23,872	-	12,029	-	11,843
Installation grants and training	685	(206,927)	575,746	466,672	-	(97,853)
Sexual exploitation prevention and intervention program	779	-	75,000	-	-	75,000
Family violence	695	(65,176)	633,200	72,094	(10,782)	485,148
Prevention and awareness-raising against sexual violence	767	(58,223)	207,123	174,367	-	(25,467)
Medical training – legal kit	790	17,355	150,269	-	-	167,624
Women's health program	791	133,332	-	-	(133,332)	-
Intervention in neglect	907	128,860	-	-	-	128,860
Installation grants and training – promotion, hiring and retention	921	(173,232)	-	-	173,232	-
Installation grants and training – grants	923	26,976	-	-	(26,976)	-
Palliative care	925	16,163	-	-	-	16,163
Pharmacy	928	-	4,035	4,035	-	-
Regional committees against violence	932	88,501	130,500	26,132	-	192,869
Sarros	943	213,759	701,450	565,425	(146,256)	203,528
Transition to adulthood	957	-	35,000	12,500	-	22,500
Services to elders – PFT	964	101,550	-	3,930	-	97,620
Psychosocial intervention	965	(308,444)	1,405,247	180,184	133,332	1,049,951
Intellectual deficiency – family support	971	80,000	-	4,759	-	75,241
Child sexual abuse training	972	(142,849)	158,238	15,514	125	-
Youth services table and advisory committee	973	(10,775)	20,180	13,893	4,488	-
Violence victim housing	984	418,869	378,174	287,781	-	509,262
Emergency measures	998	189,639	2,588,391	2,819,993	-	(41,963)
Support for socio-professional integration for ID-ASD users	7101	616	827,720	578,728	-	249,608
Suicide prevention – training	8006	(1,064)	1,247	183	-	-
Violence against women – training	8007	967	47,871	101,624	10,782	(42,004)
Community organization – training	8008	131,413	-	-	-	131,413
Mental health – clinical projects support	8009	1,956,298	692,789	-	-	2,649,087
Suicide prevention – regional strategy	8010	-	43	536	339	(154)
Sexual harassment intervention team	8015	28,790	-	645	-	28,145
Dependencies	8020	650,860	(165,000)	16,123	-	469,737
Training on attention and hyperactivity	8021	53,739	-	-	-	53,739
Therapeutic guide redaction	8028	206,264	-	86,790	-	119,474
Caregiver	8034	574,543	(485,705)	141,861	53,023	-
Specialized nurse practitioner	8036	(58,076)	465,997	460,555	-	(52,634)
Cancer and palliative care – interpreter training	8042	-	(103,073)	-	103,073	-
Medical anatomical vocabulary development	8043	109,577	-	27,761	-	81,816
Integration revision of the SSS grouping	8044	73,372	-	55	-	73,317
Physical health clinical project	8045	22,127	-	-	-	22,127
Specialized proximity medical services	8046	(2,286,532)	(337,106)	103,275	2,726,913	-
Day centre	8048	151,113	-	17,559	-	133,554
Hearing impaired clientele	8050	84,194	-	-	-	84,194
CLSC-DYP-Rehabilitation – collaboration agreement	8051	185,569	-	104	-	185,465
Nunavik Integrated Youth and Family Centre	8052	(221,544)	(659,019)	932	881,495	-
Sexual abuse – multi-sector agreement	8053	-	4,633	4,633	-	-
Marie-Vincent training	8054	15,401	-	10,481	-	4,920
Family resources	8055	48,022	-	(59,907)	-	107,929
My Family, My Community	8056	(32,198)	288	30,270	62,180	-
Attachment disorder	8057	32,941	-	-	-	32,941
Alcochoice training	8058	201,647	-	109,672	(21,000)	70,975
First aid in mental health	8059	943,388	1,047,431	273,391	-	1,717,428
Rehabilitation prothesis and orthosis	8069	96,250	98,250	36,812	-	157,688
Inuit dependency training – Isuarsivik and Saquiq	8070	234,584	-	234,584	-	-
Improve access to mental health services	8074	459,664	172,000	-	-	631,664
Act Early	8085	(256,190)	2,092,679	1,836,489	-	-
Nunavik PLA development	8086	2,342,129	3,447,254	1,015,297	-	4,774,086

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONTINUED)
YEAR ENDED MARCH 31, 2025
(UNAUDITED)

	Project number	Fund balance, beginning of year $	Revenue $	Expenses $	Interfund transfers $	Fund balance, end of year $
PLANNING AND PROGRAMMING (CONTINUED)						
Provincial Funds						
Nitsiq	8090	(196,761)	248,581	271,304	-	(219,484)
Various projects	8094	1,950,203	-	-	(1,950,203)	-
Substance use and addiction program	8101	-	437,820	15,638	21,000	443,182
Long-term and continuing care	8100	-	15,440	15,440	-	-
Youth protection reorganization	9007	-	-	650	-	(650)
Expert committee – health physics	9012	52,922	-	-	-	52,922
Training on crisis management	9052	198,402	-	-	-	198,402
Mental health	9053	(4,686)	6,870	2,184	-	-
Intellectual deficiency – evaluation chart	9081	(88,818)	88,818	-	-	-
Regional rehabilitation services for youth in difficulty	9084	25,000	-	-	-	25,000
Home support	9085	199,494	287	20,000	-	179,781
Federal Funds						
Home care professional development	617	-	9,262	9,262	-	-
Home and community care	618	-	7,296,367	7,296,367	-	-
Forum on sexual health and prevention	689	-	95,000	3,877	-	91,123
Community mental health	697	-	1,558,305	1,908,305	350,000	-
Suicide prevention strategy	698	-	3,854,017	3,826,766	(27,251)	-
Mental wellness creation development	710	-	292,749	-	(292,749)	-
Nunavik health service plan and quality management	705	-	378,721	528,721	150,000	-
Family violence	717	-	70,126	22,219	(47,907)	-
Child First Initiative – RAC-DI-TSA	723	-	346,701	241,982	(104,719)	-
Climate change (Qanuilirpitaa)	725	-	251,275	251,275	-	-
Nunavik Sexual Abuse Intervention Flying Team	730	-	(67,782)	252,218	320,000	-
Child First Initiative – NRBHSS-DI-TSA	770	-	116,656	116,656	-	-
Child First Initiative – NRBHSS-Tasiurtigiit	771	-	110,479	110,479	-	-
Oncology and medical biology	772	-	(53,118)	96,882	150,000	-
Family violence prevention program	773	-	82,520	82,520	-	-
Other Funds						
Best practices for elders' residences	812	-	-	-	-	-
Cancer program	825	(108,214)	116,503	8,379	90	-
Harvesters support program	830	-	133,164	-	-	133,164
Suicide prevention	963	1,051,552	625,195	26,100	-	1,650,647
Deaf workshop 2015-2016	8037	29,715	92,626	101,639	-	20,702
Ilagiinut – Building our future	8064	-	-	56,431	42,563	(13,868)
Family homes development – kids' future	8065	232,458	-	136,691	(62,902)	32,865
Mental wellness COVID-19	8093	-	364,135	-	-	364,135
National training program	9076	6,059	3,743	5,314	(4,488)	-
Tele-health	9181	75,712	-	84,454	-	(8,742)
		9,454,558	30,874,945	25,179,514	2,354,070	17,504,059
		17,850,431	191,140,554	182,449,783	2,642,168	29,183,370

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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES