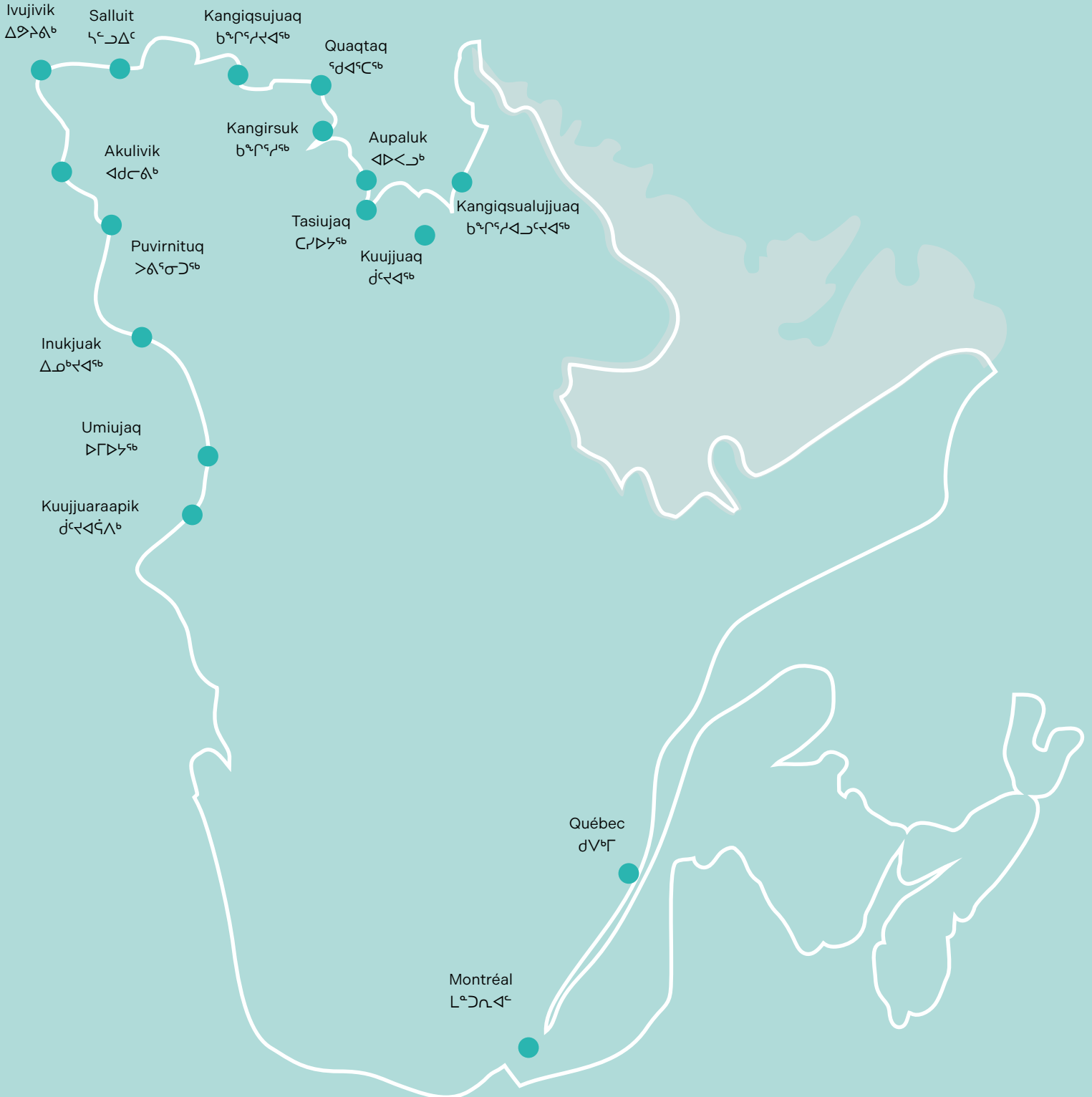


NUNAVIK

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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 and Social Services

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 2023-2024:

- 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, 2024.

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, Hudson Bay) and the Ungava Tulattavik Health Centre (UTHC, Ungava Bay).

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 harmoniously 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 populations 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

We are pleased to submit the annual report of the Nunavik Regional Board of Health and Social Services, which presents the results of our actions, among others, under the 2018-2025 Strategic Regional Plan.

We work tirelessly at fulfilling our regional mission by clearly committing to Nunavik's two health centres in carrying out the strategic plan and are dedicated to reporting on the services provided for the Nunavik population from a regional perspective.

We wish to emphasize the enormous efforts invested by all the personnel of the Nunavik health network during a period marked by a manpower shortage. Over the coming years, we will work with the government bodies in order to adapt the working conditions of our personnel, particularly the Inuit personnel, to the northern realities we face daily.

Shirley White-Dupuis

Jennifer Munick-Watkins

BOARD OF DIRECTORS AND COMMITTEES

Composition of the Board of Directors on March 31, 2024

EXECUTIVE COMMITTEE

Shirley White-Dupuis

Chairperson
Representative of Kuujjuaq

Claude Gadbois

Vice-Chairperson
Representative of the UTHC Board of Directors

Jennifer Munick-Watkins

Secretary
NRBHSS Executive Director

Parsa Kitishimik

Executive Committee Member
Representative of Kuujjuaraapik

Elisapi Uitangak

Executive Committee Member
Representative of Puvirnituq

MEMBERS

Davidee Suppa

Representative of Umiujaq

Jobie Epoo

Representative of Inukjuak

Joanasie Aliqu

Representative of Akulivik

Peter Iyaituk

Representative of Ivujivik

Annie Alaku

Representative of Salluit

Sally Nuktie

Representative of Kangiqsujuaq

Uttuqi Carrier

Representative of Quaqtaq

Mary Thomassie

Representative of Kangirsuk

Maggie Akpahatak

Representative of Aupaluk

Willie Angnatuk

Representative of Tasiujaq

Ellasie Annanack

Representative of Kangiqsualujjuaq

Larry Watt

UTHC Executive Director

Vacant

Representative of the IHC Board of Directors

Sarah Beaulne

IHC Executive Director

EXECUTIVE MANAGEMENT

The past year was one of renewal and consolidation in Executive Management. A new assistant to the Executive Director – the Regional Director of Strategy, Organizational Development and Corporate Affairs – joined the team. A specialist in administrative procedures and an administrative technician were also hired to support the activities of the Department of Executive Management.

The consolidation of ties with our governmental partners was a priority this year: first with the MSSS, where we attended biweekly meetings with the Direction des affaires autochtones to ensure better collaboration and closer follow-ups of current portfolios. The Executive Director and her assistant also took turns on the network management committee (CGR). Further, the Executive Director made a special appearance before the Parliamentary committee on Bill 37, concerning the appointment of a commissioner for children’s well-being and rights.

Next, with Makivvik, frequent, bilateral meetings were established. We also began meetings in view of Nunavik’s empowerment with this governmental entity.

Finally, we received support equipment from the MSSS to help us reinforce our management practices.

Several major efforts were launched in an effort to provide impetus for the NRBHSS:

- the committee on the work atmosphere;
- the NRBHSS’ strategic planning;
- reorganization of the organizational structure;
- close monitoring of work related to the creation of the agency of Santé Québec and its impacts on our region as well as an application to participate in the transition committee.

These initiatives will continue in 2024-2025.

COORDINATION OF COMMUNICATIONS

A new coordinator took office last spring. Certain processes were revised and tasks were reassigned within the communications team.

Our team covered several events and created new communication tools. Below is a quick glimpse at some of the most noteworthy accomplishments:

- **inauguration of the Aupaluk CLSC:** Last August, the employees of the Ungava Tulattavik Health Centre (UTHC) moved the installations and transferred the operations of the former Aupaluk CLSC to the new point of service;
- **Saqijuuq became an autonomous community organization:** In November 2023, the Saqijuuq program became a full-fledged organization. Saqijuuq is registered as a non-profit organization and is ready to launch its operations;
- **deployment of the first edition of the Ungammuatuq Conference, in Kuujuaq:** Nunavik was the setting for the first regional Ungammuatuq Conference on the use of psycho-

active substances, held over four days, from June 26 to 29, in Kuujuaq. This first edition of the conference brought together participants from across the region for an enriching learning experience, cultural activities and open discussions;

- **Ikajuqatigiilluta Conference on men's well-being:** More than 50 men from throughout Nunavik and their various partner organizations met in Inukjuak from November 20 to 24, 2023, for the Ikajuqatigiilluta Conference, to discuss their well-being and identify priorities for improving their quality of life.

The Executive Director attended several meetings with governmental entities, both Provincial and Federal, to present issues directly related to Nunavimmiut needs in terms of health and social services.

COMMUNICATION TEAM

The Regional Board plays an essential role in informing Nunavimmiut about the range of health and social services available in the region and in promoting health. To ensure effective communication with the population of Nunavik, the Communications team shares their expertise with senior management, the other departments of the Regional Board and the Ungava Tulattavik and Inuulitsivik Health Centres. In doing so, the Board supports the organization's mission through its contribution to the priorities defined in the strategic plan.

Thanks to consistent efforts and presence on social media, the NRBHSS continues to gain appreciative favourability among Nunavimmiut. To date, the Regional Board's Facebook page has over 7,000 followers, making it a crucial source of reliable information for the public concerning Public Health directives. The NRBHSS' LinkedIn page, with over 1,500 followers, offers substantial visibility to a community of professionals.

COORDINATION OF QUALITY, EVALUATION, PERFORMANCE AND ETHICS

The coordination of QEPE was largely reorganized with the arrival of a new coordinator in the fall. Four new members then joined the team. This enabled us to resume this team's important activities:

- resumption of rendering of accounts for the fiscal agreement with ISC and consideration of its management method;
- organization of work relative to the application of Bill 25 for the protection of personal information;
- resumption of the portfolios of cultural safety and ethics;
- resumption of the regional tables on quality;
- finalization of work on the regional policy on complaints processing and posting of the position of regional service-quality and complaints commissioner;
- update of the policy on abuse pursuant to new legislation.

QUALITY, EVALUATION, PERFORMANCE AND ETHICS

In December 2019, the Nunavik Regional Board of Health and Social Services (NRBHSS) brought together all the roles related to quality, evaluation, performance, cultural safety and ethics under the same coordination to create the Quality, Evaluation, Performance and Ethics (QEPE) team. Since then, the team has supported the management personnel and senior administration in their decision making in accordance with the requirements of the health and social services network. While doing so, taking into consideration the adaptation to the Inuit cultural context of Nunavik. It supports the development of a culture of ongoing improvement focussed on accessibility, quality and efficiency toward better health of the Nunavik population.

The QEPE team assumes an advisory role among the organization's management personnel, teams and committees relative to service quality (processes, norms, organizational practices, ethics and data). It also ensures that all the recommendations formulated for the organization by the various quality-assurance processes—coroner, ombudsperson, service-quality and complaints commissioner, risk management, professional associations, Viens Commission and so forth—are carried out.

The team supports the NRBHSS and the institutions in applying and following up on the strategic regional plan (SRP) as well as the health plan bound by various contribution agreements.

The component of cultural safety aims to improve the quality and accessibility of care and reduce inequalities and discrimination. It also seeks to further develop the approaches of collaboration and partnership with the users at all levels, thus placing Nunavimmiut at the core of their care and health. It recognizes the expertise of community members and encourages us to reflect on our beliefs and practices.

The perspective of evaluation enables supporting performance in the methodical quantification of activities and processes. With data gathering, periodic follow-up tables and the dashboard, two areas of expertise complement one another: clinical-administrative information and financial information.

This service offer allows establishing the basis for a regional mandate to improve performance while ensuring culturally safe services.

In spite of a year marked by a context of transformation due to changes in management and in the team's members, there was notable progress in 2023-2024:

- users' perspective: sharing of information;
- application of the approach of partnership between the users, their loved ones and the players in health and social services: first component centred on training for employees of the health and social services network and second component consisting of the intention to set up a partnership office in the Nunavik network;
- participation in the Nunavik clinical plan;
- coroners' visit to Nunavik: establish contact with various communities, identify their needs, identify the issues regarding Inuit practices and improve processes and communication;
- jointly with the various departments, revision and update of the policy to combat maltreatment of seniors and other persons of full age in vulnerable situations;

- implementation of YIP modules: ADOQI and IMV Foster Home, to improve information capture and accessibility in the fields of adoption and monitoring of foster families;
- circulation of subregional data in order to monitor the objectives related to strategic planning;
- reflection and joint efforts begun toward harmonization of the strategic planning of federal and provincial funds to ensure consistency in following up various sources of funding;
- start of work related to enactment of the Act to modernize legislative provisions as regards the protection of personal information (Chapter 25): several documents are in the production stage;
- complaint processing: drafting of a regulation on complaint processing and start of work involving distribution of posters and pamphlets promoting complaint processing in Nunavik;
- fiscal 2023-2024: fourth year of our 10-year comprehensive agreement with Indigenous Services Canada (ISC). At the outset, this agreement was for less than \$100,000,000. According to the latest amendment of 2023-2024, this contribution agreement will attain total funding of slightly more than \$168,592,126 covering more than 40 programs and initiatives in prevention, health promotion and management of healthcare planning. It also includes the funding for the Jordan Principle (Child First Initiative) as well as funding from Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) for a northern contaminants program. Some of the terms of this agreement allow us to retain the funds unspent at the end of the agreement as well as greater flexibility in terms of managing priorities, unlike certain other funds that must be returned if not used as planned;
- continued work at establishing cultural safety in health and social services for more appropriate and adapted practices: development of training that will assist players in the network in heightening their personal reflection concerning their beliefs and approaches to work, developing curiosity in the culture, learning more about the communities' history, experience and trauma, learning about the impacts of colonialism, and so forth;
- continued work at the creation and functions of an advisory committee on cultural safety, with the participation and contribution of informal caregivers;
- organization and introduction of the planning process for adapting the provincial questionnaire of the ministère de la Santé et des services sociaux on the user's experience;
- jointly with the various departments concerned, continued work at establishing the position of patient navigator for the health network in order to ensure better continuity and accessibility of care;
- collaboration on the component of cultural safety: Initiative ICE (Toward inclusion, cultural safety and equity in physical rehabilitation).



PLANNING AND PROGRAMMING

The mandates of the Planning and Programming Department are primarily focused on services intended for the population. The Department assumes roles in the development, organization, coordination and evaluation of health and social services in the region, encompassing all client programs established by the MSSS, including medical affairs.

SAQIJUQ

One of the notable highlights for Saqijjuq this year has been the significant change to its governance. Since November 29th, 2023, it has become a non-profit community organization with its own Board of Directors composed entirely of Inuit members. The NRBHSS actively supports the organization during this transition period. Furthermore, the regional management team was strengthened and an Executive Director was appointed on March 4th, 2024, to better support all the activities of Saqijjuq.

The number of On-The-Land (OTL) participation in activities amounted to over 597 in Akulivik, Puvirnituk, Inukjuak, Kangiqsualujjuak and Kangirsuk. Saqijjuq is also working on establishing OTL activities in Kuujjuak. It is interesting to note that in over 63% of its hunting and fishing activities, the harvests were shared with the community (elders, single mothers, etc.). In 25% of its activities, Saqijjuq assisted elders in the communities and 13% involved teams in search and rescue operations. 95% of the clients were males over the age of 18.

The Mobile Intervention Team (MIT), whose main objective is to de-escalate high risk crises and find non-coercive solutions within the community, continued its operations in collaboration with the Inuulitsivik Health Centre in Puvirnituk with over 2709 interventions, 68% of which were resolved in the community and 92% avoided judicialization. The collaboration rate of clients during crisis intervention was over 86%. MIT interventions were conducted in 69% of cases involving women with an average age of 25 years. The main objectives of crisis interventions included 27% for suicide crises, 18% for at-risk youth and 15% for domestic violence-related crises.

In May 2023, Nitsiq, the Nunavik Wellness Court, which offers a substance abuse treatment program, was expanded to adapt the judicial process to the reality of people facing legal proceedings and vulnerable from a mental health point of view. It is now called Nitsiq+, a wellness and mental health program supervised by the Court. This essential alternative justice program is more accessible and personalized to participants referred from Puvirnituk and Akulivik. The objectives are to promote public safety and reduce criminal recidivism by providing psychosocial support and facilitating access to services. During 2023-2024, 12 participants received services through the program, including three individuals who completed the program and five others who decided to participate in Nitsiq+ since its implementation.

EMERGENCY PREHOSPITAL SERVICES AND CIVIL SECURITY

In order to promote strong leadership within the communities, a new guide aimed at local coordinators has been created. The guide offers standardized procedures and tools to meet the needs of first responders' service coordinators in the communities. All communities with an open coordinator position have received such training. This training will be offered annually, due to the high turnover rate of this position or to reinforce best practices.

Thanks to partnerships with several ambulance companies in various regions of Quebec, high-quality uniforms have been distributed to all communities in Nunavik. These warm and highly visible clothing items will ensure the safety of first responders during their interventions, especially when performed outdoors.

The basic training program for first responders was offered in thirteen communities (target group: new responders). In addition, 10 two-day refresher sessions and three-day training sessions for coordinators were held in the 14 communities in Nunavik.

Currently, there are over 100 first responders in the region, who covered approximately 4000 emergency calls in 2023-2024.

MEDICAL AFFAIRS AND PHYSICAL HEALTH

Medical Manpower

In 2023-2024, Nunavik welcomed nine (9) new family physicians: five (5) at the Inuulitsivik Health Centre (IHC) and four (4) at the Ungava Tulattavik Health Centre (UTHC). As of March 31st, 2024, 56 family physicians held positions in the region (including physicians working exclusively in Public Health).

As of March 31st, 2024, 15 specialist physicians held positions in the region, excluding those already practising in Nunavik and based at partner centres. The table below shows the detailed distribution of specialty positions as well as vacant positions:

SPECIALTY	POSITIONS	INCUMBENTS	AVAILABLE POSITIONS
ANAESTHESIOLOGY	2	2	0
GENERAL SURGERY	1	0	1
ORTHOPEDIC SURGERY	1	0	1
INTERNAL MEDICINE	3	1	2
OBSTETRICS/ GYNECOLOGY	1	0	1
OPHTHALMOLOGY	1	1	0

SPECIALTY	POSITIONS	INCUMBENTS	AVAILABLE POSITIONS
OTOLARYNGOLOGISTS (ENT) AND HEAD-AND-NECK SURGERY	1	1	0
PEDIATRICS	3	1	2
PSYCHIATRY	2	3	-1
CHILD AND ADOLESCENT PSYCHIATRY	2	1	1
DIAGNOSTIC RADIOLOGY	1	1	0
PUBLIC HEALTH, PREVENTIVE MEDICINE, AND OCCUPATIONAL MEDICINE	3	4	-1
NUMBER OF SPECIALIST PHYSICIANS	21	15	8

Intellectual Disability and Autism Spectrum Disorder (ID-ASD)

In Nunavik, it should be noted that no facility is specifically tailored to ID-ASD clientele. However, several establishments accommodate users with intellectual disabilities:

- Mental health: Aaniavituqarq, also known as the Crisis Centre (Puvirnituk) and the Amarraluk Reintegration Centre (Inukjuak)
- Loss of autonomy: Isurrivik (Kuujuuaq)
- Elders' home: Tusaajiapik (Kuujuuaq) and Sailivik (Puvirnituk)

This situation is explained by ongoing efforts in the south; throughout the year 2023-2024, work on the ID-ASD service corridor continued with the CIUSS-ODIM as follows:

- Accommodation resource: in September 2022, a new intermediate resource (Nunavik IR) opened in Beaconsfield, exclusively for children in Nunavik with ID-ASD (six places), in addition to the existing adult intermediate resource for men, Nunavik Residence (3SWellness). These resources are fully utilized and functioning well, which is why service corridors are initiated with the CIUSS-ODIM.
- Work is underway to open a new resource for women, develop respite services and improve access to diagnostic services.

The North-South corridor, which addresses the specific needs of Nunavik users with ID-ASD, contributes to improving the well-being and social participation of placed users while respecting their cultural uniqueness.

For the Tasiurtigiit program (Agir tôt), the past year was marked by:

- Funding from the Child First Initiative to bridge the gaps between needs and MSSS funding for professional positions and measures taken to ensure sufficient funding for professional positions in the health centres' Tasiurtigiit teams by the MSSS in the future.
- Creation and implementation of a college-level training (ACS) in the Special Care Counselling for Turaartaviit (community workers in the program).
- Training for Turaartaviit on stimulation bins developed as part of the Nutaraqsiutitlu Qaujisaunirq - Inuit Early Years Capacity Enhancement Project (Aqqiumavvik Society, 2023) was offered in January 2024.
- Drafting and translation of a first version of the new program framework in collaboration with the Tasiurtigiit project team.
- An agreement with Shirley Tagalik (Aqqiumavvik Society) for adjustments and contributions to Tasiurtigiit framework aimed at understanding and respecting the Innunnguiniq philosophy within the program.

People with Loss of Autonomy

In 2023-2024, we reached a significant milestone in improving home support for people with loss of autonomy and their caregivers. The direct allowance program allows individuals lacking autonomy to choose a trusted community member and hire them to provide direct assistance, such as help with cooking, housecleaning, transfers or hygiene care. They officially become the employer of their caregiver and the remuneration is organized through an external payment system. This program is offered to persons with loss of autonomy following an assessment of their needs by a social worker or a nurse from the Homecare Department. In 2023-2024, this program was successfully piloted with the Inuulitsivik Health Centre and it will undergo significant expansion in the coming year.

In addition, in 2023-2024 we took major steps to begin working on the development of a service corridor with the aim of grouping Nunavimmiut with loss of autonomy in southern long-term care residential facilities. The objectives are as follows:

- Improve the cultural security of the resource by having a single partner.
- Increase the number of Inuit visitors in connection with the grouping of our users.
- Break the isolation of our residents.

Natural Caregivers

In November 2023 the Regional Board organized activities for the second time as part of the National Caregivers Recognition Week, highlighting their essential role. Without their contribution, many Nunavimmiut with permanent or temporary disabilities would be forced to leave their homes or communities.

For the second edition of the Caregiver Appreciation Week, we invited community members and health-care professionals to nominate candidates for the "Star Caregivers Prize Draw". Out of the 50 applications

received, 8 essential caregivers received a certificate for free rent through partnership with the Nunavik Housing Bureau and 6 others won \$200 Co-Op gift certificates. In addition, the homecare teams of the health centre received \$100 Co-Op gift certificates to organize their own distribution to caregivers and to be able to intervene in case of family emergencies throughout the year.

Regarding the development of services aimed at better supporting natural caregivers, we focused our efforts on improving the accessibility of respite services. The development of the direct allowance program (see previous section) also allows natural caregivers to choose a trusted community member and hire them as a caregiver to provide respite. For instance, following an assessment of needs by a social worker or a nurse, weekly respite hours could be authorized to allow the caregiver to take a well-deserved break from their caregiving responsibilities. The direct allowance program was successfully piloted this year with Inuulitsivik Health Centre and the program will be fully deployed in the coming year.

Elder Well-Being and the Fight Against Abuse

To understand the reality on the ground regarding elder abuse, an update of the regional profile, the inventory of services offered, as well as the available resources, is underway with various partners and the community. This work, in collaboration with various stakeholders, will lead to the development of an action plan in the coming year to counter elder abuse and promote good practices and well-being for Nunavummiut seniors.

Furthermore, following amendments to the Act to Combat Maltreatment of Seniors and Other Persons of Full Age in Vulnerable Situations in 2022, the establishment's anti-abuse policy has been revised in collaboration with the QEPE team and submitted to the Minister of Health and Social Services. We are currently awaiting approval on the recommendation of the Seniors Secretariat and will then proceed with its implementation within the health centres and the community.

Medical Biology

Provincial Laboratory Information System Project (LIS-P)

The LIS-P project, aimed at providing all hospitals in Quebec with an integrated laboratory information system, was scheduled to be deployed in Nunavik, in June 2023. However, it had to be temporarily postponed following the halt of deployments for all provincial laboratories, as announced by the MSSS in April 2023. Clinical and technological work for the deployment continues in the meantime, awaiting a new deployment date from the MSSS in 2024 or 2025.

Screening

CERVICAL CANCER SCREENING

Over the past two years, we have actively participated in the launch of the Illiap Paanganik Qaujisarniq research project, which aims to evaluate the feasibility and effectiveness of self-sampling for HPV (human papillomavirus) as the primary screening strategy for cervical cancer among Inuit women in Nunavik. Since July 2022, women of Kuujjuaq have had access to HPV testing as a replacement for the PAP test. However, this testing strategy is not mandatory and women are free to select their own testing method. This project is carried out in close collaboration with the UTHC. Educational and promotional materials were developed and distributed in Kuujjuaq, and an awareness campaign has been conducted

COLORECTAL CANCER SCREENING

The offer of colorectal cancer screening has been reviewed with representatives from both health centres in Nunavik, to facilitate patient access to fecal occult blood tests, following the MSSS' reference framework for colorectal cancer screening. The waiting list for colonoscopy in both establishments has also been refined and revised to meet the latest provincial recommendations and treatment algorithms issued by the MSSS.

24/7 Telephone Consultation Service

In February 2022, the ombudsperson submitted an intervention report concerning the IHC and the NRBHSS. The report includes the following recommendation: set up a regional telephone consultation service available 24 hours a day, 365 days a year, to direct calls to CLSC nursing staff only when necessary. During 2022-2023, the Regional Board worked with the MSSS to deploy the 811-line in Nunavik. The 811-line has been accessible to the Nunavik population since April 1st, 2023.

Telehealth

The development of telehealth in the Nunavik region has been significant over the past year. Thanks to improvements in telecommunications between the North and the South, teleconsultations with specialists have improved in quality and reliability. This advancement has been reinforced by the ongoing replacement of the telehealth equipment in all villages, an initiative that will also improve the user-friendliness and quality of remote consultations. Additionally, accessibility to provincial clinical applications continues to increase, benefiting the population of Nunavik.

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

Telehealth services are currently offered in the following specialties:

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

Medical Imaging

The technologists' practice has been enhanced through a project to optimize of the medical imaging infrastructure. Several other small projects are currently underway to standardize the use of the computer systems in medical imaging.

In the absence of INSPQ visits for breast cancer screening using mammography, a service corridor has been established so that women in Nunavik can access their screening through a medical imaging clinic in the South. We are in collaboration with Public Health and the INSPQ to find a long-term solution in the region.

The NRHBSS continues to ensure that abdominal, pelvic, surface, vascular and obstetric ultrasound services are provided in the region through a pool of independent technologists who visit the health centres every month. We are working to offer more services including access to cardiac ultrasounds.

Dentistry

The Regional Board has implemented an emergency plan to improve the attraction and retention of permanent dentists in the establishments. Thus, since January 1st, 2024, several non-negotiated premiums have been introduced to improve services for Nunavimmiut. These measures apply to the dentists in office and those to be hired.

Regional Community Pharmacy

Following a tendering process, the regional agreement with Pharmaprix has been renewed until July 2026. Thus, pharmaceutical prescriptions for outpatients in the 14 villages of Nunavik will continue to be covered by the same provider.

PSYCHOSOCIAL AFFAIRS

Mental Health

In 2023-2024, the updated Nunavik Suicide-Prevention Strategy (Inuuguminaq), stemming from the Regional Suicide Prevention Committee of January 2023, focused on sharing and bringing together key players in the field. Priority was given to fine-tuning the changes needed within the various partners in the region.

Several well-shared meetings took place in Nunavik and with the mental health team, but noteworthy is the work done with Nunavik rangers and junior rangers on suicide prevention. Solid foundations were laid this year, which will allow for the development of important collaborative projects for Nunavik in the years to come. Rich exchanges, knowledge transfers and development with Inuit Tapiriit Kanatami (ITK) continue this year and have led to significant progress in several areas, including men's well-being.

As in the previous year, three psychosocial intervention training programs currently fall under Suicide Prevention within the Psychosocial Affairs Department:

- Suicide Intervention in Nunavik – Best Practices (SIIN-BP)
- Basics of Suicide Intervention in Nunavik (RSIIN)
- On-Call Crisis Intervention (OCCI)

In 2023-2024, we continue to adjust to further simplify the communication and integration of training content, as well as to better meet the changing needs of participants.

A notable change is the development of a partnership with the Naskapi Nation of Kawawachikamach. In the spirit of promoting the well-being and autonomy of Indigenous populations, it was agreed that the aforementioned training programs would be made available to the frontline workers of Kawawachikamach and that there would be a smooth exchange of training between Nunavik and Kawawachikamach.

On a more challenging note, the lack of readily available trainers remains a significant obstacle to adequate delivery of the three training programs. The issue of understaffing throughout the region also hinders the preparation and addition of new trainers to the training force.

In 2023-2024, all suicide prevention training combined:

- 37 delivered training sessions
- 53 training days
- 182 participants trained

The development of a 24/7 psychosocial helpline for Nunavimmiut continued to progress in 2023-2024.

After working on significant funding requests for Nunavik, two excellent pieces of news were announced: 2 transitional mental health shelters will be built in Kuujjuaq and Puvirnituk. The construction is scheduled for the summers of 2024-2025 and 2025-2026. Despite this good news, efforts to find a solution to Nunavik's mental health housing needs will continue over the next year.

The provision of crisis intervention training for frontline social workers (Mental Health First Aid - Inuit) continued this year, training more trainers for the coming year.

Nunami: On-The-Land Program

Maintaining its objective of promoting community well-being and access to on-the-land activities, the Nunami program approved 23 projects for the region totaling \$764,695.48. We were able to reach 2 new communities that had not requested funding the previous year. The estimated number of participants involved in the project was 800.

This year, more projects from community organizations and health centres were funded. For example, cultural activities for children in foster care and funding for the healthy school project for the entire region. However, this did not prevent us from funding numerous projects from the population again this year.

Presently, four Planning and Programming Officers support initiatives and community organizations across the region while simultaneously developing wellness projects and supporting on-the-land groups when needed. The Nunami team also contributed to supporting communities in crisis.

SUBSTANCE USE AND ADDICTION

Finding New Momentum in Addiction Intervention

The Nunavik addictions training program, titled “Finding New Momentum in Addiction Intervention,” was regularly conducted throughout the year. This comprehensive training program consists of three parts, each spanning two days, covering essential concepts in substance abuse, motivational approaches, harm reduction strategies, interventions with pregnant women and parent drug users, as well as support for family and friends. The recruitment and training processes for local trainers are currently underway.

My Choices Nunavik – Nallikaaqtaka – ᐱᓴᓴᐅᓴᐅᐅ

The intervention program “My Choices,” initially designed for First Nations and Inuit communities, has been specifically adapted to meet the needs of Nunavimmiut. Training sessions were offered on both coasts to explain how to effectively use the program and a community of practice dedicated to the program was established. The program is available in the region both individually and in groups, as well as in an intensive format during 5-day camping trips in close collaboration with Nunami and Saqijuuq.

Ungammuatuq – ᐅᓴᓴᓴᐅᐅᐅᐅᐅᐅ

In June 2023, the first community conference on substance use and addiction in Nunavik, took place. The NRBHSS worked closely with several local partners (Isuarsivik, IHC, UTHC and NIIA) for over 18 months to develop this landmark event on the topic in the Nunavik region. The Ungammuatuq conference was developed from a harm reduction perspective, aiming to initiate conversations about substance use and to fight the stigma associated with substance use.

Overdose Prevention and Response

With the creation of a new Planning and Programming Officer position in June 2023, the development of specific training for overdose prevention and response has been initiated. A few pilots have been offered in the fall of 2023, and some visual tools were developed to accompany the training. In parallel with the training, the NRBHSS is currently working to establish connections with various community organizations so that they can distribute naloxone kits to the general population. This aims at empowering the communities in dealing with potential overdoses that may occur in Nunavik.

In total, around 100 people were trained.

CLINICAL PLAN

Since the submission of the clinical plan for the Nunavik Regional Hospital, the NRBHSS and the two health centres have proposed to the MSSS, that there be 2 regional hospitals in Nunavik. We are still awaiting directives from the MSSS to ensure rapid progress of the work.

In November, the clinical plan for the Inukjuak CLSC was submitted to the MSSS. The Regional Board is awaiting a notification of relevance. The clinical plan team with IHC will work on the revision of the Inukjuak birthing centre.

In February, the clinical plan for Kangiqsujaq CLSC was submitted to the MSSS.

Clinical projects have been prioritized by the health centres. The clinical plans will be developed by the health centres and supported by the clinical plans team. A collaboration guide is being developed and should be available in the coming months.

COMMUNITY ORGANIZATIONS

In 2023-2024, 22 community organizations (COs), including the Nunavik Youth House Association (NYHA), serving each of the 14 communities, received funding under the Support Program for Community Organizations (SPCO) for a total of \$15,342,452. Aaqitauvik, an already existing community organization was accepted into the program in 2023-2024.

Never before has such extensive support been provided for the region’s community organizations, thanks to the team responsible for the SPCO, composed of three Planning and Programming Officers. In order to make their work more efficient, this team has been repositioned within the organizational structure, now reporting directly to the Planning and Programming management rather than under the PACO coordinator. Moreover, two masters interns and four consultants have been deployed in the communities to provide direct and extensive support for the Directors and Boards of Directors of community organizations.

The team also expanded its support offerings by developing or continuing partnerships with, among others, Raymond Chabot Grant Thornton (RCGT), the Nunavik Housing Bureau (NHB), the Quebec Housing Corporation (SHQ), the Northern Plan Society (SPN) and Kisaq Management, to provide services related to funding and infrastructure for community organizations.

Funding for Community Organizations

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

COMMUNITY ORGANIZATIONS	2022 / 2023	2023 / 2024
Inuit Men’s Associations		
Qimutjuit (Kuujuaraapik)	\$101,500	\$118,023
Qajaq Network	\$158,900	\$161,284
Unaaq (Inukjuak)	\$119,200	\$135,988

COMMUNITY ORGANIZATIONS	2022 / 2023	2023 / 2024
Inuit Women's Association		
Saturviit	\$158,900	\$276,284
Inuit Youth Associations		
Nurrait Jeunes Karibus	\$185,000	\$323,936
Nunavik Youth House Association	\$4,299,336	\$4,363,826
Inukrock	\$20,000	\$74,620
Elders' Homes		
Ayagutaq (Inukjuak)	\$390,800	\$515,000
Qilangnguanaaq (Kangijsujuaq)	\$304,500	\$515,000
Family Houses		
Iqitsivik (Salluit)	\$330,000	\$350,000
Tasiurvik (Kuujuaraapik)		\$200,000
Pituaq (Puvirnituaq)	\$500,000	\$600,000
Family Houses with a Safe House		
Qarmaapik (Kangijsualujuaq)	\$456,800	\$500,000
Mianirsivik (Kangijsujuaq)	\$329,800	\$400,000
Mental Health Residences		
Uvattinut supervised apartments (Puvirnituaq)	\$307,600	\$327,214
HCU Ippigusugiursavik (Kuujuuaq)	\$450,000	\$550,602
"I Care We Care" project	\$150,000	\$200,000
Treatment Centres		
Isuarsivik (Kuujuuaq)	\$2,740,500	\$3,334,925
Aaqitauvik Healing Centre		\$246,000
Women's Shelters		
Ajapirvik (Inukjuak)	\$939,463	\$620,000
Initsiak (Salluit)	\$727,415	\$736,000

COMMUNITY ORGANIZATIONS	2022 / 2023	2023 / 2024
Tungasuvvik (Kuujuuaq)	\$722,382	\$525,000
Poverty Reduction		
Sirivik	\$250,000	\$268,750
TOTAL TRANSFERS	\$13,642,096	\$15,342,452

FAMILY VIOLENCE

The issue of violence is pressing and it's important to equip caregivers to effectively identify and manage situations of domestic violence. Therefore, a 2-day training session on family violence took place in Puvirnituk and Kuujuuaq, aimed at better equipping workers from various Nunavik organizations on the sensitive topic of family violence. In total, over 70 workers from health centres, Kativik Illisarniliriniq, Nunavik Police Service, various community organizations and CAVAC were trained.

In collaboration with the community organization support team, funding for the opening of six temporary shelters was obtained. Housing plans and agreements with the concerned municipalities have been signed and are on track for construction in the next financial year.

In November 2023, Ikajuqatigiilluta, a conference on men's wellbeing, took place in Inukjuak. The purpose of this gathering was to provide men with a culturally safe space to open discussions about their needs in terms of wellbeing. During the conference, many men shared their experiences of addiction, resilience in the face of abuse and the importance of adapting services to their needs.

SEXUAL VIOLENCE

The issue of sexual violence is a priority in adapting and implementing programs and services in the region. As part of the sexual violence program, we have provided several regional training sessions to frontline workers on child sexual assault. We are currently working on the next phase of the training, so that frontline workers have better tools adapted to the realities of the region.

Additionally, we are in the final stages of deploying a regional medico-legal and intervention protocol as well as a sexual assault services trajectory, to facilitate the work of frontline workers at both health centres. Urine testing has also been deployed in the region. They are used if a person believes they have been drugged without their knowledge and the kit can be used to perform a comprehensive toxicological examination. Furthermore, we are working to have a sexual violence worker in each community, thus we are working on the deployment of the rapid response team, which would be composed of a group of specialists in sexual violence services to meet the needs of the population. To conclude, we are also working on a Gender-Based Violence Steering Committee. The purpose of the Committee is to meet with various organizations in the region and work in collaboration with one another in order to provide the best services possible to the population with regard to gender-based violence.

OPEN SPACE

Open Space is a ministerial program currently being adapted for Nunavik. It offers a range of services aimed at meeting the needs of youth aged 8 to 30, including mental and physical health services.

At present, the Open Space program takes the form of different themed events organized in communities to reach out to young people by holding specifically targeted activities, such as:

September 2023 - Suicide Prevention Week - Inukjuak

Activities (bingo night, treasure hunt, open discussions, etc.) were planned with the youth houses, in collaboration with the health centres, to promote and address suicide prevention. An on-the-land activity through Sirivik was also planned.

February 2024 - Sexual Health and Healthy Relationships Week - Kuujjuaraapik

Activities (workshops, community feast, community kitchen, etc.) were planned in collaboration with IHC, the NV, school, Nunami, as well as the Sexual Health Team from the NRBHSS' Prevention and Promotion, to promote and address the topics.

CHILD, YOUTH AND FAMILY (CYF)

The Child, Youth and Family team is continuing its reflections and works in close collaboration with Nunavimmi Ilagiit Papatauvunga, to improve the cultural safety of programs and services offered to the population, with a view to an eventual transfer of the continuum of services offered to families and youth under their jurisdiction.

In May 2023, we implemented and officially launched the Atausikut Qaujiluta project, which aims to organize and offer a diverse range of cultural activities for children in foster care. We focus on children aged 0 to 17 entrusted to foster families outside the Nunavik region and who have limited access to traditional Inuit activities. By providing cultural activities, we hope to involve not only biological parents, but also Inuit and non-Inuit foster parents and other significant individuals in the children's lives.

Our project addresses specific needs by emphasizing the creation of memorable and positive memories of visits and encouraging experiences related to Inuit culture. Moreover, we wish to give profound meaning to visits, create lasting memories and provide a pleasant and enjoyable context for these encounters.

We have received several positive comments following the cultural activities and we have observed the impact it has on the children. These activities (hunting, fishing, dog sledding, weaving, traditional meal preparation, sewing, and others) are offered jointly with several partners, including Nunavimmi Ilagiit Papatauvunga, Nunami, Saqijuq and Pituat Family House.

In 2023, the CYF team provided assistance to the Foster Home Department to conduct foster family assessments. In total, 49 evaluations were carried out by the NRBHSS, allowing for the submission of these environment assessments for accreditation.



PUBLIC HEALTH

PREVENTION AND HEALTH PROMOTION

Sexual Health & Abuse Prevention

The mandatory sexual education curriculum, to be delivered by Kativik Ilisarniliriniq, is currently being finalized so it can be piloted in schools next fall on both coasts. 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 diversity, sexual development of children and healthy and safe relationships were also offered to partners and parents across the region. Collaborations between organisations to improve sexual health services to Nunavimmiut continue.

Mental Wellness

More than fifty men from across Nunavik and allies from various organizations gathered in Inukjuak, from November 20 to 24, for the Ikajuqatigiilluta Conference to discuss their wellness and identify priorities for improving their wellbeing.

Priorities identified during the gathering include:

- A complete communications campaign around men’s issues and positive masculinity
- Creation of men’s groups in all communities
- Strengthening of therapeutic services for men across Nunavik
- Specialised services for victims and instigators of violence and sexual abuse
- Temporary lodging for men in distress

Men working for community organizations, men’s associations and public organizations vowed to continue participating in the movement for men’s wellbeing in Nunavik and are planning to join a regional advisory committee to support and monitor the implementation of the Regional Action Plan for Men’s Wellbeing.

NRBHSS is providing funding to Saturviit Inuit Women’s Association of Nunavik to promote the Women’s Health and Wellbeing in Nunavik.

The NRBHSS is continuing their funding of the healthy school’s approach. The funding is given to KI, which handles this budget and funds the health promotion activities (sport activities, art projects, on-the-land activities, etc.). KI and the Mental Wellness team are working together, reviewing the applications, so each party is informed about the activities taking place and improving the collaboration between these two institutions (KI and NRBHSS); which is a key component for the success of promoting youth mental wellness.

The Mental Wellness team is also in the process of implementing a new program that will be integrated into the school curriculum for the Nunavik region. This program will help youth to develop their psychosocial competencies and reduce the onset of anxiety disorders and other adjustment disorders. A working group will be taking place later this year to guide the Mental Wellness team on the modifications needed for the program.

The program will then be modified by the Mental Wellness team during the summer, so that a pilot program can be implemented in the school year of 2024-2025.

Tobacco Prevention and Cessation

The NRBHSS, along with regional partners, is actively addressing the persistent public health issue of tobacco cessation in Nunavik, where approximately 80% of the population still smokes. Initiatives include a recent “How to Quit Smoking” campaign launched in March-April 2023, utilizing social media and educational materials. A “Trainers’ Guide to How Smoking Harms Us” was developed to aid educators in delivering smoking prevention activities. A new Tobacco Cessation Educator position has been created to engage communities and provide services in Inuktitut, with ongoing efforts to strengthen regional and local connections. Furthermore, collaboration with the Canadian Cancer Society aims to adapt tobacco and vaping prevention strategies for Nunavik schools, involving students aged 8 to 18. Additionally, the feasibility of a vaping awareness campaign targeting youth on social media is being explored.

Prevention of Diabetes and Other Chronic Diseases

Throughout the past year, significant strides were made in diabetes and chronic disease prevention and management across Nunavik communities. Education on chronic disease management was provided to users, while foot-health promotion services were extended to all communities on the Hudson Bay. In Puvirnituaq, screenings for diabetic retinopathy were conducted, including users from other communities. Various community-focused initiatives were also undertaken, including introducing children in Kuujjuaq schools to new snacks, promoting healthy nutrition during recovery at the Isuarsivik regional centre and offering sugar-free hydration options at Tulattavik Health Centre. Efforts were also made to encourage adherence to guidelines for Gestational Diabetes Mellitus (GDM) screening. Additionally, a session on recognizing early signs and complications of diabetes was held at the community sewing centre in Kuujjuaq. These activities reflect our ongoing commitment to improving health outcomes and fostering wellness within our communities.

Furthermore, the NRBHSS provided support to various organizations in Nunavik, engaged in health promotion and prevention activities. This included initiatives targeting youth to foster leadership and well-being through physically challenging activities such as ski expeditions and rock climbing. Additionally, culturally appropriate activities such as addiction prevention programs, received support from the NRBHSS.

Food Security and Nutrition

The Food Security and Nutrition team supported 40 local food projects across Nunavik. They offered training, in-person support, resources and funding, while additional training in cooking, food safety and hygiene was offered to community organizations. An online platform was launched to better share nutrition tools, recipes and resources with partners and projects. While an interactive map was created to highlight food security initiatives operating throughout Nunavik.

All schools in Nunavik, currently offer breakfast programs and work continued this year to adapt and expand meal program offerings in school, including hot lunch and snack programs.

The development of the Nunavik Food Security Strategy remains ongoing. The objective of this strategy is to create a collective vision with regional stakeholders to achieve food security and food sovereignty in the region.

The Food Security team strengthened its work in advocacy, an important structural determinant of food security interventions. Advocacy work included 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.

As of this last year, the Imatsiaq! Program, which aims to promote water as beverage of choice to children and youth is now extended to all Nunavik schools. Five Childcare Centres are now participating to the program, including one that was added this year. Gradually, the program will continue to expand to other centres as well as other public places. We continued to provide active support to the Nutrition Program in childcare centres.

Collaborative work was done with the Ilagiilluta program on the Ungava coast to update their food coupon program to promote healthy food for pregnant women. The nutrition team collaborated on the UTHC's Healthy Lifestyle campaign and produced several radio capsules during Summer, 2023. We collaborated in the organization of the Breastfeeding and Child Nutrition Week. Finally, the year was capped off with a regional campaign for Nutrition Month and Traditional Food Day in March of 2024.

Community Support

A major development in 2023, for the Community Support team was adopting responsibility for the administration and support of Wellness Committees from the Inuit Values and Practices department. These committees function locally, under the municipal councils and are composed of elected members tasked with identifying and addressing the wellness needs of their community. Increasing support for the Wellness committees is considered a key avenue for fulfilling the Community Support team's mandate of supporting community-led approaches to health. In Fall of 2023, a first annual gathering of Wellness Committee representatives was held to identify goals and needs for the program moving forward. Since the gathering, several new committees have been elected throughout the region.

Progress was also made in developing Nunavimmiut Katutjiqatigiittut – a website providing Nunavik-specific resources to support community-led initiatives. Progressive deployment of this website is planned for early 2024.

Collaboration with UTHC, KRG and CBC have been initiated for health promotion and prevention activities. We also worked on a wider dissemination of the IQI model of health and wellbeing among Public Health teams, but also among community stakeholders.

Throughout the year, ad hoc support was provided to community workers, wellness committee members and grassroots project initiators, including the Community Liaison Wellness Workers, in planning and implementing local initiatives. The Good News Nunavik Facebook group was also utilized to document and promote existing projects throughout Nunavik.

Perinatal and Early Childhood Health

A major achievement for the team this year was the first in-person meeting of the Prevention-Promotion Table for Perinatal & Early Childhood programs since the pandemic, with the adoption of its name - The Kiluit Table - and the approval of the updated terms of reference. Bringing together perinatal and early childhood practitioners, experts and professionals from both coasts, as well as program leaders and coordinators, this table aims to strengthen the coordination of public health perinatal and early childhood programs to obtain a

greater harmonization of practices. Participants identified the Table's three main priorities: FASD prevention, breastfeeding promotion and parental skills development. The next meeting, originally scheduled for Winter 2023, will take place in Fall 2024.

Another initiative regarding FASD prevention was a collaboration established with Piruqatigiit, a Nunavut organization, as part of the Ungamuaatuq Addiction Conference, that was held in Kuujuaq. A workshop on FASD was offered in English and Inuktitut to open dialogue concerning this issue and to present existing tools. This initial discussion addressed the importance of choosing the right words when talking about this subject and led to a reflection on the best ways to do so.

In May, the team attended the FASD Newfoundland/Labrador Conference. This was an opportunity to make contact with partners in Nunatsiavut, particularly the mental health and addiction workers who work in a relatively similar context to Nunavik. The discussions were enriching and led to a strong will to collaborate and exchange working methods, as well as to learn more about their service model and how it can influence practices in Nunavik.

For FASD Prevention Month in September, a contest was held on social media, inviting women to share photos of a healthy pregnancy or maternity. A radio vignette on the myths surrounding FASD was also broadcast on Kuujuaq community radio and CBC.

A member of the team took part in Saturviit's annual general meeting, where the issue of women's sexual and reproductive health was highlighted as a priority, along with the development of parenting skills. She also took part in the celebrations surrounding the 25th anniversary of midwifery on the Hudson coast, which were held in Inukjuak.

Finally, work continues in collaboration with the Martin Family Initiative to adapt the Early Year program and its tools to the Nunavik context.

Oral Health

With the help of a new dentist advisor, the action plan for oral health across Nunavik was put into action. The goal of the action plan is to improve access to preventive dental care and the adoption of healthy oral habits in Nunavik. This plan covers preventive care provided in schools, daycares, dental clinics and elders' homes, integrated into counselling services on smoking cessation and nutrition.

Although the lack of dental hygienists in the region is an obstacle for deployment of the plan of action, in 2023:

- 450 schoolchildren and daycare children received tooth decay detection exams and oral health oral habits instruction.
- 302 schoolchildren received preventive dental sealants.
- 200 daycare children received fluoride varnish.
- The supervised teeth brushing program has been reinforced.
- A new collaboration with the SIPPE houses has started with oral health activities.
- Oral health agents and nutrition agents joined forces to promote drinking water over sugary drinks.

PUBLIC HEALTH SURVEILLANCE – PLANNING AND RESEARCH

Preparation for the data gathering phase of the Qanuippitaa? National Inuit Health Survey (QNIHS) was at the core of the team's activities and included community tours, hiring and training of fieldworkers for data collection, logistical organization, communications and evaluation work. A pilot data collection was completed in fall 2023 and the post-pilot data collection commenced late January, until the end of February. A total of 5 communities were visited. Following various challenges encountered, the decision was taken to pause data collection. As of the end of the fiscal year, efforts are still underway to address these challenges and orient the survey's activities.

The agreement between the NRBHSS and the Institut de la statistique du Québec (ISQ) concerning the Uvikkavut Qanuipat? youth health survey was signed and the various deliverables are now available (methodological report, data files, etc.).

The Nunavik Nutrition and Health Committee continued to bring together key regional representatives from various sectors to oversee research being conducted under the Northern Contaminants Program. Advocacy work to protect the quality of traditional foods and to reduce contaminants exposure were pursued in the context of efforts under the Stockholm Convention.

The interorganizational Nunavik Health Surveys Committee provided advice on key aspects of the QNIHS activities and reviewed several projects and supplementary analyses using the Nunavik-owned data collected during the Qanuilirpitaa? 2017 health survey.

Members of the team are representing the NRBHSS on the Atanniuvik Steering Committee and worked with partners on the implementation of this new governance body for research in Nunavik.

The Regional Public Health Action Plan for 2023-2025 (RAP) was collaboratively completed and launched internally in October 2023. The RAP sets out regional priorities, objectives and activities to be implemented by the Public Health actors at both regional and local levels.

INFECTIOUS DISEASES

MADOs Reported (other than TB and STBBIs)

MADO	NUMBER
Amebiasis	1
Botulism	1
Giardiasis	7
Invasive Group A streptococcus infection	9
Campylobacter infection	1
Invasive <i>Haemophilus influenzae</i> infection	8
Invasive <i>Streptococcus pneumoniae</i> infection	5
Salmonellosis	2
Trichinosis	1
TOTAL	35

The number and type of MADO reported for 2023-2024 are similar to those for previous years. However, we note a slight increase in cases of invasive *Haemophilus influenzae* infection. Type A was detected in seven out of eight cases.

Haemophilus Influenzae

In the fall of 2023, Nunavik saw an outbreak of type A *Haemophilus influenzae*. Public Health action was undertaken jointly with the health centre, resulting in an offer of prophylaxis for the children and personnel of the daycare in question as well as for the cases' families; 36% of the targeted individuals were reached.

Avian Influenza

The monitoring of avian influenza in Nunavik is ongoing. Although the virus circulates primarily among birds, it can also sometimes be transmitted to other animals that come into close contact with sick birds, including seals.

In addition to communications emitted during the spring goose-hunting season, we provided an extra round of written and radio presence in the fall of 2023, after two dead geese in Nunavik were found positive for avian influenza.

Monitoring and Control of Respiratory Viruses

Since the end of the COVID-19 pandemic, an approach based on protection against all respiratory viruses, including influenza, respiratory syncytial virus (RSV) and COVID-19, has been established. In accordance with this approach, the circulation of respiratory viruses in the region has been monitored since early 2023, based on laboratory data and data gleaned from consultations with the health centres. Regular reports on the epidemiological situation have been sent to the partner health centres and the public since early 2024, in order to maintain the public's alertness and ensure setup of protective measures at the right time.

Prevention and Control of Infections (PCI)

In 2023, the team responsible for the prevention and control of infections (PCI) developed a service offer intended for the community organizations.

Although the process of PCI in the health institutions is well established, community PCI is relatively recent and emerged from the needs that arose during the COVID-19 pandemic. The pandemic revealed the necessity of proactive management by specific settings within the communities in order to prevent the spread of infectious diseases and protect the most vulnerable individuals.

In this context, the community PCI team visited Nunavik five times in 2023 to collaborate with various settings, including community organizations, schools and daycares.

The objective of these visits was to support the organizations in the application of measures to prevent and control infections in order to protect users and workers. The team developed various tools, training and communications tailored for managers of community organizations as well as for organizations that admit vulnerable clientele.

Vaccine-Avoidable Diseases

Pursuant to the work carried out in 2022 involving quantitative evaluation of immunization coverage among children, two projects for qualitative evaluation were carried out in 2023 to explore the reasons behind the current suboptimal coverage in children. The first project aimed to evaluate the public's trust in vaccination as well as potential obstacles to access to the service. For the second project, interviews were held with health professionals in order to draw up a profile of the current vaccinations offered in the various communities. Data gathering for both projects was completed in 2023 and the results are expected early in 2024.

The tool for promoting child vaccination—a kit for parents—was officially launched in the spring 2023 and is now available in all the CLSCs.

Audits were performed at the region's two dealer-distributors and agreements on managing immunizing agents were renewed.

A plan for monitoring general vaccination including follow-up to vaccination against tuberculosis and screening for severe combined immunodeficiency (SCID) is presently being carried out. Monitoring of the program will continue in 2024.

Overdose

The team responsible for overdoses investigated 17 reports, 12 of which were retained. Among these, eight individuals died of the overdose. The substance behind the deaths was primarily alcohol, possibly including hydroalcoholic gel. Cases of severe poisoning with stimulants were reported, as well as a rise in the presence of cocaine in the form of crack, which increases the risk of overdose besides being more addictive. Cases of poisoning with hydrocarbons were also reported.

Several public communications were made jointly with the Planning and Programming team along with front-line communications reiterating the importance of reporting any unusual situation of overdose.

Various investigative procedures and tools were created or updated to facilitate the work of front-line clinicians. A dashboard (Power BI) was developed by the team responsible for monitoring and surveillance.

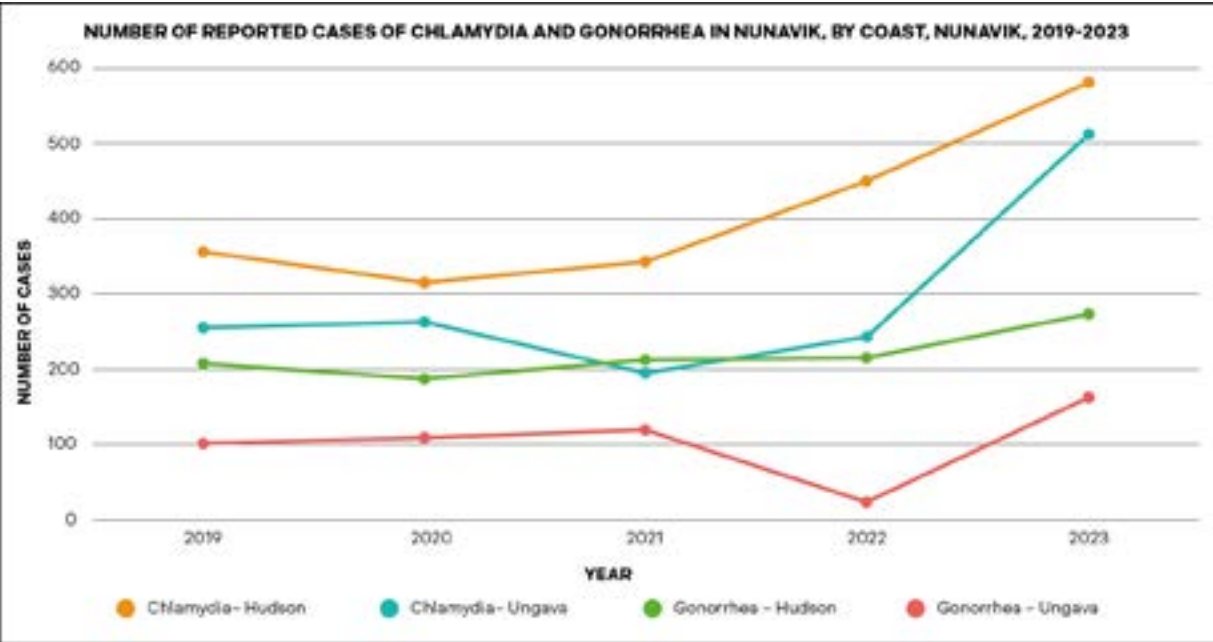
The team trained First Responders on the administration of naloxone, a task resumed by the PACO (Psychosocial Affairs and Community Organizations) team in the context of community deployment of naloxone in Nunavik.

The fight against overdoses requires concerted efforts. The team actively participates in the cross-sector committee for the prevention of overdoses and is designing a regional intervention plan to reduce overdose cases.

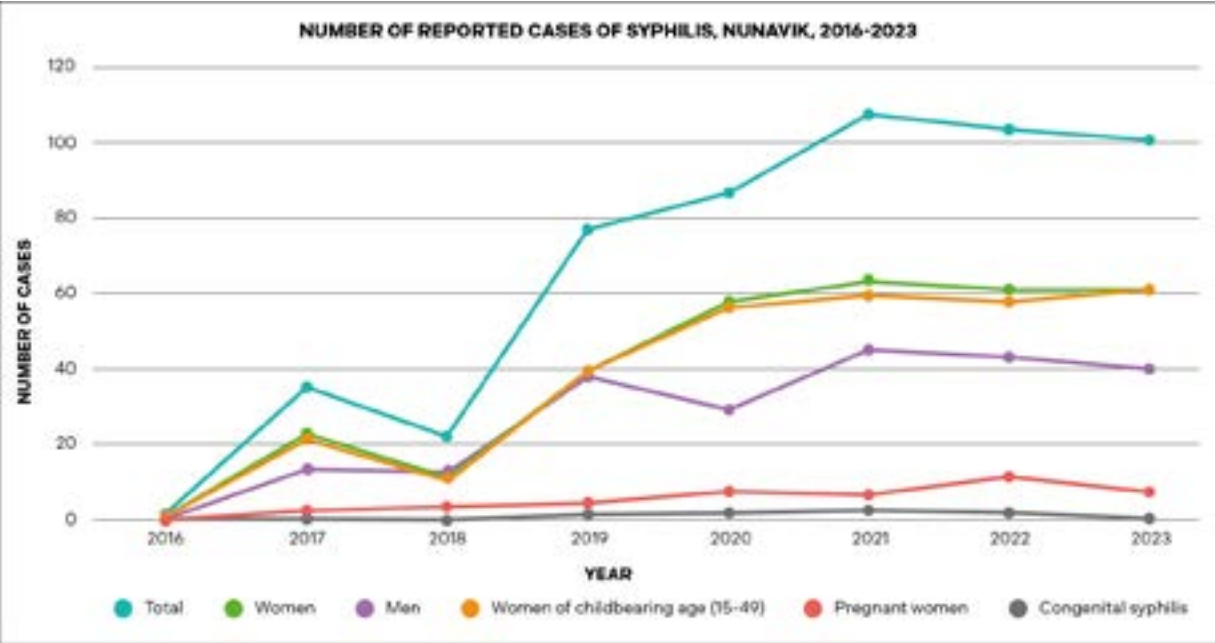
Sexually Transmitted and Bloodborne Infections (STBBIs)

A rise of 63% (compared to 2022) in screening for gonorrhoea and chlamydia and a rise of 68% in screening for syphilis were observed in 2023 on the Hudson coast. On the Ungava, a rise of 13% in screening for gonorrhoea and chlamydia and a rise of 35% in screening for syphilis were reported.

After an abnormally low number of reported cases of gonorrhoea on the Ungava coast last year, a rise of 783% in infections with *Neisseria gonorrhoeae* was observed there in 2023; the increase was 112% for the Hudson coast. Infections with *Chlamydia trachomatis* are also on the rise, with an increase of 27% compared to 2022 for the Ungava coast and 29% for the Hudson.



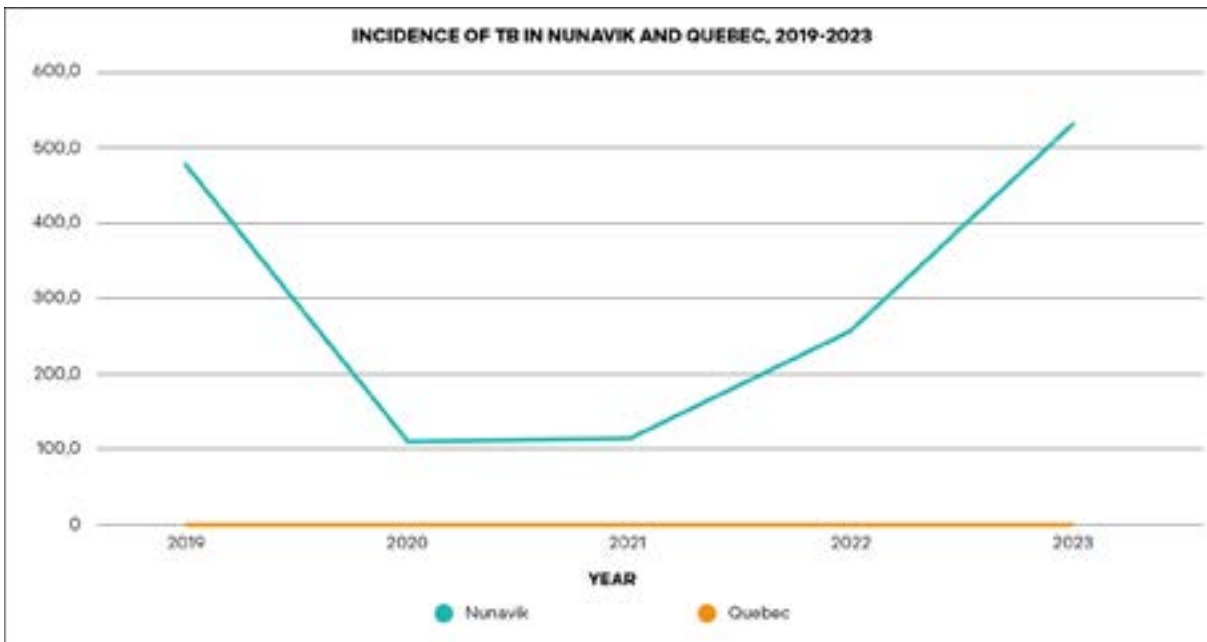
A certain stability in the number of syphilis diagnoses (N=101 in 2023) has been observed in the region since 2021. The number of villages with community transmission of syphilis in Nunavik went from four in 2022 to five in 2023. Several challenges remain during preventive interventions with infected individuals and their partners (IPPAP), complicating the analysis of the chains of transmission. Syphilis still affects, for the most part, individuals aged 20 to 29 years, who represented 45% of cases in 2023, and 60% of the cases occurred among women of childbearing age (15 to 49 years). Note that no children were diagnosed with congenital syphilis in Nunavik in 2023, whereas seven women were pregnant at the time of their diagnosis.



In 2023, mass screening campaigns were conducted in two communities with sustained community transmission of syphilis. An evaluation of the regional screening program for syphilis during pregnancy was also carried out and the finalized regional STBBI toolkit will support clinicians in their practice. Finally, rapid diagnostic tests for syphilis will be deployed on the Hudson coast in early 2024.

Tuberculosis

Following the resurgence observed in 2022, the number of tuberculosis (TB) cases in Nunavik continued to rise considerably in 2023, with 79 new cases reported—more than twice the number detected in 2022—with a peak incidence of 527 per 100,000 persons. Eight of the fourteen Nunavik communities were affected, some not previously known with active TB transmission. The five-year average incidence from 2019-2023 was 299 cases per 100,000, nearly 100 times the incidence in the rest of Québec during the same period.



Contact tracing and community-wide screening interventions for TB were intensified over the year. Screening campaigns were launched in two communities on the Hudson coast, both beginning with school screenings that were extended to the rest of the population. A community-wide screening campaign was also pursued in one Ungava community. In total, over 1,500 persons were screened in these communities, with over 70 new tuberculosis infections (TBI; also known as latent tuberculosis infections) and a few cases of active TB disease diagnosed. Testing activities are ongoing and long-term screening interventions should be implemented at regular intervals in some communities in the years to come.

Over the last year, training on TB was offered to clinicians of the region through various platforms. Furthermore, the team of Public Health Officers (PHOs) has structured its work into three components: the professionalization of PHOs, the capacity-building for PHOs as well as their working environment and finally, the strengthening of governance structures and partnerships with communities. Activities sustaining these outcomes are still ongoing within the PHO Program.

Partnership with the communities, their representatives and the health centres remains a priority in order to propose interventions adapted to communities' specific needs and available resources.

OCCUPATIONAL HEALTH

The work of the Occupational Health team is focussed on better coordination of its interventions with those of the inspectors of the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) and of the interveners of joint, cross-sector associations to respond consistently and efficiently to the needs of the institutions located in northern communities. This year, the OH team continued the development of tools for identifying health and safety risks and preventing fires. These tools particularly target the preventive measures to be set up by workplaces deemed as priorities by the CNESST in order to facilitate care for occupational diseases and injuries by the stakeholders.

Interventions supporting the management of risks in occupational health and safety as well as fire prevention were carried out during visits to the communities and to mining operations and construction firms. Information sessions were organized at establishments defined as priorities by the CNESST for each occupational hazard identified. Support for activities involving testing for certain heavy metals was also provided for the mining sector and the relevance of testing for asbestosis and silicosis was analyzed.

Besides support for Ministerial priorities (such as falls, ergonomic risks, workplace psychosocial risks, exposure to noise and mineral dust), the health centres' joint, health-and-safety committees also receive support for prevention of contamination through inhalation of bioaerosols that are potential vectors of bacterial or viral infections, occupational diseases such as tuberculosis, Influenza, COVID, RSV, measles and so forth. A hierarchy of robust preventive measures is recommended, including ventilation and air filtration, administrative measures such as worker training and information, a well-maintained program for respiratory protection and air respirators and other personal protective equipment (PPE) to ensure the knowledge and know-how necessary to use individual and collective protective methods.

Moreover, we monitored MADOs and produced reports, once shortcomings and health threats were identified for the parties concerned and the competent authorities.

The OH team also produced medical-environmental assessment reports in response to requests from health professionals responsible for monitoring pregnancies under the For a Safe Maternity Experience (FSME) program.

ENVIRONMENTAL HEALTH

The Environmental Health team works at the local, regional and provincial levels to protect the health of Nunavimmiut in relation to environmental factors. It is tasked with identifying and preventing health problems linked to the environment as well as raising public awareness of these risks.

The year 2023 stood out due to an unprecedented forest fire season throughout Québec and Canada. Although Nunavik was relatively spared from the fires themselves, the plumes of smoke from both the south of Québec and the other Canadian provinces (particularly Yukon and the Northwest Territories) had an impact on the quality of outdoor air in many northern communities. The team worked jointly with the civil-security sector, health mission, and the communications department of the Nunavik Regional Board of Health and Social Services (NRBHSS) to ensure a daily watch of air quality forecasts for the communities and to issue preventive notices. The cold season was the occasion to participate actively in the forest fire task force, under the Table de concertation nationale en santé environnementale (National Environmental Health Consultation Table), in

order to formulate standardized recommendations for the entire province, while ensuring consideration for Nunavik's specific realities within these entities. To make sure the most precise data will be used, Purple Air sensors were ordered with the financial assistance of the Ministère de l'environnement, de la lutte contre les changements climatiques, de la faune et des parcs (MELCCFP) and will be installed in each community over the coming year. These sensors will enable analysis of the quantity of fine particles in the air, monitoring of air quality in real time and greater accuracy of our public notices.

The rise in the frequency and intensity of forest fires is but one of the numerous repercussions of climate change and we are seeing major effects of such change in the entire region of Nunavik. In 2023, a professional in climate change and sustainable development was hired to assess the region's vulnerability to climate change, draft regional plans for adaptation to climate for public health purposes (VRAC-PARC [vulnérabilité régionale aux changements climatiques et plans d'adaptation régionaux au climat] program funded by the MSSS since January 2024) and develop partnerships with organizations of the region. The risk assessment should be ready for publication in 2027.

The supply of drinking water and removal of sewage are responsibilities of the Northern Villages. Access to water of good quality and in sufficient quantity for Nunavimmiut, however, remains a constant preoccupation for the EH team. Jointly with the Kativik Regional Government (KRG) and the NRBHSS, a survey was created and is now available on the KRG's website to allow the public to report incidents related to lack of access to running water. This way, it is possible to act more quickly with the entities concerned to rectify problems within our respective legal powers.

In preparation for the solar eclipse of April 8, 2024, which was total in certain regions of Québec, but partial in Nunavik, the MSSS and the NRBHSS communications department collaborated to inform the population and partners about how to view the eclipse safely. To enable Nunavimmiut in transit at Ullivik to observe the phenomenon, eclipse glasses were made available to them.

Finally, the EH team responded to various declarations of reportable diseases (MADOs) linked to environmental risks. In 2023, 34 reports of reportable diseases of chemical origin (chemical MADOs) were received, the vast majority concerning significant dietary exposure to mercury, with blood levels exceeding the thresholds recognized in public health. Further, eight events were deemed serious enough to necessitate intervention and follow-up. These reports particularly concerned problems with quality of and access to drinking water as well as quality of air, both indoor and outdoor, relative to exposure to substances such as mould, carbon monoxide and smoke from forest fires.





INUIT VALUES AND PRACTICES

BRIGHTER FUTURES PROGRAM

The program was back to fully functioning with all communities requesting funding for activities for their communities. In total, 39 projects were funded.

NATURAL SUPPORT TEAM (IRS)

Four Community visits were held to support families and community interventions.

On-the-land healing sessions were held in 3 communities.

Many requests from different organizations were made for the support workers to attend their meetings or gatherings to do support work, including other departments from the Health Board.

Trainings were done to enhance their skills as social workers.

MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS

The position is vacant, counselling services are available when needed.

CORONERS LINK

A new service we have implemented will have us work with the coroner to help investigate incidents and support family members.

OTHERS

Working committees in Cultural Safety in the Health Care System, Health research, Midwifery, the Nanilavut Initiative.

There has also been involvement on advisory committees for the development of various new programs.



REGIONAL HUMAN RESOURCES DEVELOPMENT

The Department of Regional Human Resources Development is tasked with developing strategies and means to train personnel and to prepare for Inuit succession in the Nunavik Health and Social Services Network (HSSN). It also seeks to improve working conditions for the HSSN personnel and to establish working conditions favourable to Inuit personnel.

TRAINING

The Department of Regional Human Resources Development (DRHRD) worked at developing, coordinating and providing training meant for employees of the health and social services network thanks to productive partnerships. With training being the key to the regional development of local manpower, the department is enthusiastic and encouraged to see progress in the area of certified training as well as ongoing training:

- The program leading to an attestation to collegial studies (AEC), a college diploma (DEC) or an undergraduate university diploma in social work (Inulirijiit) saw 27 students enrolled in the AEC program, 2 in the DEC program and 1 in the university program for 2023-2024. The training is provided by Marie-Victorin College for the AEC and the DEC and by McGill University for the university diploma;
- Other AEC programs are under way in Nunavik, according to the same procedures as the abovementioned—one session per month in-person in different communities with individual monitoring sessions—in Communications in Administration (17 students) and Supervision of Human Resources (7 students). These training programs are also provided by Marie-Victorin College;
- During the winter of 2024, the DRHRD, with its partners, had the opportunity to celebrate the success of 12 employees/students who obtained their program diplomas during the COVID-19 pandemic. The graduation ceremonies were held in Inukjuak, Puvirnituq and Salluit, where two AECs were awarded in Communications in Administration, nine AECs in Communications in Helping Relations and one DEC in Social Work;
- In the fall of 2022, a group of seven students began an AEC program in Specialized Education—Turaartaviit. Jointly with the Department of Planning and Programming, two sessions were given by Cégep Saint-Félicien;
- Fifteen students, two of whom will soon graduate, took three courses in the region, leading to a certificate in Management of Health and Social Services,“ a credited training program created in partnership with McGill University;
- Jointly with Cégep Saint-Félicien, the DRHRD managed the development and monitoring of the first year of the DEC program in Nursing Sciences launched in October 2022. To date, four semesters have been given full-time. Two students are presently enrolled;
- 556 participants took the pre-North training for Nunavik, held in 45 online sessions; this training is mandatory for all new employees to prepare them for arrival to the region;
- Work on the platform of the MSSS’ online learning environment (ENA), concerning the design of a new edition of the pre-North training for Nunavik, continued;

- The Institut national des langues et civilisations orientales (National Institute of Oriental Languages and Civilisations, or INALCO) gave courses on Inuktitut to 43 employees of the HSSN;
- Jointly with the Department of Planning and Programming, a regional training program continued for interveners in Youth Protection and Community Services. The training sessions are organized according to a principle of rotation during the year.

REGIONAL PROJECT DEVELOPMENT

- The DRHRD continued work at designing an Inuit succession plan as well as a large-scale, skills-development program aimed at supporting Inuit employees interested in upper-level management positions. Pilot projects are under development;
- The DRHRD continued its efforts at developing a range of regional, online training on the platform of the MSSS' online learning environment (ENA), where training specific to the region will be centralized. Training programs of a more general nature are already available on the platform and are accessible to HSSN employees;
- A scholarship program helped encourage Inuit students residing in the south of the province and enrolled in a college or university-level program in the field of health and social services to continue their studies. Among the six applicants, five students received a scholarship; these five students were enrolled full time;
- The DRHRD participated in the management of the "remote regions" category of the MSSS' scholarship program.

WORKING CONDITIONS

- Several discussions were held with the Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS) concerning working conditions for Inuit and non-Inuit employees. A presentation was also made for senior management at the MSSS, along with applications particularly concerning the creation of or modification to positions in the nomenclature with the objective of recognizing the need for cultural safety through cultural and linguistic competence;
- Work continued in relation to Bill 21, concerning development of a training program that will include a component of official recognition of prior learning and competencies authorizing First Nations and Inuit interveners to participate in reserved activities. Design of the recognition process is complete.



OUT-OF-REGION SERVICES

The Department of Out-of-Region Services (DORS) assumes an essential role in terms of access to services for the population of Nunavik: beneficiaries of the JBNQA, whether or not they reside in or out of the region.

The following fall under the authority of the director of Out-of-Region Services:

- non-insured health benefits (NIHB);
- the Child First Initiative (CFI).

As access is at the core of our mission, the department's primary objective is to ensure equality and access to all essential care and services for the population of Nunavik. Thanks to these programs, the Department of Out-of-Region Services ensures access to services that are not easily available in Nunavik.

The year 2023-2024 was marked by the departure of the director of Out-of-Region Services in September 2023. However, that did not prevent the department from pursuing its mission through the rigorous efforts of the existing coordinators and the support of the regional director of strategy, development and corporate affairs/assistant to the Executive Director.

NON-INSURED HEALTH BENEFITS (NIHB)

The NIHB program provides Inuit with additional coverage for medically required goods and services not covered by the programs of the Government of Québec.

Thanks to the NIHB program, expenses for travel, lodging and special care are guaranteed for beneficiaries of the JBNQA in or outside the region. The appropriate control and administration of funding and services are governed by the program's framework policy and sub-policies. An annual report on the program is submitted to the Executive Director, the NRBHSS board of directors and finally, the MSSS. This process ensures transparency and proper control of the use of funds.

Communications

With considerable effort, the NIHB team revised the Internet site for the NIHB program. A pamphlet and a communications plan with promotional items are under development to better inform beneficiaries and community organizations of the region about the program.

Out of concern for improving the program's visibility outside the region, we also attended four events to present the NIHB program to community organizations in the South and participate in mobile clinics.

Policies

The NIHB program is managed according to a regional framework policy adopted in March, 2022.

During the past year, the following policies were the object of resolutions by the board of directors:

- **Regional transportation policy for health reasons** (June 2023): besides providing clarification, this policy is innovative in proposing compensation for patients who choose not

to use the transits/Ullivik during their health-related stay. Work is under way to facilitate automatic reimbursement for patients without requiring them to apply;

- **Regional policy on mental-health counselling services** (February 2024): JBNQA beneficiaries can access mental-health counselling services through an admissible mental-health professional without needing a medical referral. This policy was designed in close collaboration with the team responsible for psychosocial services and support for community organizations of the Department of Planning and Programming.

Several other policies are under development or revision for eventual presentation to the board of directors for approval, including:

- regional policy for medical supplies and medical equipment under the NIHB program;
- regional NIHB policy: medication;
- regional NIHB policy: eye care;
- regional NIHB policy: hearing aids;
- regional NIHB policy: dentistry;
- regional NIHB policy: denturism.

Regional Committee on Out-of-Region Services (RCORS)

The regional committee on Out-of-Region Services meets five times per year to discuss the various services related to the NIHB program. This committee is composed of 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. These regular meetings help guide the Department of Out-of-Region Services in decisions that have an impact on and respond to the needs of the Nunavik population.

Beneficiary Access to Medication and Services Under the NIHB Program

Historically, there has been no automatic service for beneficiaries of the JBNQA when they obtain their prescription from pharmacies in the South. This too often obliges them to cover the fees for their medication themselves during visits or when living out of the region. Jointly with the Cree-Naskapi Commission, we initiated the mailing of a newsletter, via the Association Québécoise des pharmaciens propriétaires (AQPP), to all the pharmacies of Québec to inform them of the existence of coverage and the applicable processes for JBNQA beneficiaries who do not have an N number.

Finally, with the support of the regional committee on Out-of-Region Services, we are working on a project for a massive update to RAMQ cards in the region and to obtain a payment holiday from the RAMQ for the \$25 per card, covering renewal of expired cards for the duration of the project. The addition of the photograph at no charge is also among the discussions on this project.

CHILD FIRST INITIATIVE

The Child First Initiative (CFI) is a federal initiative carried out by the Department of Out-of-Region Services of the Nunavik Regional Board of Health and Social Services (NRBHSS).

The CFI's mission is to respond to the specific needs of Inuit beneficiary children of Nunavik, residing in or out of the region by funding products and services associated with education, health and social services, particularly when they are not available or accessible within a reasonable timeframe. It is important to note that the CFI is not intended to replace existing services, programs or funding.

The regional CFI office at the NRBHSS is committed to supporting partners in developing concrete projects aimed at improving services.

Development of the CFI Team within the NRBHSS

During the past year, the NRBHSS was firmly active in recruiting and integrating new employees within its regional CFI office. The team consists of professionals assuming the following primary responsibilities:

- providing support for individuals, families and organizations in submitting funding applications
- processing funding applications
- promoting the CFI within and outside of the Nunavik region, through the development of partnerships with organizations working with Inuit beneficiary children of Nunavik
- developing a model of co-develop

Development of Culturally Adapted Communications Tools

The CFI team worked closely with the NRBHSS Communications team to design a distinctive and culturally adapted visual identity through the creation of images and the design of a logo reflecting Inuit culture. Concurrently, a set of communications tools was also developed, including promotional cards, a web page integrated into the NRBHSS site, a trilingual poster, a pamphlet and a booklet, thus enhancing the circulation of information concerning the CFI. The regional CFI office also increased its accessibility by establishing a generic e-mail inbox, as well as a telephone line to foster discussion and facilitate requests for information.

Development of a System for Online Data and Adapted Forms

The regional CFI office is currently working jointly with the NRBHSS Information-Technologies department to create a digital system that will enable the CFI team to receive and manage funding applications, gather data and make adapted forms available to the CFI clientele. This system will be ready in 2024-2025.

Ongoing Consultations with Partners

The CFI team reinforced its partnerships within the NRBHSS as well as with organizations working with Inuit beneficiary children of Nunavik, whether they reside within or outside the Nunavik region. These partnerships include key entities such as the NRBHSS Department of Inuit Values and Practices, Kativik Ilisarniliriniq, the Hudson and Ungava DYPs, Native Montréal and many others. Together, they contributed with our team to carrying out the CFI for Nunavik, in order to provide services adapted to the needs of young Nunavimmiut.

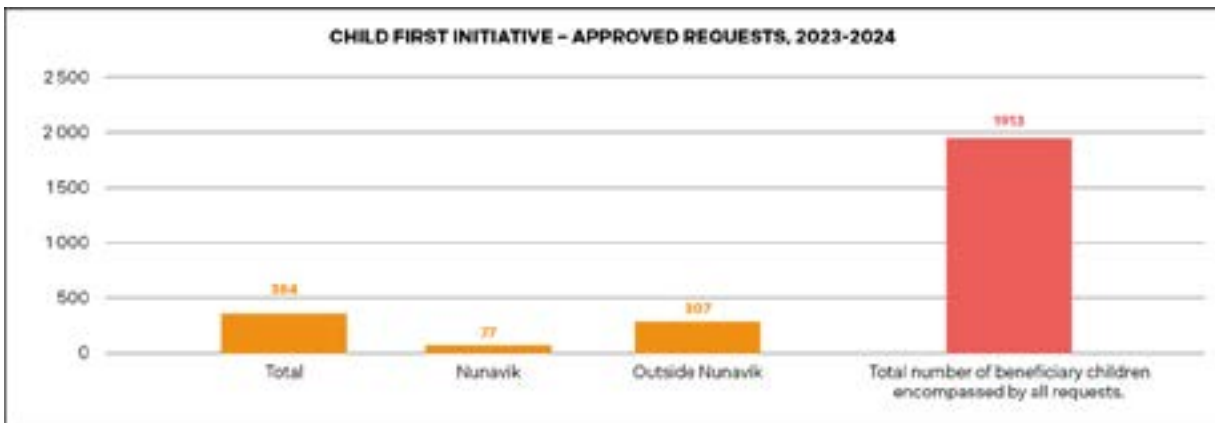
CFI Realization Plan

The regional CFI office definitively began drafting a transition plan for carrying out the CFI through a process of co-development with the Federal Government, more specifically, Indigenous Services Canada. This plan constitutes a guide meant to clarify the transition toward a new scheme for sharing roles and responsibilities between the NRBHSS (the regional CFI office), Makivik and ISC, including the renewal process for CFI, the processing of applications, the reimbursement process, the definition of funding criteria and several other aspects.

2023-2024 Statistics

The regional CFI office within the NRBHSS was a driving force this year, with 384 approved applications representing a significant increase compared to previous years (339 applications in 2022-2023, 258 applications in 2021-2022 and 169 applications in 2020-21). We assisted in supporting 1,913 beneficiary children through a diversified range of essential services such as:

- professional services
- travel expenses
- products, supplies and equipment
- living expenses
- camps and daycare fees
- education fees



Note: The data is based on current information and may be revised due to various factors. A child may be counted multiple times. The count of beneficiary children is calculated considering both individual and group requests.



ADMINISTRATIVE SERVICES

The Department of Administrative Services provides a wide range of support to other Nunavik Regional Board of Health and Social Services (NRBHSS) departments. In terms of resource management, we notably offer budgetary and financial services, human resource services, procurement services, biomedical engineering services and services in the areas of facility management and information resources.

Administrative Services also participates in the annual development and oversight of the regional strategic plan. It also supervises the development and follow-up of all short and long-term fixed assets investment projects for the region's entire health and social services network.

Administrative Services supports Nunavik's two health centres in certain areas, such as budgets and other financial matters and contributes to the upkeep of facilities, thanks to various renovation and replacement projects.

FINANCIAL RESOURCES

Regional Budget

Regional appropriations from the Ministère de la Santé et des Services sociaux (MSSS) for the 2023-2024 year, totalled \$463.4M and were allocated to the Nunavik health and social services network as depicted in the table below. During the year, the NRBHSS allocated these appropriations to different institutions and organizations. The two health centres received funding in the amount of \$287.7M for their activities. The NRBHSS transferred an amount of \$16.1M to eligible community organizations. In this regional envelope, it also received and managed the funds assigned to the Non-Insured Health Benefits program.

ALLOCATIONS	2022/2023	2023/2024
Inuulitsivik Health Centre (IHC)	\$147.5M	\$149.3M
Ungava Tulattavik Health Centre (UTHC)	\$137.4M	\$138.4M
Funds Assigned to the NRBHSS		
Non-Insured Health Benefits	\$89.5M	\$98.6M
Others	\$45.8M	\$61.0M
Community Organizations		
Youth Centres	\$4.3M	\$4.5M

ALLOCATIONS	2022/2023	2023/2024
Others (see table regarding community organizations)	\$9.5M	\$11.6M
Reserved		
Reserved	\$4.0M	\$0
TOTAL TRANSFERS	\$438.0 M	\$463.4M

Health Centre Operating Budgets and Financial Results

As part of its advisory function with regard to the health centres, the NRBHSS made significant efforts this past year, including participating in various meetings held to promote appropriate follow-up on financial matters. The Inuulitsivik Health Centre (IHC) and the Ungava Tulattavik Health Centre (UTHC) both closed the fiscal year with a deficit, as presented in the table below.

	2022/2023		2023/2024	
PUBLIC INSTITUTIONS	NET BUDGET AUTHORIZED	SURPLUS (DEFICIT)	NET BUDGET AUTHORIZED	SURPLUS (DEFICIT)
IHC	\$147.5M	\$0	\$149.3M	\$(12.6)M
UTHC	\$137.4M	\$0	\$138.4M	\$(15.9)M
TOTAL	\$284.9M	\$0	\$287.7M	\$(28.5)M

FUNDING FOR COMMUNITY ORGANIZATIONS

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

COMMUNITY ORGANIZATIONS	2022 / 2023	2023 / 2024
Inuit Men's Associations		
Qimutjuit (Kuujuaraapik)	\$116,500	\$118,024
Qajaq Network	\$158,900	\$161,285
Unaaq (Inukjuak)	\$134,200	\$135,988
Inuit Women's Associations		
Saturviit	\$158,900	\$276,284

COMMUNITY ORGANIZATIONS	2022 / 2023	2023 / 2024
Inuit Youth Associations		
Youth Council (Nunavik)		
Nurrait	\$185,000	\$323,936
Nunavik Youth House Association	\$4,299,336	\$4,491,745
Inukrock		\$74,620
Elders' Home		
Tusaajiapik (Kuujuuaq)		
Ayagutaq (Inukjuak)	\$390,800	\$654,100
Sammiak Elders Committee		
Qilanguanaaq (Kangijsujuaq)		\$645,001
Sailivik (Puvirnituaq)	\$304,500	
Family Houses		
Iqitsivik (Salluit)	\$330,000	\$437,500
Miamisivik	\$329,900	\$416,000
Tasiurvik (Kuujuaraapik)		\$200,000
Tunniitt (Kangirsuk)	\$125,000	
Pituaq (Puvirnituaq)	\$500,000	\$599,999
Qarmaapik (Kangijsualujuaq)	\$456,800	\$379,400
Mental Health Residences		
Uvattinut supervised apartments (Puvirnituaq)	\$307,600	\$327,214
Ippigusugiursavik (Kuujuuaq)	\$470,000	\$550,602
"I Care We Care" project	\$150,000	\$200,001
Treatment Centres		
Isuarsivik (Kuujuuaq)	\$2,740,500	\$3,597,425
Aaqitauvik Healing Centre		\$246,000

COMMUNITY ORGANIZATIONS	2022 / 2023	2023 / 2024
Women's Shelters		
Ajapirvik (Inukjuak)	\$939,464	\$620,000
Initsiak (Salluit)	\$727,416	\$736,000
Tungasuvvik (Kuujjuaq)	\$722,382	\$525,000
Poverty Reduction		
Sirivik	\$250,000	\$368,750
TOTAL TRANSFERS	\$13,797,198	\$16,084,874

2023-2024 Operating Budget

According to the Act respecting health services and social services (c. S-4.2) and MSSS circulars, the 2023-2024 operating budget estimates were established at \$29.1M. Thanks to appropriate planning and budgetary processes, the NRBHSS ended the fiscal year with an operating equilibrium of \$0. As part of its responsibilities, Administrative Services provided expertise and financial support to all of the departments as well as the audit committee.

Assigned Funds

In addition to the operating budget, the NRBHSS also receives and administers funds assigned to specific activities. These funds are primarily financed by the Federal and Provincial governments.

Fixed Assets Fund

The three-year 2023-2024 operating and conservation plan was updated. Working in close conjunction with the health centres, the NRBHSS provided assistance and support that enabled executing most of the planned projects in Nunavik. Overall, the NRBHSS transferred a total of \$9,331,136 for various fixed assets projects, split into four regional envelopes:

ORGANIZATIONS	ASSET MAINTENANCE	MINOR RENOVATIONS	MEDICAL EQUIPMENT	NON-MEDICAL EQUIPMENT	TOTAL
IHC	\$3,858,345	\$2,176,918		\$468,155	\$6,503,418
UTHC	\$1,922,470	\$499,149	\$146,178	\$259,921	\$2,827,718
NRBHSS					
TOTAL	\$5,780,815	\$2,676,067	\$146,178	\$728,076	\$9,331,136

Following the departure of key employees, the Maintenance and Fixed Assets Department was saddled with an increasingly limited ability to take on major renovation projects. The team thus chose to focus on active maintenance activities in conjunction with the Kuujjuaq housing inventory.

In addition to the regular works, the team also managed to renovate the newly acquired 1920 unit to NRBHSS specifications and oversaw two major renovation projects subsequent to significant flooding that required relocation of the impacted occupants in our housing inventory. Two incidents related to water supply this winter also resulted in a need for major renovations, these will be done in the summer of 2024.

The department also helped the fixed assets team analyze its acquisition of existing buildings in Kuujjuaq, as well as its long-term leasing of warehouses and a commercial building. This latter building was the subject of occupation studies, with the perspective of possibly serving as an administrative building. The works are still underway, but the teams should be able to set up shop in the fall of 2024.

The Fixed Assets team was also involved in the TB screening project, notably helping the clinical team identify and select potential screening sites in Inukjuak, Akulivik, Salluit and Kangiqsujuaq. The Salluit facility is now operational and the one in Kangiqsujuaq should open within two years.

Access to the new facilities and the integration of the C2 Atom management software enabled the department to begin a comprehensive reorganization of its equipment and other inventory. The process, still underway, will help the team optimize the management of its inventory, equipment orders and resource utilization follow-up measures.

A number of positions were notably filled at the beginning of the year, with the hiring of new building technicians, a building consultant and a coordinator. These new hires will allow for reaching the critical personnel mass necessary for the department to function efficiently and launch major preventive maintenance projects.

Overall, the team is still recovering from the fallback and delays in conjunction with COVID-19. Because contractors had a difficult time accessing the region during the pandemic, several renovation projects were postponed. With the spike in demand for construction services since then, costs have risen and certain types of works have been delayed and the majority of contractors are now extremely busy. This situation should resolve itself within about three years. Fortunately, our housing inventory is not at risk because of the aforementioned delays, since essential projects are either underway or completed.

The upcoming year will notably allow us to get back up to speed, to better address maintenance needs and to develop the tools required to improve the organizational management process.

Federal Funds

The 10-year contribution agreement signed by the Government of Canada and the NRBHSS, which covers the period from 2019-2020 to 2028-2029, was initially set at \$70.0M. A number of amendments were made since the agreement's onset and the total number now exceeds \$139.0M. In 2023-2024, a total of \$25,640,227 was disbursed. Unlike the original agreement, balances are now transferable from one year to the next.

INDIGENOUS SERVICES CANADA	2022/2023	2023/2024
Aboriginal Diabetes Initiative (ADI)	\$696,388	\$859,037
Aboriginal Human Health Resources Initiative (AHHRI)	\$62,187	\$123,161
Aboriginal Human Health Resources Initiative (AHHRI) - Training	\$11,705	\$11,522
Brighter Futures	\$1,405,365	\$1,364,726
Children's Oral Health Initiative (COHI)	\$424,000	\$1,145,144
Federal Tobacco Control Strategy	\$428,400	\$845,761
Fetal Alcohol Spectrum Disorder Program	\$468,762	
Home and Community Care - Palliative Care	\$4,377,145	\$6,400,058
Home and Community Care - Capacity Development	\$36,939	\$996
Home and Community Care - Support Services Initiative	\$414,073	
National Inuit Health Survey	\$1,169,823	\$2,006,818
Maternal and Child Health Program	\$231,000	\$(798,986)
Community Mental Health (CLWW)	\$1,060,477	\$(164,264)
Missing and Murdered Indigenous Women and Girl	\$132,000	\$15,800
Canadian Drugs and Substances Strategy	\$159,430	\$23,886
Nutrition North Canada	\$490,000	\$375,758
Canada Prenatal Nutrition Program (CPNP)	\$382,715	\$399,732
Climate Change	\$119,000	\$90,112
Planning and Management of Health Services Quality in Nunavik	\$326,546	\$252,486
Residential Schools	\$701,378	\$247,558
Blood-Borne and Sexually Transmitted Diseases	\$229,000	\$146,867
Suicide Prevention Strategy and Initiatives	\$2,602,736	\$3,417,884

INDIGENOUS SERVICES CANADA	2022/2023	2023/2024
Mental Health Team – Creation and Development	\$303,039	\$238,785
Tuberculosis	\$1,489,957	\$2,431,003
Victims of Domestic Violence	\$16,944	\$6,380
Indian Day Schools	\$57,958	\$17,841
Child First Initiative – Tasiurtigiit UTHC		\$8,652
Child First Initiative – II-ASD		\$786,289
Child First Initiative – Swat team		\$138,860
Child First Initiative – Turartaviks IHC		\$3,434
Child First Initiative – Car fleet		\$881,491
Child First Initiative - UTHC		\$5,267
Principe de l'enfant d'abord – IHC		\$648,482
Child First Initiative – Turartaviks UTHC	\$363,364	
Child First Initiative – Hotel expenses		\$4,751
Child First Initiative – Services coordination	\$450,000	\$512,211
Child First Initiative – NRBHSS		\$450,873
Child First Initiative – Recovery Centre – Isuarsivik and menstrual products	\$357,469	\$489,255
Child First Initiative – Tasiutigiit Association		
Child First Initiative – Community workers		\$32,258
Child First Initiative – Van	\$90,000	
CIUSSS Ouest-de-l'Île-de-Montréal	\$80,096	
COVID-19 Pandemic – Food security		\$60,420
Regional needs		\$58,800
Nunavik Nutrition and Health Committee (NNHC) operations		
Psychological dependence		\$106,605

INDIGENOUS SERVICES CANADA	2022/2023	2023/2024
Prévention des blessures involontaires		\$108,668
Fetal alcohol spectrum disorder (FASD)		\$243,612
Midwives		\$553,781
Cultural Support in Conjunction with the Trauma Inflicted		\$1,047,108
Addressing Regional Needs	\$272,289	
Aboriginal Health Legislation	\$1,000	\$108,668
Partnerships in Support of Cultural Safety (Anti-Indigenous Racism Fund)	\$325,000	
Patient Navigators (Anti-Indigenous Racism Fund)	\$325,000	
Midwives (Anti-Indigenous Racism Fund)	\$639,250	\$14,720
Advocates (Anti-Indigenous Racism Fund)	\$228,500	\$26,625
TOTAL SUBSIDIES	\$22,061,929	\$25,640,227

FIXED ASSETS ACTIVITIES

The NRBHSS has been involved in various fixed assets projects, funded by a financing agreement running from 2018 to 2025.

Fixed Assets Master Plan

On October 1, 2020, the NRBHSS entered into an agreement with the MSSS on the funding of fixed assets projects. This agreement granted the NRBHSS the responsibility of implementing projects included in the fixed assets master plan that addresses the investments in infrastructure.

As per its October 1, 2020 agreement with the MSSS for the funding of fixed assets projects, the NRBHSS reviewed its fixed assets master plan (PDI) to set priorities with regard to short and long-term fixed assets investments and determine how to best use the plan as a management tool.

Over the course of the year, we continued to add members to our internal project management team as a way of ensuring the effective management of these projects. The fixed assets master plan advisory committee is still regularly updating the plan and following up on all fixed assets projects in Nunavik.

Fixed Assets Projects - 2018-2025

COMMUNITIES	TYPES OF FACILITIES	PRELIMINARY ESTIMATE
To be determined	Regional Hospital	\$450,000,000
To be determined	Youth Rehabilitation Centre	\$100,000,000
To be determined	Transit Unit for Youth in Detention	\$4,000,000
Kangirsuk	Isolation Room	\$1,200,000
Certain Communities	Radiology Equipment and Room	\$3,000,000
All Communities	420 Housing Units	\$231,000,000
Inukjuak	Construction of a new CLSC (Local Health and Social Services Centre) and a Birthing Centre	\$60,000,000
Kuujuaq	Construction of New Liaison Offices	\$4,500,000
Kuujuaq	Construction of a New Elders Home and Alternative Housing	\$128,000,000
Akulivik, Inukjuak, Salluit and Kuujuaaraapik (up to the new CLSC)	Office Space	
Kuujuaq	Construction of a New Birthing Centre	\$10,000,000
Kangiqualujuaq, Tasiujaq, Quaqtac, Kangirsuk and Kangisujuaq	Construction of New Office Spaces	\$25,000,000
Salluit	Construction of a New Birthing Centre	\$10,026,607
Salluit	Construction of a New Northern Health and Social Services Community Centre	\$62,107,613
Kuujuaq	Construction of a New Youth Home	\$10,000,000
Kangiqualujuaq, Quaqtac and Tasiujaq	Isolation (Addition to the CLSC/Local Community Service Centre)	\$15,000,000

COMMUNITIES	TYPES OF FACILITIES	PRELIMINARY ESTIMATE
Umiujaq	Construction of a New Northern Health and Social Services Community Centre	\$43,376,117
Kangiqsujuaq	Construction of a New Northern Health and Social Services Community Centre	\$65,000,000
Quaqtaq	Construction of a New Northern Health and Social Services Community Centre	\$50,000,000
Puvirnituaq	Construction of a New Elders' Home and Alternative Housing	\$95,000,000
Hudson Bay (community to be determined)	Construction of a New Addiction Therapy Centre	\$10,000,000
Ivujivik	Construction of a New Northern Health and Social Services Community Centre	\$43,376,117
Puvirnituaq	Transit Unit for Patients - Self-Funding Project	

Fixed Assets Projects Worked On in 2023-2024

Elders Homes

This project was a dual endeavour, involving 34 beds in Puvirnituaq and 34 in Kuujuaq, designed to meet the urgent need for long-term care beds for seniors and the general need for new facilities in Nunavik.

Following numerous meetings with the MSSS, the latter acknowledged the pressing need for these resources, specifically seeing as there were none in Nunavik.

The planning phase for the two Elders Homes began in 2021, in conjunction with the two institutions on behalf of which the homes will be built in the communities of Kuujuaq and Puvirnituaq.

The health centres' collaboration and participation made it possible to develop a style of housing unit adapted to Nunavik and Inuit culture. These two projects are critical to providing appropriate healthcare services to:

- seniors who are experiencing loss of autonomy
- users with dementia
- users with significant health problems
- users with motor, visual and hearing disorders, as well as moderate to severe mobility and gait issues.

At present, numerous clients are on waiting lists in their respective communities, while others find themselves in healthcare facilities in the South or hospitalized in Puvirnituk or Kuujuaq.

In a few months, we were able to come up with a design consisting of a 34-room facility, divided into 4 wings, in each of the two communities. Each wing will comprise 8 user rooms, a lounge and a dining room. Each facility will also house 2 palliative care rooms. The common area will have a kitchen, clinical rooms, a day centre and spaces reserved for the preparation of traditional Inuit meals. In December 2021, the plans and specifications were submitted to the MSSS for approval.

The MSSS asked that the various spaces be optimized to limit costs, which they felt were high. The costs in question were \$128.0M for the facility in Kuujuaq and \$95.0 M for the one in Puvirnituk. The difference in costs between the two planned facilities, which have similar building plans, is due to different types of foundations. At present, the significant increase in the cost of building materials and transportation, coupled with the repercussions of the restrictions during the COVID-19 pandemic, are such that the usual regional disparity in cost for projects in the North (2.5 times higher) no longer applies. Costs in the North are decidedly higher at this point in time. The NRBHSS submitted a report to the MSSS clearly explaining this phenomenon and how it resulted in higher costs. The plans were then revised and submitted to the MSSS in May 2023.

The MSSS then asked that both Elders Homes be built with the same type of foundation, to bring down the cost of the facility in Kuujuaq. This required finding another plot of land, namely one with soil that could accommodate the less costly foundation proposed for the project in Puvirnituk. This MSSS request, along with other interventions aimed at identifying ways to reduce costs, culminated in a stagnant situation with costs now higher due to inflation. In March 2024, the MSSS put the project on hold while attempting to devise a new approach that would allow for diminishing costs to the greatest possible extent.

Aupaluk Local Health and Social Services Centre (CLSC)

The new CLSC, the construction of which began in the summer of 2018, opened its doors on September 18, 2023. The new facilities were designed to meet the region's long-term needs, i.e., over the next 30 years. It also bears noting that this project, valued at \$45.0 M, is the first of its kind in Nunavik. The new CLSC will not only offer services and space to the community, but also ensure access to modern medical equipment. The project involves the building of a birthing centre, an initiative in line with the Strategic Regional Plan for the implementation of birthing centres and midwifery services in Nunavik. The new birthing centre will offer a number of services, including midwifery services (dubbed maternity services), combined perinatal and early childhood services (SIPPE) and temporary lodging for pregnant women from other villages. These services, to respect the need for cultural security, accessibility, fluidity and continuity of care, will be grouped together in a same building.

Housing Units in Nunavik

On April 23, 2020, the MSSS authorized the NRBHSS to build 66 housing units for clinical personnel in various Nunavik communities; this initiative benefited from a budget of \$63.0 M. Based on the MSSS' recommendations, we opted to separate the construction project into two phases.

The first of these phases, 5A, was carried out in Kuujjuaq, in 2021-2022 and resulted in the construction and delivery of 24 housing units. The second phase, 5B, involves 42 units and was approved on November 22, 2022. Construction is underway and delivery of the units in various communities is expected to take place in 2024. 18 of these 42 units are currently being built in Puvirnituk, and will be delivered between May and August 2024.

An MSSS order-in-council passed on February 22, 2023 gave the NRBHSS the necessary power to grant construction contracts by mutual agreement with Makivvik Corporation and FCNQ Construction inc. This order-in-council allows for proceeding with phase 6 of the project, namely the construction of 108 units with a budget of \$105.0 M. Requests were submitted to the MSSS on December 22, 2022 and the NRBHSS received authorization on February 22, 2023. Construction in the communities of Puvirnituk, Inukjuak and Kuujjuaq began in 2023.

The NRBHSS submitted five new requests to the MSSS for construction in various other Nunavik communities (phases 7A, 7B, 7C, 7D and 7E) in September, 2023. The MSSS approved phase 7A this spring; it concerns the onset of construction of 46 new units in 2024. The order-in-council for granting construction contracts by mutual agreement with Makivvik Corporation and FCNQ Construction inc. was also approved in the spring of 2024. Approval for phases 7B, 7C, 7D and 7E (totalling 157 units) is expected in the fall of 2024. This represents a total of 203 units in phase 7. Funding will be through the 2018-2025 Agreement on the provision and funding of health and social services in Nunavik.

Birthing Centre in Kuujjuaq

Following receipt of the necessary notice of admissibility on December 7, 2023, a request was sent to the MSSS asking for the authorization to publish a call for tenders regarding the hiring of professionals to execute the design phase for the future construction of a birthing centre in Kuujjuaq. This authorization was received on March 21, 2024. The call for tenders is currently being drafted and will be issued in the spring.

Rehabilitation Centres for Youth in Difficulty

The campus that will be built in Nunavik, will be comprised of 3 units.

The first unit will accommodate the relocation of the Saturvik Group Home for youth aged 12 to 18 currently situated in Kuujjuaq.

The second unit will replace the Sapummivik Group Home that was located in Salluit, but is now closed.

The third unit will consist of a unit to respond to "overflow" situations, namely excess demand for services at certain times. An agreement from the MSSS was received to issue a call for tenders in the spring of 2024, for the purpose of developing an operating and technical program.

LEGAL FRAMEWORK IN THE AREA OF INFORMATION TECHNOLOGY

In 2023-2024, with our mandates and initiatives no longer impacted by COVID-19 imperatives, we redirected our efforts toward improving services and strengthening our organization's overall security considerations. At the same time, we also provided support to help the health centres move forward with local and regional projects.

15 Security Measures

We are now actively strengthening our cybersecurity efforts as part of an initiative from the Ministère de la Cybersécurité et du Numérique (MCN). By implementing relevant procedures and guidelines, we were able to make significant improvements. Our main objective is now to optimize our security by focusing on additional improvements that will enhance what has been done thus far.

Program for the Consolidation of Data Processing Centres (Programme de consolidation des centres de traitement informatique [PCCTI])

This program, which comprises a feasibility study and the potential transfer of our computer infrastructure in the cloud, is also under the purview of the MCN. We have successfully completed the feasibility studies regarding the consolidation of our processing centres, but cannot make further progress at this time due to the limited bandwidth available in the region. As a result, we are now attempting to resolve the bandwidth issue and improve the available computing capacity in the region.

Evaluation of Needs with Regard to Bandwidth - Strategy

With bandwidth continuing to be a key concern in Nunavik, low earth orbit satellites seem to be an appealing alternative. Thanks to close collaboration with the MSSS and the MCN, we are now ready to implement a solution to improve the network performance throughout the region while adhering to strict security protocols. We plan on launching this initiative in 2024 and 2025.

Document Management

The growing need to improve the management and accessibility of NRBHSS files is being addressed with a pilot project on the implementation of a centralized management platform that should greatly enhance document management and the necessary collaboration.

Involvement in Several Clinical Projects Designed to Facilitate Communications with the Population

We are cooperating with the MSSS on various projects aimed at improving existing clinical systems (laboratory, pharmacy, etc.) as a means of providing more efficient services and centralizing patient information.

Medical Imaging

We have also completed the first phase of the centralization of medical image appointments and communications between the McGill University Health Centre (MUHC) and Nunavik. This has brought about an impressive decrease in the time required for patient appointments. Throughout the process, we upheld and complied with the MNC's strict standards regarding data security and the protection of patient files.

Audiovisual Department

In order to improve communications at the NRBHSS, for personnel and citizens alike, we invested in our audiovisual department. This allowed us to improve our conference structures and streamline our ability to transmit presentations designed to inform and update our personnel and the general population.

Digitalization Modernization Plan - Support for Health Centres

The Technology Modernization Plan (Plan de modernisation technologique [PMT]) makes funding available solely for IT services in the province. We made great efforts to ensure that the region's health centres could benefit from this funding to move forward with various projects or to obtain expert assistance in specific areas.

Information Technology Recruitment

Throughout the year, the NRBHSS has successfully recruited and retained the following IT professionals: a technical specialist, a computer technician and two project managers. This bolstered our ability to meet the growing demand for computer/IT projects, comply with security standards and offer effective support to users. While our current employees are skilled, we recognize the need for continually adding network and security experts to our workforce, especially since we are preparing to deploy a high-speed Internet solution. To meet this requirement, we are presently outsourcing those tasks that call for certain expertise while we continue to develop the skills of our current employees in these critical areas. Despite the significant growth we saw over the past year, we are still committed to further diversifying our services while continuing to meet the highest standards in terms of security and adaptability.

BIOMEDICAL ENGINEERING DEPARTMENT

2023 saw numerous efforts made in the NRBHSS' Biomedical Engineering department to meet needs with regard to development project management, asset maintenance, urgent Public Health projects and measures and improvement of regional management procedures in the area of biomedical engineering.

Below are brief outlines of some of the projects we are currently working on.

Continuous Improvement Initiatives

New concepts and procedures are slated for adoption as a way of better structuring biomedical engineering activities in Nunavik:

- 5-year plan for the addition of medical equipment (Plan quinquennal d'ajout d'équipement médical [PAEM]): a new procedure for identifying and planning the acquisition of necessary medical equipment for a 5-year period. This plan consists of determining clinical needs and identifying technical and administrative solutions to satisfy these needs. We submitted the plan and related documents to stakeholders from both health centres with the goal of facilitating the procedure's implementation. In so doing, we made sure the health centres would be ready to present their first 5-year plan.
- The contract management process associated with biomedical engineering was reviewed with the institutions, which led to improvements in the medical equipment acquisition process so as to support the role of all of the parties involved, to comply with the regulations in force with regard to acquisitions and most importantly, to achieve greater consistency between the institutions' internal procedures and regional procedures.

- The institutions, namely the Ungava Tulattavik Health Centre (UTHC) and the Inuulitsivik Health Centre (IHC), were provided the knowledge and equipment necessary to properly manage the acquisition of medical equipment. This was spearheaded by the regional biomedical engineering manager, who developed and distributed tools, documentation, templates and guides. This included requests for replacing or adding medical equipment during the course of a given year, unplanned or as part of the plan for the conservation of equipment and furniture (PCEM) or the 5-year plan for the acquisition of medical equipment (PAEM).
- Planning of the introduction of a regional biomedical engineering management tool: in collaboration with the Information Technology department, this project seeks to create a biomedical engineering component in the C2 Atom platform. The objective sought is that of standardising regional requests, including requests for projects regarding asset maintenance, clinical development, training of technicians and analysis of projects via the Actifs+Réseau platform. Our regional biomedical engineering manager has identified the components to include in this section of C2 Atom and completed the necessary training to create the design and the required section. These activities are still ongoing and the implementation will hopefully be carried out in 2024.
- Request for a recurrent budget to fund future projects regarding the addition of medical equipment. A means of funding projects for the addition of medical equipment by using the regional development budget was agreed upon. Requests will be submitted annually, via the 5-year plan for the acquisition of medical equipment (PAEM). Priorities in this regard will also be examined on a yearly basis. Recurrent and non-recurrent amounts will be funded through this process.

Development

New development projects in conjunction with the clinical service offer were carried out in cooperation with other NRBHSS departments and the health centres:

- Development projects regarding the service offer in connection with the prevention and control of infectious diseases in Nunavik. These projects seek to supply the villages with the resources needed to ensure a greater number of regular activities for the prevention, promotion and screening of infectious diseases, particularly to prevent and if such is the case, respond to outbreaks of tuberculosis, syphilis and gonorrhoea. In 2022, our biomedical engineering department began working closely with Public Health authorities to plan the roll-out of this service offer in Kangiqsujuaq, Kangiqsualujuaq, Akulivik, Salluit and Puvirnituk.
- Project for the new Aupaluk CLSC: in 2023, the Aupaluk CLSC was transferred to the UTHC. The transfer of medical equipment documents and supplier contracts was also done that same year.
- The availability of rapid screening tests for syphilis in the Nunavik communities of Puvirnituk, Akulivik, Inukjuak and Kuujuaapik.
- The UTHC and IHC laboratories were equipped with new blood analyzers.

- Resumption of the meetings on the creation of a regional pharmacy located in the South (Montréal region). The deadline for the onset of activities was set at early 2027.
- Resumption of the meetings on the set-up of a CT scanner in the communities of Kuujuaq and Puvirnituk.
- Other meetings will be held in the future, to discuss issues such as the new regional hospital to be built in Nunavik, the two Elders Homes (in Puvirnituk and Kuujuaq) and the birthing centres.

Asset Maintenance

- Authorization and funding to move forward with several projects for the replacement of medical equipment, so as to meet clinical needs and not provided for in the plan for the conservation of equipment and furniture (PCEM).
- Preparation of a 3-year plan for the replacement of medical equipment (under the PCEM) for each of Nunavik's 14 communities. These plans will be unveiled in 2024, following regional approval.
- The department wants to emphasize that with regard to the Hudson Bay coast, tremendous efforts were made in 2023 to make up for delays in replacing various equipment. This will bring expenditures from unused funds in asset maintenance budgets to a better level while also ensuring renewal of the medical equipment inventory. Together, this will favour better quality care.
- Approval of disbursement for several medical equipment projects for the two health centres (IHC and UTHC) from funds not yet disbursed.

Current Activities

- Certification and preventive maintenance of Hepa filter machines in the villages.
- Corrections made to the national medical equipment inventory for the two health centres.
- Certification of the national equipment inventory for the 14 Nunavik communities carried out by the regional biomedical engineering manager.

We are working in close collaboration with other sectors and consultants, as well as the MSSS, to ensure the proper management of and necessary support for various biomedical engineering projects.

HUMAN RESOURCES

Over the past year, the Human Resources department addressed the challenges inherent to a high turnover rate within a rapidly growing environment. Despite these obstacles, we ensured the team's overall stability and were subsequently able to carry on with our regular activities.

Our focus on continued improvement led us to rethink our labour integration process and as a result, significantly enhance the level of employee retention. The turnover rate dropped from 9% in 2022-2023 to 7% in 2023-2024; this was in large part due to new mentorship programs and optimized orientation sessions which

led to greater employee engagement and satisfaction from the moment they came on board.

We also proceeded to computerize our document management process by transferring all critical information (e.g., policy, procedures, etc.) to the C2 Atom platform. This greatly facilitated employee access to critical information and by so doing, solidified the efficacy of our operations.

In addition to these internal initiatives, the Human Resources department made great strides in its staffing process, with the introduction of innovative strategies for the attraction and recruitment of top talent. Our active participation in several job fairs allowed us to speak with prospective candidates directly and thereby grow our pool of possible employees while enjoying greater exposure on the job market. These events served as a showcase for promoting our values and attracting candidates that shared these values and supported our vision.

We also revamped and expanded our social media presence, which greatly aided our staffing strategy. Adopting a more interactive and targeted approach on platforms such as LinkedIn and Facebook, not only allowed us to reach a greater audience, but also gave rise to more invested candidates. These initiatives strengthened our ability to attract diverse talents and to quickly address our organization's recruitment needs while supporting its ongoing growth and employment market leadership.

This year also saw the revision and introduction of new policies and procedures, including an updated directory on the topic of working conditions, which brings together the organization's expectations, the region's specific reality and the needs of existing and future employees. A new policy on business spending is also being drafted and promises to simplify the process while favouring transparency and compliance.

Lastly, the addition of two new specialized resources to our team - working out of the Kuujuaq offices - reflects our commitment to proactively controlling our growth. We are determined to continue improving our human resources practices and we look forward to developing a strong foundation that will support our efforts over the years.

BREAKDOWN OF 2023 WORKFORCE ACCORDING TO PERSONNEL CATEGORY		
	NUMBER OF JOBS AT MARCH 31, 2023	NUMBER OF JOBS AT MARCH 31, 2024
Nursing and cardiorespiratory care personnel	44	53
Office staff, technicians and administrative professionals	76	86
Health and social services professionals and technicians	92	133
Management staff	39	39
TOTAL	251	311

Number of jobs: Number of jobs filled in the network as at March 31st of the year in question, and having logged in at least one (1) hour, compensated or not, during the three-month period following the end of the fiscal year. Those persons who held a job at more than one institution as at March 31st are taken into consideration (counted) for each such job.



EVALUATION OF REGIONAL PERFORMANCE

THE STRATEGIC REGIONAL PLAN CONSISTS OF THREE COMPONENTS: ISSUES (CHALLENGES), APPROACHES AND OBJECTIVES.

Improve the Population's State of Health, Reduce Health and Social Inequities and Ensure Access to Quality Health and Social Services.

CHALLENGE 1 REINFORCE OUR ACTIONS IN THE AREAS OF PREVENTION AND HEALTH PROMOTION AND PROTECTION	
APPROACH 1 Promote application of the current and future plans of action in public health at the health centres, the NRBHSS and the various community organizations.	Objective 1: Ensure ongoing follow-up and monitoring of the population's state of health and its determining factors.
	Objective 2: Promote the overall development of children and youths and improve support for families.
	Objective 3: Promote the adoption of healthy lifestyles and the creation of healthy, safe environments.
	Objective 4: Ensure prevention and control of infectious diseases.
	Objective 5: Ensure management of risks and threats to health and preparation for health emergencies.
APPROACH 2 Involve the communities, individuals, families, community organizations, governments and institutions.	Objective 6: Mobilize the communities as partners toward improvement of the population's health and social well-being.
	Objective 7: Strengthen the community well-being committee in each municipality.
	Objective 8: Develop the Saqijuq program.
	Objective 9: Provide front-line services for pregnant women to ensure healthy pregnancies.
CHALLENGE 2 IMPROVE ACCESS TO FRONT-LINE SERVICES IN EACH COMMUNITY	
APPROACH 3 Provide front-line services for all.	Objective 10: Develop and provide access to a range of specific IHSSC services adapted to the particular conditions of Nunavik.
	Objective 11: Provide services for youths, families and individuals.

CHALLENGE 2 IMPROVE ACCESS TO FRONT-LINE SERVICES IN EACH COMMUNITY	
APPROACH 4 Improve service accessibility (hours and levels).	Objective 12: Improve access to emergency 24/7 services at the clinic or on call in each community.
	Objective 13: Offer extended service hours.
APPROACH 5 Provide integrated services locally.	Objective 14: Offer a continuum of care to patients in all steps of the care-provision process.
	Objective 15: Involve the liaison team: <ul style="list-style-type: none"> ● service corridors; ● Systems Integration (SI) and Information Processing Systems and Support Services (IPSSS).

CHALLENGE 3 ENSURE ACCESS TO SPECIALIZED SERVICES IN NUNAVIK	
APPROACH 6 Patriate clientele and specialized services.	Objective 16: Draft a new regional clinical plan aimed at establishing a global vision for service development in Nunavik.
	Objective 17: Identify and organize appropriate service corridors with the McGill RUIS and formalize them through agreements in order to provide culturally adapted services for Inuit patients.
	Objective 18: Pool together and develop all specialized services for youth protection and rehabilitation under a new institution.
	Objective 19: Develop services for long-term care, substance abuse and rehabilitation.
APPROACH 7 Optimize regional coordination on both coasts.	Objective 20: Improve screening and monitoring of cancer patients.
	Objective 21: Develop agreements on service provision which determine priorities and service levels with both health centres.
	Objective 22: Determine the nature and quality of services at the regional and local levels, including public health.

CHALLENGE 4
DEVELOP AND PROMOTE INUIT VALUES AND PRACTICES

<p>APPROACH 8</p> <p>Provide access to traditional and holistic approaches.</p>	<p>Objective 23: Identify traditional therapeutic and psychosocial approaches and provide access to them.</p>
	<p>Objective 24: Promote access to traditional foods in the context of drafting and applying the regional food policy.</p>
	<p>Objective 25: Develop traditional on-the-land activities.</p>

CHALLENGE 5
DEVELOP HUMAN, PHYSICAL, TECHNOLOGICAL, INFORMATION AND FINANCIAL RESOURCES

<p>APPROACH 9</p> <p>Develop human resources, training and working conditions.</p>	<p>Objective 26: Offer attractive working conditions (including housing) to Inuit and non-Inuit workers and professionals.</p>
	<p>Objective 27: Identify and improve qualified Inuit workforce (creation of positions for qualified Inuit candidates)</p>
	<p>Objective 28: Improve cultural training for new employees.</p>
<p>APPROACH 10</p> <p>Develop physical, technological and financial resources.</p>	<p>Objective 29: Provide a budget for operational development necessary to application of Automatic Speech Recognition (ASR)</p>
	<p>Objective 30: Provide a capital envelope for projects under the capital master plan (new regional health centre, three CLSCs, two coordinators' offices, administrative offices and housing units)</p>
	<p>Objective 31: Develop internal capacities and expertise to manage investment projects (architect, project manager, engineer, biomedical expertise, etc.).</p>
	<p>Objective 32: Foresee a maintenance budget for capital assets.</p>
<p>APPROACH 11</p> <p>Develop information technologies for patient services (Telehealth, Digital Services for Education, equipment, biomedical expertise, etc.).</p>	<p>Objective 33: Improve information in order to increase use of telehealth.</p>
	<p>Objective 34: Provide adequate medical and specialized equipment in Nunavik.</p>
	<p>Objective 35: Set up electronic medical and social records in Nunavik and ensure access thereto.</p>

CHALLENGE 5
DEVELOP HUMAN, PHYSICAL, TECHNOLOGICAL, INFORMATION
AND FINANCIAL RESOURCES

<p>APPROACH 12</p> <p>Develop and ensure access to accurate and relevant information on health, social issues and services for the population and decision makers.</p>	<p>Objective 36: Provide information and regular communications for the public and stakeholders on issues of health and health services.</p>
	<p>Objective 37: Evaluate and manage the quality, efficiency and effectiveness of health services.</p>
	<p>Objective 38: Ensure that health research conducted in Nunavik responds to Nunavimmiut needs in terms of health and is controlled by Nunavimmiut.</p>

STATUS OF REGIONAL PERFORMANCE RELATIVE TO REGIONAL ISSUES

The figure below presents the status of regional performance relative to regional issues. The data was extracted from the period from April 1, 2023, to March 31, 2024.

DRIVERS	INDICATORS	TREND SOUGHT	RESULTS 2022-2023	RESULTS 2023-2024	PROGRESSION
Issue 1: Improve our actions in prevention and health promotion and protection					
Improve the effectiveness of prevention and promotion activities in the CLSCs.	No. of interventions (educational and preventive)	Increase	4,126	3,597	-13%
Improve the effectiveness of activities in the community organizations.	No. of activities	Increase	3,904	2,470	-37%
Improve the effectiveness of prevention and promotion activities in public health.	No. of activities	Increase	N/A	N/A	

DRIVERS	INDICATORS	TREND SOUGHT	RESULTS 2022-2023	RESULTS 2023-2024	PROGRESSION
Issue 2: Improve access to front-line care in each community					
Ensure access to local care.	No. of interventions in CLSCs per service-program (according to mapping profile)	Increase	81,040	77,876	-5%
Ensure resource efficiency.	Cost of hours worked by CLSC interveners per intervention	Reduce	N/A	N/A	
Issue 3: Improve access to specialized services in Nunavik					
Ensure access to specialized care.	No. of consultations in the South for specialties	Increase	N/A	N/A	
	No. of specialized visits to the North	Increase	1,949	1,507	-9%
	% of specialist visits	Increase	46%	N/A	
	% of specialties with increased or maintained days of presence in the North	Increase	N/A	N/A	
	% of Medevac destination North/ total Medevacs	Increase	66%	74%	12%
	No. of remote consultations	Increase	97	106	9%

DRIVERS	INDICATORS	TREND SOUGHT	RESULTS 2022-2023	RESULTS 2023-2024	PROGRESSION
Ensure access to support services.	No. of laboratory procedures	Increase	279,927	290,514	4%
	No. of weighted procedures	Increase	2,069,323	1,494,241	-28%
	% of tests performed externally	Reduce	10%	6.8%	-3%
	No. of X-rays	Increase	12,252	11,291	-8%
	No. of X-rays (technical unit)	Increase	318,167	317,751	0%
Issue 4: Develop and apply Inuit values and practices					
Ensure culturally adapted resources.	% of salaries of Inuit employees	Increase	N/A	N/A	
	No. of Pre-North training sessions	Increase	32	51	59%
	No. of individuals or individual training sessions offered to Inuit employees	Increase	80	79	-1%
Ensure efficient activities.	No. of on-the-land projects (Nunami) funded	Increase	43	23	-4.7%
Issue 5: Develop human, physical, technological, information and financial resources.					
Ensure adaptability of human resources.	No. of positions filled	Increase	798	N/A	
	Average time (in days) to fill a position (region)	Reduce	N/A	N/A	
	Turnover rate at NRBHSS	Reduce	16%	N/A	

DRIVERS	INDICATORS	TREND SOUGHT	RESULTS 2022-2023	RESULTS 2023-2024	PROGRESSION
Ensure effectiveness of the health-care system.	No. of accidents	Reduce	555	1,024	85%
	No. of incidents	Reduce	438	283	-34%
	No. of nosocomial infections	Reduce	8	7	-13%
	No. of outbreaks	Reduce	6	4	-33%
	No. of complaints	Reduce	N/A	N/A	
	No. of downtime hours due to illness	Reduce	3,223	N/A	

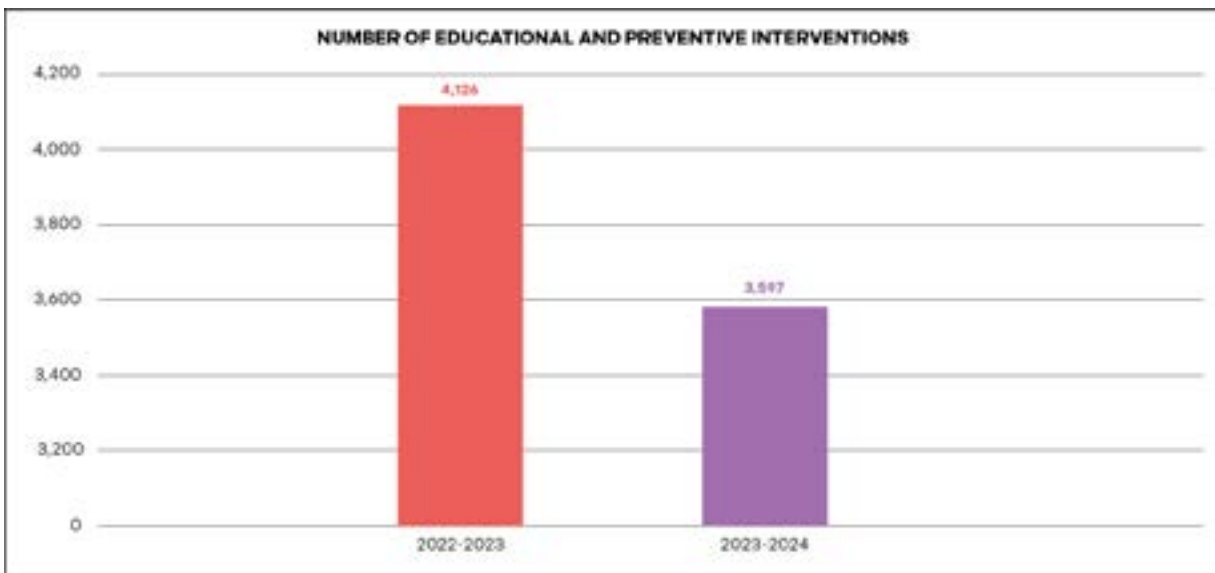
For the percentages, the difference in percentage points is used to indicate the trend.

- In agreement with trend sought
- In disagreement with trend sought

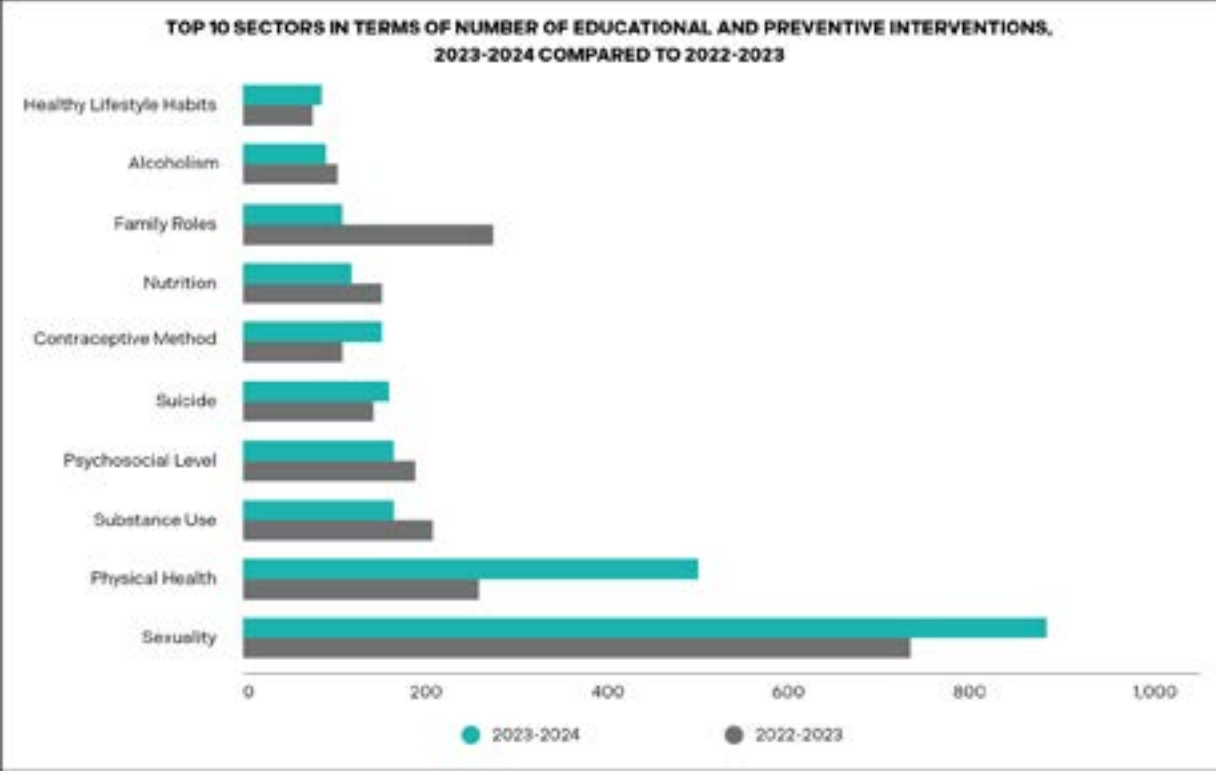
ISSUE 1: IMPROVE OUR ACTIONS IN PREVENTION AND HEALTH PROMOTION AND PROTECTION

The first issue consists of ensuring that relevant actions in prevention and health promotion show results in the field. This issue principally concerns Public Health activities and services provided directly in the communities. The data used was extracted from the Sic+ digital tool.

Improve the Effectiveness of Prevention and Promotion Activities in the CLCS

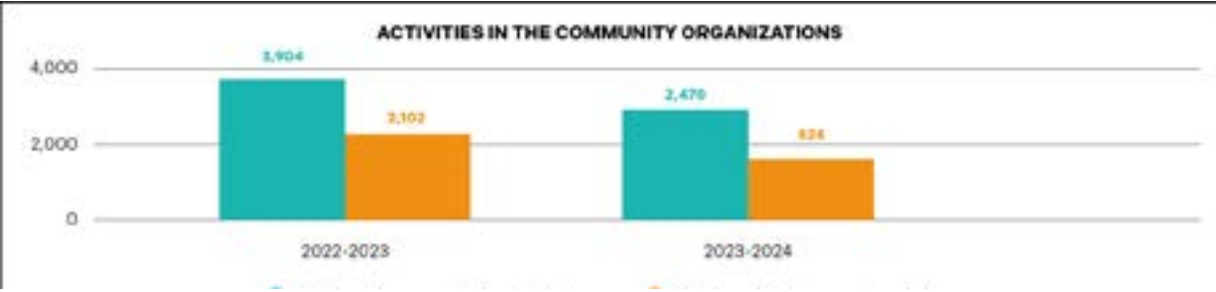


Educational and preventive activities are monitored to observe the effectiveness of prevention and health promotion within the villages of the Nunavik region. The total interventions performed in this area saw a drop of 13%, going from 4,126 in 2022-2023 to 3,597 interventions in 2023-2024.



Observation of the 10 main types of educational and preventive interventions between 2022-2023 and 2023-2024 reveals a notable increase in actions related to sexual and physical health. However, it shows a drop in those related to medication use and the psychosocial sector.

Improve the Effectiveness of Activities in the Community Organizations



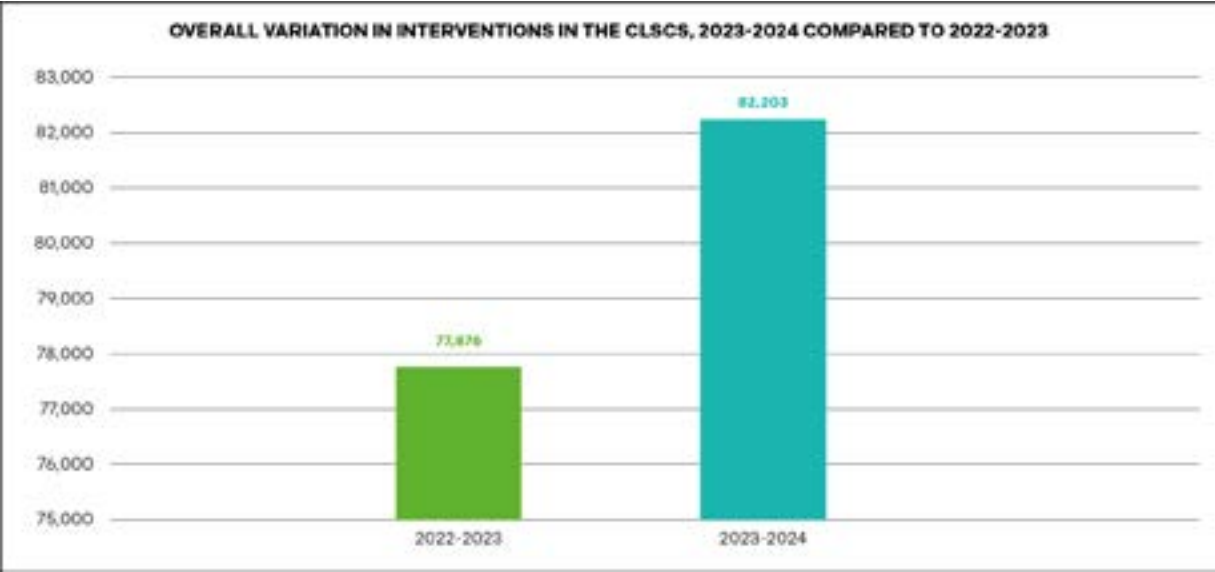
Data source: community organizations

Community-level activities and nights spent in a shelter constitute actions that are part of the community organizations' main activities. During 2023-2024, the number of community-level activities dropped by 37% compared to 2022-2023; the number of nights spent in a shelter dropped by 60%.

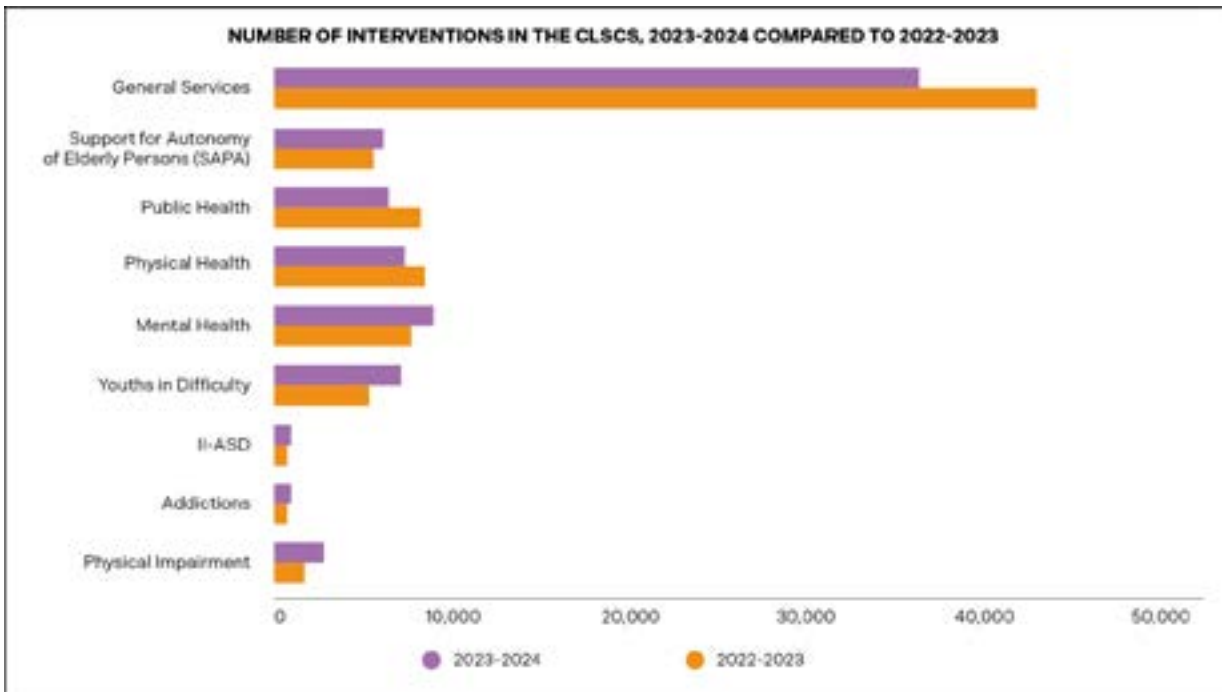
ISSUE 2: IMPROVE ACCESS TO FRONT-LINE CARE IN EACH COMMUNITY OF NUNAVIK

To improve access to front-line care in the communities, two elements must be considered: accessibility and efficiency of the resources made available.

Ensure Accessibility of Local Care (according to the mapping profile)



In general, the interventions performed in the various sectors of health and social services within the villages of the Nunavik region provide an overall view of the accessibility of local care. The total number of interventions in the CLSCs between 2022-2023 and 2023-2024 saw a slight drop, going from 82,203 to 77,876.

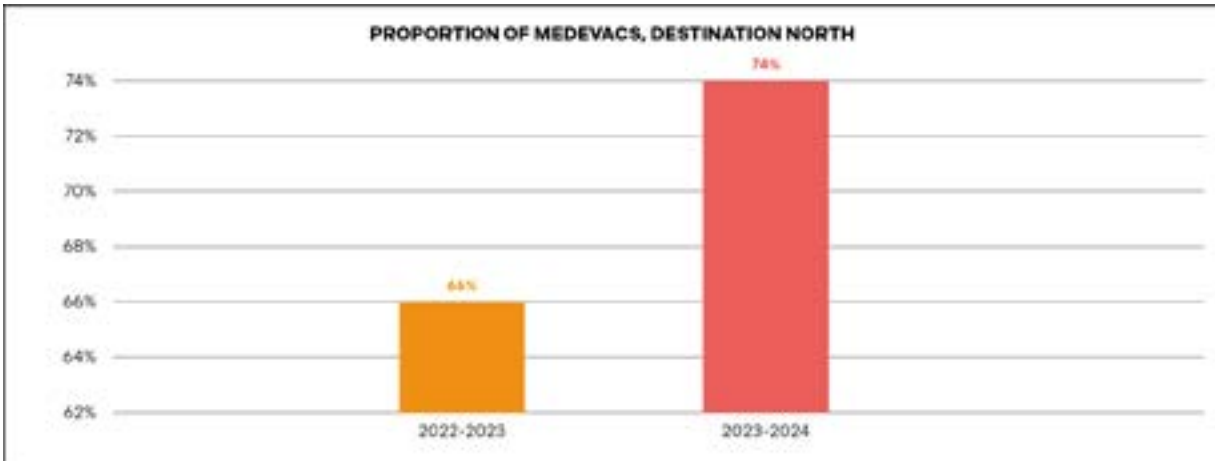


A detailed observation of 2023-2024 compared to 2022-2023 shows us an increase in interventions in many categories. Categories such as support for autonomy of elderly persons, mental health, youths in difficulty, intellectual impairment-autism spectrum disorder, addictions and physical impairment saw a significant increase. However, categories such as general services, public health and physical health generally saw a drop, which was particularly significant in the case of general services.

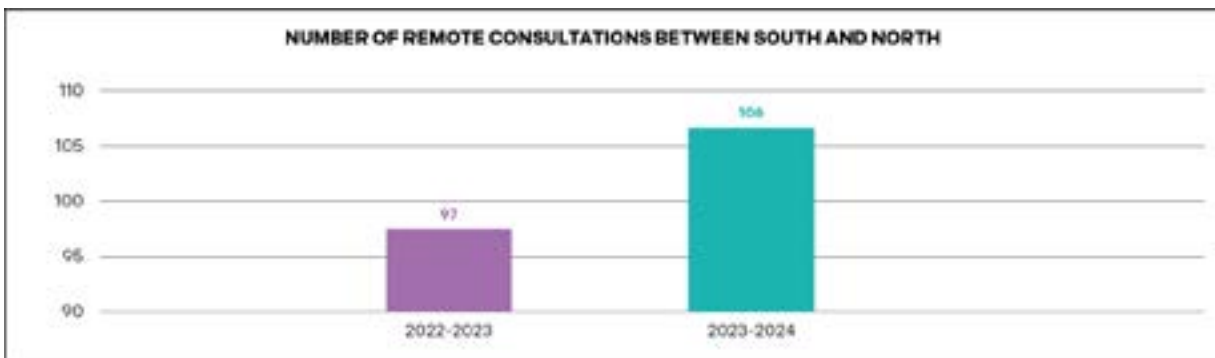
ISSUE 3: IMPROVE ACCESS TO SPECIALIZED SERVICES IN NUNAVIK

To assess the attainment of our objectives concerning access to specialized services in Nunavik, we looked specifically at the accessibility of care and support services. The overall assessment of this issue is based on the indicator of specialized care received in the South. In fact, if adequate specialized services are developed in the North, a drop in the use of specialized services in the South should follow.

Ensure Accessibility of Specialized Care

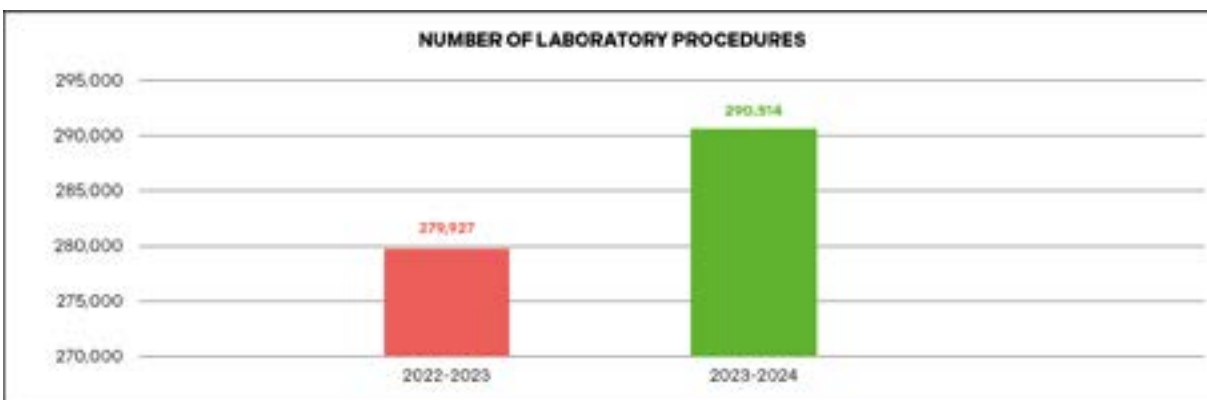


Medical evacuations (medevacs) and remote consultations (teleconsultations) are among the actions illustrating the profile of access to specialized services in Nunavik. There was a general rise in the number of medevac flights headed for the North, going from 66% of all medical evacuations in 2022-2023 to 74% in 2023-2024.



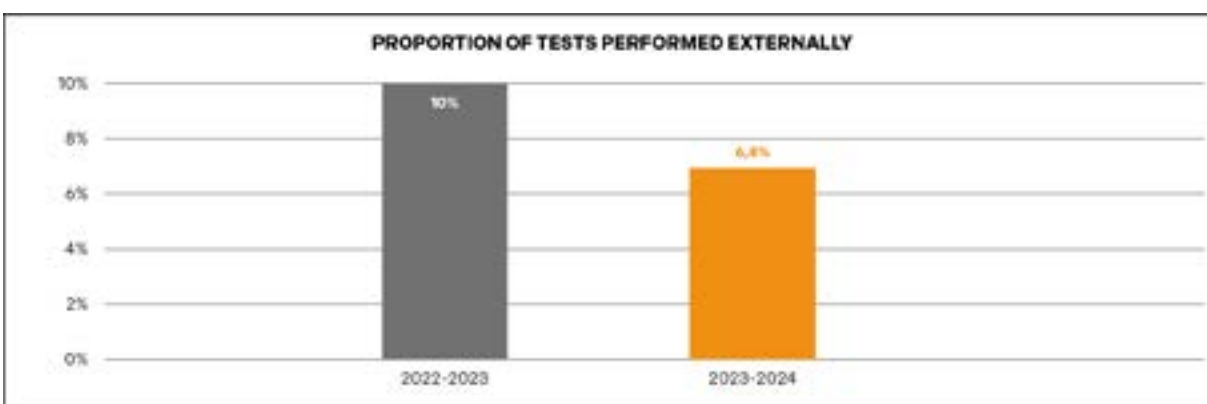
Remote consultation services between Nunavik and the South are provided through the McGill University Health Centre. The number of remote consultations made in 2023-2024 rose slightly compared to 2022-2023, going from 97 to 106, which represents an increase of 9%.

Ensure Accessibility of Support Services



Data source: health centres

The activities carried out in laboratories are among those illustrating the profile of the accessibility of support services. The number of laboratory procedures totalled 290,514 in 2023-2024, an increase of 4% compared to 2022-2023.



The proportion of medical tests performed outside the local installations between 2022-2023 and 2023-2024 dropped by 3.2%. The objective of management of health care in Nunavik is to perform a higher number of tests in the region.

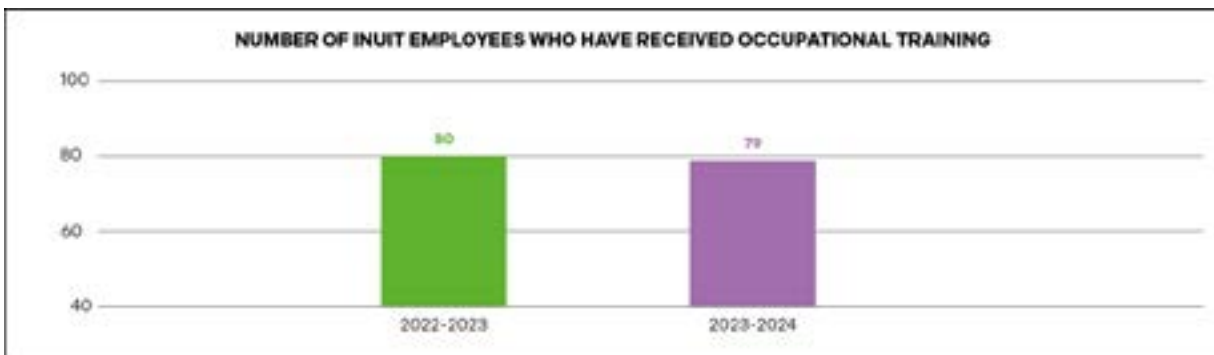
ISSUE 4: DEVELOP AND APPLY INUIT VALUES AND PRACTICES

Given the necessity of culturally adapted services, it is essential to examine the means adopted by the region to ensure such services. In fact, culturally adapted resources and efficient activities constitute indicators that enable monitoring this issue.

Ensure Culturally Adapted Resources



The Pre-North training provided for new employees throughout the year saw a busy 2023-2024, with 50% more sessions compared to 2022-2023.

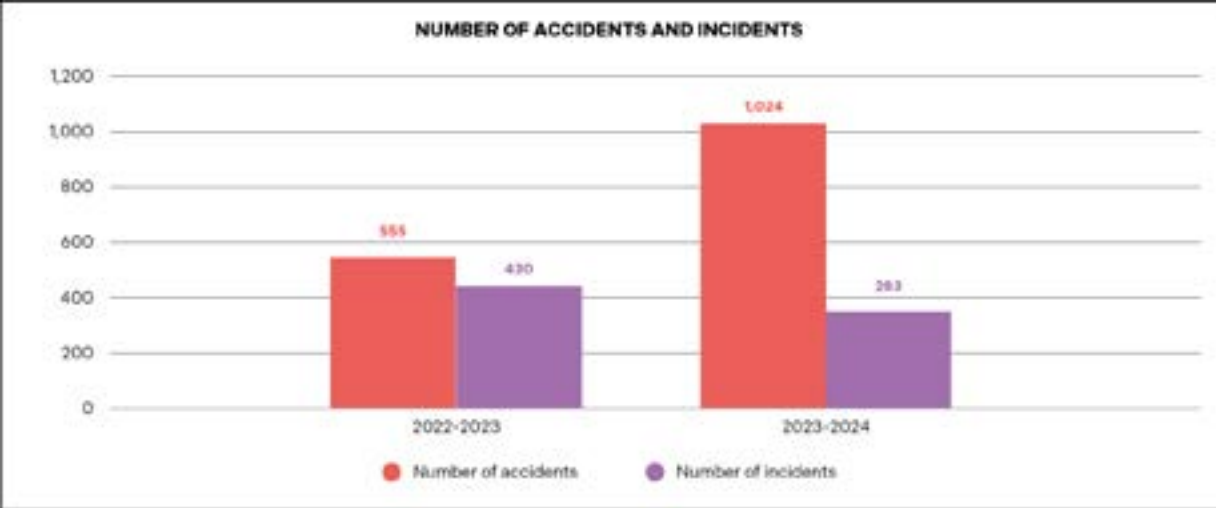


Occupational and other training provided for Inuit employees constitute one of the tools for developing Inuit human resources, thus ensuring maintenance of Inuit values and practices. For 2023-2024, 79 Inuit employees received occupational training. This figure has remained relatively stable, with only a slight increase compared to 2022-2023.

ISSUE 5: DEVELOP HUMAN, PHYSICAL, TECHNOLOGICAL, INFORMATION AND FINANCIAL RESOURCES

There are two indicators for evaluating the development of human, physical, technological, information and financial resources: the efficiency of human resources and that of the healthcare system.

Ensure Efficiency of the Healthcare System



Systematic monitoring of accidents and incidents is an element that enables identifying shortcomings in the healthcare system. In 2023-2024, there was a significant increase in the number of accidents compared to 2022-2023, going from 555 to 1,024, a rise of 84.4%. Unlike accidents, the number of incidents dropped (between 2023-2024 and 2022-2023) from 430 to 283, a decrease of 34.2%.

DISCLOSURE OF WRONGFUL ACTS

We hereby confirm that no wrongful acts were reported to us for the reporting period of April 1, 2023, to March 31, 2024.



SUMMARY FINANCIAL STATEMENT

MARCH 31, 2024



June 14, 2024

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

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P.O. Box 639
Kuujuuaq, Quebec
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Enclosed are the combined balance sheet of Nunavik Regional Board of Health and Social Services as at March 31, 2024, 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 extracts from information contained in the audited financial report (AS-471) of Nunavik Regional Board of Health and Social Services for the year ended March 31, 2024 on which we have issued an independent auditor's report with a qualified opinion dated June 14, 2024 (see detailed independent auditor's report in AS-471).

Raymond Chabot Grant Thornton LLP

Raymond Chabot Grant Thornton LLP

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED BALANCE SHEET
MARCH 31, 2024**

	2024	2023
	\$	\$
FINANCIAL ASSETS		
Cash	41,079,364	30,517,862
Accounts receivable	391,652,959	390,500,514
	432,732,323	421,018,376
LIABILITIES		
Temporary financing	7,371,272	4,805,344
Accounts payable and accrued liabilities	305,147,482	313,492,004
Deferred revenue	237,362,940	167,707,413
Bonds payable	63,190,328	67,629,899
	613,072,022	553,634,660
NET FINANCIAL ASSETS (NET DEBT)	(180,339,699)	(132,616,284)
NON-FINANCIAL ASSETS		
Capital assets	141,770,573	61,461,790
Constructions in progress	58,910,063	86,670,842
Prepaid expenses	-	345,874
	200,680,636	148,478,506
FUND BALANCE		
FUND BALANCE	20,340,937	15,862,222

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, 2024**

	2024	2023
	\$	\$
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	4,478,715	(2,753,628)
Capital assets and constructions in progress variation		
Acquisition of capital assets	(83,607,808)	(1,387,806)
Decrease (increase) of constructions in progress	27,760,779	(14,884,825)
Amortization of capital assets	3,299,025	2,504,080
	(52,548,004)	(13,768,551)
Decrease (increase) of prepaid expenses	345,874	(161,029)
VARIATION OF NET FINANCIAL ASSETS (NET DEBT)	(47,723,415)	(16,683,208)
NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR	(132,616,284)	(115,933,076)
NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR	(180,339,699)	(132,616,284)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2024**

	2024	2023
	\$	\$
FUND BALANCE – BEGINNING OF YEAR	15,862,222	18,615,850
Excess (deficiency) of revenue over expenses	4,478,715	(2,753,628)
FUND BALANCE – END OF YEAR	20,340,937	15,862,222

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2024**

	2024	2023
	\$	\$
REVENUE		
MSSS	175,731,544	154,561,041
MSSS – COVID-19	-	806,991
Indigenous Services Canada	26,444,284	16,760,059
Makivvik Corporation	3,577,363	2,204,455
Fonds des ressources informationnelles du secteur de la santé et des services sociaux (FRISST)	6,102,572	809,422
Kativik Regional Government – Sustainable Employment	798,365	907,776
CNESST	587,427	566,530
Ministère des Affaires municipales et de l'Habitation	593,352	494,982
Other contributions	451,007	1,904,750
Housing rental	119,657	119,380
Interest income	1,384,534	957,227
Inuulitsivik Health Centre	478,414	419,484
Ungava Tulattavik Health Centre	478,414	419,484
Other	64,272	314,718
	216,811,205	181,246,299

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2024

	2024	2023
	\$	\$
EXPENSES		
Salaries and fringe benefits	26,156,356	21,974,540
Advertising and publicity	578,880	410,045
Amortization	3,299,025	2,504,080
Annual general meeting	78,869	156,570
Doubtful accounts	415,154	-
Equipment rental	106,083	267,735
Freight charges	203,004	227,865
Heating and electricity	529,617	731,026
Honoraria	339,065	303,748
Housing rental	880,066	489,018
Installation grants	378,004	344,625
Insurance	47,605	39,468
Interest and bank charges	2,654,160	2,034,085
Land leases	290,947	249,660
Maintenance and repairs	385,658	629,644
Medical supplies	193,255	84,894
Meetings and seminars	31,585	36,023
Municipal services	593,352	494,982
Office expenses	1,947,904	1,618,037
Professional fees	4,875,377	5,079,096
Publication and membership	75,103	55,726
Purchased services	6,976,870	6,451,826
Telecommunications	477,159	499,792
Training and education	291,565	219,979
Transfers to Inuulitsivik Health Centre	69,347,574	61,850,358
Transfers to Ungava Tulattavik Health Centre	55,857,515	49,210,672
Transfers to organizations	26,165,958	20,925,417
Travel and accommodation	7,987,302	6,586,830
Vehicle expenses	145,152	89,747
Other	1,024,326	434,439
	212,332,490	183,999,927
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	4,478,715	(2,753,628)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET
MARCH 31, 2024**

	2024	2023
	\$	\$
FINANCIAL ASSETS		
Cash	37,091,357	29,583,768
Accounts receivable (Note 2 a))	301,028,596	315,769,135
Due from Long-term Assets Fund	16,499,634	2,169,294
	354,619,587	347,522,197
LIABILITIES		
Accounts payable and accrued liabilities	300,543,551	305,975,771
Deferred revenue (Note 6)	33,735,099	26,030,078
	334,278,650	332,005,849
NET FINANCIAL ASSETS (NET DEBT)	20,340,937	15,516,348
NON-FINANCIAL ASSETS		
Prepaid expenses	-	345,874
FUND BALANCE		
Fund balance – Operating Fund	2,490,506	-
Fund balance – Internally Restricted Fund – Assigned Fund	17,850,431	15,862,222
	20,340,937	15,862,222

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2024**

	2024	2023
	\$	\$
FUND BALANCE – BEGINNING OF YEAR	-	-
Excess of revenue over expenses	4,227,977	2,688,318
Transfers to Assigned Fund	(1,737,471)	(2,688,318)
FUND BALANCE – END OF YEAR	2,490,506	-

**INTERNALLY RESTRICTED FUND – ASSIGNED FUND – STATEMENT
OF CHANGES IN FUND BALANCE (APPENDIX B)
YEAR ENDED MARCH 31, 2024**

	2024	2023
	\$	\$
FUND BALANCE – BEGINNING OF YEAR	15,862,222	18,615,850
Excess (deficiency) of revenue over expenses	250,738	(5,441,946)
Transfers from Operating Fund	1,737,471	2,688,318
FUND BALANCE – END OF YEAR	17,850,431	15,862,222

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND – STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2024

	2024	2023
	\$	\$
REVENUE		
MSSS	41,242,036	37,100,265
MSSS – COVID-19	-	806,991
MSSS – post-pandemic	-	569,870
Housing rental	550,364	544,380
Kativik Regional Government – Sustainable Employment	798,365	841,275
Ministère des Affaires municipales et de l'Habitation	593,352	494,982
Administration fees	420,873	327,235
Interest income	1,384,534	957,227
Inuulitsivik Health Centre	478,414	419,484
Ungava Tulattavik Health Centre	478,414	419,484
FRISSS	6,102,572	809,422
Other	55,066	142,227
	52,103,990	43,432,842
EXPENSES		
General administration (Appendix A)	41,867,647	33,065,758
Community health advisors (Appendix A)	3,470,449	3,424,451
Building operating costs (Appendix A)	2,537,917	2,263,404
COVID-19	-	1,421,041
Post-pandemic expenses	-	569,870
	47,876,013	40,744,524
EXCESS OF REVENUE OVER EXPENSES	4,227,977	2,688,318

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
BALANCE SHEET
MARCH 31, 2024**

	2024	2023
	\$	\$
FINANCIAL ASSETS		
Cash	3,988,007	934,094
Accounts receivable (Note 2 b))	90,624,363	74,731,379
	94,612,370	75,665,473
LIABILITIES		
Accounts payable and accrued liabilities	4,603,931	7,516,233
Due to Operating Fund and Assigned Fund	16,499,634	2,169,294
Temporary financing	7,371,272	4,805,344
Deferred revenue – MSSS	203,627,841	141,677,335
Bonds payable	63,190,328	67,629,899
	295,293,006	223,798,105
NET FINANCIAL ASSETS (NET DEBT)	(200,680,636)	(148,132,632)
NON-FINANCIAL ASSETS		
Capital assets (Note 3)	141,770,573	61,461,790
Constructions in progress (Note 5)	58,910,063	86,670,842
	200,680,636	148,132,632
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, 2024**

	2024	2023
	\$	\$
FUND BALANCE – BEGINNING OF YEAR	-	-
Excess 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, 2024**

	2024	2023
	\$	\$
REVENUE		
MSSS – reimbursement of interest	2,641,063	2,025,963
MSSS – reimbursement of capital	4,439,570	4,499,777
MSSS	(1,140,545)	(1,995,697)
	5,940,088	4,530,043
EXPENSES		
Interest charges	2,641,063	2,025,963
Amortization	3,299,025	2,504,080
	5,940,088	4,530,043
EXCESS OF REVENUE OVER EXPENSES	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2024

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

	2024	2023
	\$	\$
a) Operating Fund and Assigned Fund		
MSSS		
INIHB (partially unconfirmed) (Note 4)	82,958,321	138,345,252
Strategic Regional Plan (unconfirmed)	80,153,257	75,677,304
COVID-19	153,037	3,882,380
Payroll banks	-	513,973
Parental and insurance leaves	-	87,996
PSOC (unconfirmed)	667,147	667,147
Various other programs (partially unconfirmed)	109,491,657	76,149,302
FRISSE	3,676,902	-
GST and QST	1,629,334	1,808,755
Inuulitsivik Health Centre	8,562,565	7,351,004
Ungava Tulattavik Health Centre	9,046,647	7,848,266
Indigenous and Northern Affairs Canada	121,047	19,442
Kativik Regional Government – Sustainable Employment	860,763	563,970
Makivvik Corporation	759,833	1,075,169
Saqijjuq	1,753,485	-
Other	1,764,180	1,933,600
	301,598,175	315,923,560
Provision for doubtful accounts	(569,579)	(154,425)
	301,028,596	315,769,135
b) Long-term Assets Fund		
MSSS		
GST and QST	86,436,349	72,844,447
Advances to establishments	1,163,606	1,084,309
Other	2,707,987	486,202
	316,421	316,421
	90,624,363	74,731,379

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2024

3. CAPITAL ASSETS

The capital assets are composed of the following:

			2024	2023
	Cost	Accumulated amortization	Net carrying amount	Net carrying amount
	\$	\$	\$	\$
Buildings	156,984,961	17,379,117	139,605,844	58,809,285
Computer equipment	1,547,998	1,547,998	-	5,779
Furniture and equipment	1,017,367	918,869	98,498	165,617
Specialized equipment	3,176,547	1,110,316	2,066,231	2,328,616
Vehicles	1,576,900	1,576,900	-	152,493
	164,303,773	22,533,200	141,770,573	61,461,790

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

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

	2024	2023
	\$	\$
2014-2015 to 2016-2017 (unconfirmed)	34,317,889	34,317,889
2017-2018	-	-
2018-2019	-	-
2019-2020	-	-
2020-2021	-	-
2021-2022	-	39,073,792
2022-2023	-	64,953,571
2023-2024	48,640,432	-
	82,958,321	138,345,252

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2024

5. CONSTRUCTIONS IN PROGRESS

	2024	2023
	\$	\$
Housing units (50 units)	1,434	17,085,428
Housing units (42 units)	10,775,983	4,790,563
CLSC (building) – Aupaluk	-	40,592,250
DYP (building) – Puvirnituk	126,288	-
Housing units (62 units)	9,079,166	13,861,447
Housing units (108 units)	38,498,610	5,751,932
Housing units (300 units)	700	-
Elders' house – Kuujjuaq	-	3,611,230
Elders' house – Puvirnituk	-	977,992
ITIRE (Information technology investment resources envelope)	427,882	-
	58,910,063	86,670,842

6. DEFERRED REVENUE

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

	2024	2023
	\$	\$
Indigenous Services Canada	33,723,099	24,570,678
FRISSS	-	1,447,400
Other	12,000	12,000
	33,735,099	26,030,078

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2024

7. COMMITMENTS

The NRBHSS has commitments amounting to \$21,461,486. The future minimum contractual obligations for the next years are as follows:

	\$
2024-2025	16,093,953
2025-2026	1,782,646
2026-2027	1,221,572
2027-2028	1,163,315
2028-2029	240,000
2029-2033	960,000
	21,461,486

8. CONTRACTUAL RIGHTS

There is an ongoing agreement between Indigenous Services Canada and NRBHSS for the years 2019-2029. According to this agreement, the minimum amount to be received by NRBHSS from Indigenous Services Canada is \$53,777,075 and detailed as follows:

	\$
2024-2025	13,955,415
2025-2026	9,955,415
2026-2027	9,955,415
2027-2028	9,955,415
2028-2029	9,955,415
	53,777,075

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2024

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:

	2024	2023
	\$	\$
INIHB – 2014-2015 to 2016-2017	34,317,889	138,345,252
Strategic Regional Plan – previous years	43,978,140	45,817,860
Strategic Regional Plan – current year	33,807,242	27,731,355
Strategic Regional Plan – capital assets	2,367,875	2,128,089
Foster families	54,855,764	40,959,478
Interest INIHB	15,618,989	8,994,039
Ulluriaq Girls	13,120,660	11,040,317
Tuberculosis	6,270,255	6,270,255
Agir tôt	3,663,679	370,561
Attraction premium	5,335,845	-
PSOC	667,147	667,147
Regional envelope (various projects)	4,888,114	4,888,114
Youth services	2,808,923	2,808,923
Other	521,193	455,406
	222,221,715	290,476,796

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX A – DETAILED EXPENSES – OPERATING FUND
YEAR ENDED MARCH 31, 2024

	2024	2023
	\$	\$
GENERAL ADMINISTRATION		
Salaries and fringe benefits	15,319,930	12,385,195
Advertising and publicity	234,302	192,569
Annual general meeting	76,537	156,570
Doubtful accounts	415,154	-
Equipment rental	46,944	86,579
Freight charges	98,015	104,014
Honoraria	205,650	253,158
Insurance	46,683	39,468
Interest and bank charges	12,856	8,112
Medical supplies	165,368	60,966
Meetings and seminars	20,485	22,352
Office expenses	1,371,099	1,107,954
Professional services	3,841,230	4,200,494
Publication and membership	22,845	41,075
Purchased services	2,703,852	2,301,261
Telecommunications	406,259	293,814
Training and education	185,373	178,763
Transfers to Inuulitsivik Health Centre	3,472,056	1,160,188
Transfers to Ungava Tulattavik Health Centre	4,191,241	3,101,191
Transfers to organizations	5,153,854	4,270,831
Travel and accommodation	3,496,563	2,724,376
Vehicle expenses	76,298	71,740
Other	305,053	305,088
	41,867,647	33,065,758
COMMUNITY HEALTH ADVISORS		
Salaries and fringe benefits	2,276,422	2,471,895
Advertising and publicity	7,361	10,384
Equipment rental	2,741	3,359
Freight charges	708	3,520
Housing rental	41,852	39,300
Medical supplies	-	4,870
Meetings and seminars	-	833
Office expenses	59,054	19,828
Professional services	500	141,175
Publication and membership	-	716
Purchased services	176,823	33,697
Telecommunications	4,038	5,742
Training and education	16,128	10,050
Transfers to Inuulitsivik Health Centre	234,491	173,316
Travel and accommodation	646,919	501,167
Other	3,412	4,599
	3,470,449	3,424,451

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX A – DETAILED EXPENSES – OPERATING FUND
YEAR ENDED MARCH 31, 2024

	2024	2023
	\$	\$
BUILDING OPERATING COSTS		
Heating and electricity	528,854	578,185
Housing rental	739,135	360,239
Land leases	290,947	249,660
Maintenance and repairs	385,629	580,338
Municipal services	593,352	494,982
	2,537,917	2,263,404

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2024
(UNAUDITED)

		Fund balance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
ADMINISTRATION							
Bandwidth enhancement project	8860	58,731	-	-	-	-	58,731
CLSC Aupaluk	8082	1,042,739	-	-	576,098	-	466,641
IT – communication	8083	690,889	-	-	-	-	690,889
Non-capitalisable costs to capital assets projects	8084	239,710	-	-	168,843	-	70,867
PSOC paid by MSSS for NRBHSS	8087	-	-	13,826,793	13,826,793	-	-
Federal Funds							
Child First Initiative – service coordination	726	-	-	512,211	512,211	-	-
Anti-Racism Initiative – cultural safety	744	-	-	26,625	26,625	-	-
Other Funds							
Community food programs	8098	-	-	789,600	651,258	-	138,342
Regional technical services	8891	337,622	-	-	129,954	-	207,668
Regional information services	8892	-	-	-	237,777	168,391	(69,386)
		2,369,691	-	15,155,229	16,129,559	168,391	1,563,752
EXECUTIVE MANAGEMENT							
Provincial Funds							
Translation	8062	103,119	-	-	47,442	-	55,677
Communication	8095	(457,789)	-	-	(486)	-	(457,303)
Federal Funds							
COVID-19	728	-	-	58,800	58,800	-	-
Other Funds							
Saqjuq Nunavik – Quebec project	826	(173,050)	-	2,875,278	2,702,228	-	-
Intervention team – Saqjuq	829	-	-	-	35,105	-	(35,105)
Clinical plan	8067	(2,484,252)	-	-	464,456	-	(2,948,708)
		(3,011,972)	-	2,934,078	3,307,545	-	(3,385,439)
REGIONAL DEVELOPMENT OF HUMAN RESOURCES							
Provincial Funds							
Bursary project	613	132,444	-	-	47,031	-	85,413
Interns' integration program	8033	112,500	-	-	-	-	112,500
Law 21 project	8072	840,606	-	-	-	-	840,606
Attraction and retention	8076	95,827	-	-	42,498	-	53,329
Federal Fund							
Aboriginal Health Human Resources Initiative – training	810	-	-	11,522	11,522	-	-
Aboriginal Health Human Resources Initiative	811	-	-	123,161	354,635	231,474	-
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
		1,529,655	-	134,683	457,686	231,474	1,438,126
INUIT VALUES							
Provincial Funds							
Regional midwifery	8016	214,426	-	-	-	-	214,426
Elder abuse prevention	8023	360,264	-	-	9,956	-	350,308
Services for men	8029	-	-	129,625	221,434	-	(91,809)
Cultural safety in healthcare services	8096	74,700	-	37,350	-	-	112,050
Federal Funds							
Brighter Futures	699	-	-	1,364,726	1,150,389	(214,337)	-
Missing and murdered indigenous women and girls	712	-	-	15,800	15,800	-	-
Support to residential schools	715	(24,663)	-	-	280	-	(24,943)
Indian day school	729	-	-	17,841	17,841	-	-
Anti-Racism Initiative – midwifery	749	-	-	14,720	14,720	-	-
Indian residential schools	819	-	-	247,558	247,558	-	-
Other Funds							
Trauma-Informed Health and Cultural Support	704	-	-	922,620	922,620	-	-
		624,727	-	2,750,240	2,600,598	(214,337)	560,032

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2024
(UNAUDITED)

		Fund balance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
OUT-OF-REGION SERVICES							
Provincial Funds							
Insured and Non-insured Health Benefits Program	938	-	-	98,637,083	98,637,083	-	-
Insured and Non-insured Health Benefits Management	939	-	-	429,863	429,863	-	-
Federal Funds							
Child First Initiative – hotel fees – ISC-106583	747	-	-	4,751	4,751	-	-
Child First Initiative – swat team – ISC-114186	750	-	-	138,860	138,860	-	-
Child First Initiative – IHC – car fleet – ISC-131972	753	-	-	881,491	881,491	-	-
Child First Initiative – UTHC	757	-	-	5,267	5,267	-	-
Child First Initiative – IHC	758	-	-	648,482	648,482	-	-
Child First Initiative – NRBHSS	761	-	-	450,873	450,873	-	-
Child First Initiative – Isuarsivik Recovery Centre	762	-	-	887,206	887,206	-	-
Child First Initiative – Tasiutiguit Association	764	-	-	32,258	32,258	-	-
Child First Initiative – CIUSSS ODIM	766	-	-	60,420	60,420	-	-
				102,176,554	102,176,554	-	-
PUBLIC HEALTH							
Provincial Funds							
Integrated perinatal and early childhood services OLO	601	193,834	-	203,536	250	-	397,120
Perinatal resource centres	602	-	-	60,000	-	-	60,000
Temporary staff – vaccination, screening and sampling	663	-	-	11,248	461,872	450,624	-
Inuit health survey	690	1,092,661	-	-	213,286	-	879,375
Youth house renovation – Salluit tuberculosis	718	-	-	-	99,876	99,876	-
Health prevention – climate change coordination	748	133,676	-	150,000	4,043	-	279,633
Pregnancy notice	760	(64,069)	-	184,000	100,718	-	19,213
Climate change	768	-	-	-	12,475	-	(12,475)
Prevention of addictions among young people attending secondary school (12-17 years old)	916	199,442	-	202,968	24,487	-	377,923
Quebec smoking cessation program	926	126,406	-	-	(1,171)	-	127,577
Kinesiology	931	89,847	-	-	892	-	88,955
Integrated perinatal and early children	933	18,687	-	-	-	-	18,687
Community mobilization	936	300,890	-	-	4,376	-	296,514
Tuberculosis outbreak	937	-	-	45,722	124,491	100,458	21,689
Psychotropic	944	737,287	-	215,000	-	-	952,287
Food security	945	(56,287)	-	140,000	-	-	83,713
AIDS and STD – information and prevention	956	92,881	-	170,160	156,907	-	106,134
Nosocomial infections	960	422,296	-	225,000	1,282	-	646,014
Overdose response service	979	50,000	-	80,019	-	-	130,019
Good Touch Bad Touch	8030	260,446	-	(179,883)	82,402	-	(1,839)
Health data analysis	8060	609,997	-	130,104	2,477	-	737,624
Smoking habits	8061	480,383	-	194,564	8	-	674,939
Palivizumab in Nunavik	8063	84,288	-	-	75	-	84,213
Strengthening families	8066	39,147	-	-	-	-	39,147
Prevention of chronic diseases (diabetes)	8077	80,104	-	-	-	-	80,104
Prevention of rabies (zoonoses)	8078	30,000	-	-	-	-	30,000
Mental health school environment	8089	743,891	-	-	10,352	-	733,539
Prevention-promotion DGSP	8092	821,949	-	476,642	109,969	-	1,188,622
Federal Funds							
NNHC functioning	614	(47,791)	-	106,605	106,605	-	(47,791)
FASD	634	-	-	1,047,108	-	(1,047,108)	-
Inuit health survey	692	-	-	2,006,818	2,008,402	-	(1,584)
Diabetes	693	-	-	859,037	1,304,425	445,388	-
Perinatal nutritional program	696	-	-	399,732	-	(399,732)	-
Maternity and child health	707	-	-	(798,986)	1,395,048	2,194,034	-
Children's oral health initiative	709	-	-	1,145,144	-	(1,145,144)	-
Sexually transmitted and blood B.I.	711	-	-	146,867	232,979	86,112	-
Tuberculosis elimination action plan	713	(511,192)	-	3,363,598	1,363,883	(1,488,523)	-
Psychosocial dependence	716	-	-	243,612	-	(243,612)	-
Tuberculosis screening – Salluit	719	288,589	-	(77)	1,197,227	908,715	-
Tuberculosis screening – Puvimittuq	720	(14,616)	-	698	49,698	63,616	-
Tuberculosis screening – Kangiqsujuaq	721	-	-	-	54,214	54,214	-
Child First Initiative – menstrual products	735	-	-	(397,951)	-	397,951	-
Tuberculosis screening – Kangiqsualujuaq	736	208,498	-	(231,583)	40,915	64,000	-
Prevention of unintentional injuries	737	-	-	553,781	184,617	(369,164)	-
Tuberculosis screening – Akulivik	739	28,721	-	(359,140)	67,560	397,979	-
Canadian drugs and substances strategy (opioids)	743	-	-	23,886	181,386	157,500	-
Respiratory viruses – infection prevention and control	754	-	-	(342,493)	365,456	707,949	-
Tuberculosis screening – Inukjuak	763	-	-	-	1,027	-	(1,027)
Nutrition North Canada	820	-	-	375,758	375,758	-	-
Federal strategy for smoking prevention in Nunavik	827	-	-	845,761	464,787	(445,388)	(64,414)
STI and tuberculosis prevention	935	118,090	-	-	-	-	118,090

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2024
(UNAUDITED)

		Fund balance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
PUBLIC HEALTH (CONTINUED)							
Other Funds							
Occupational health and safety	611	(129,337)	-	527,705	732,633	202,363	(131,902)
Kino-Québec	612	84,754	-	-	-	-	84,754
Vaccines B – sec. 5	660	(39,659)	-	-	31,681	-	(71,340)
Inuit health survey	691	231,383	-	-	-	-	231,383
Strengthening families (Ungaluk)	8075	64,506	-	-	-	-	64,506
		6,769,702	-	11,824,960	11,567,368	1,192,108	8,219,402
PLANNING AND PROGRAMMING							
Provincial Funds							
Upgrade units endoscopy	682	(158,295)	-	-	31,338	-	(189,633)
Network training	683	21,178	-	-	21,139	-	39
Medical congress	684	28,480	-	-	4,608	-	23,872
Installation grants and training	685	(9,006)	-	48,939	246,860	-	(206,927)
Family violence	695	(84,038)	-	171,392	152,530	-	(65,176)
Prevention and awareness-raising against sexual violence	767	-	-	-	58,223	-	(58,223)
Medical training – legal kit	790	29,565	-	104,350	116,560	-	17,355
Women's health program	791	66,666	-	66,666	-	-	133,332
Intervention in neglect	907	103,350	-	25,510	-	-	128,860
Installation grants and training – promotion, hiring and retention	921	(188,684)	-	110,035	94,583	-	(173,232)
Installation grants and training – grants	923	312,196	-	200,452	378,004	(107,668)	26,976
Palliative care	925	16,163	-	-	-	-	16,163
Regional committees against violence	932	31,354	-	63,972	6,825	-	88,501
Installation grants and training – other	940	(107,668)	-	-	-	107,668	-
Sarros	943	1,533	-	212,226	-	-	213,759
Services to elders – PFT	964	101,550	-	-	-	-	101,550
Psychosocial intervention	965	187,011	-	2,145,931	2,314,907	(326,479)	(308,444)
Intellectual deficiency – family support	971	-	-	80,000	-	-	80,000
Child sexual abuse training	972	184,070	-	100,000	257,841	(169,078)	(142,849)
Youth services table and advisory committee	973	-	-	-	10,775	-	(10,775)
Violence victim housing	984	786,191	-	314,646	681,968	-	418,869
Emergency measures	998	49,987	-	2,258,235	2,948,957	830,374	189,639
Support for socio-professional integration for ID-ASD users	7101	217,580	-	-	216,964	-	616
Suicide prevention – training	8006	-	-	-	1,064	-	(1,064)
Violence against women – training	8007	(135,596)	-	234,672	98,109	-	967
Community organization – training	8008	131,784	-	-	371	-	131,413
Mental health – clinical projects support	8009	1,307,937	-	648,361	-	-	1,956,298
Sexual harassment intervention team	8015	33,645	-	-	4,855	-	28,790
Dependencies	8020	326,560	-	329,000	4,700	-	650,860
Training on attention and hyperactivity	8021	53,739	-	-	-	-	53,739
Services support program	8027	51,800	-	-	-	(51,800)	-
Therapeutic guide redaction	8028	225,804	-	-	19,540	-	206,264
Caregiver	8034	53,735	-	686,979	66,325	(99,846)	574,543
Specialized nurse practitioner	8036	496,221	-	170,776	725,073	-	(58,076)
Medical anatomical vocabulary development	8043	117,660	-	-	8,083	-	109,577
Integration revision of the SSS grouping	8044	73,372	-	-	-	-	73,372
Physical health clinical project	8045	22,127	-	-	-	-	22,127
Specialized proximity medical services	8046	(2,044,275)	-	-	242,257	-	(2,286,532)
Day centre	8048	99,313	-	-	-	51,800	151,113
Hearing impaired clientele	8050	84,194	-	-	-	-	84,194
CLSC-DYP-Rehabilitation – collaboration agreement	8051	187,458	-	-	1,889	-	185,569
Nunavik Integrated Youth and Family Centre	8052	(220,610)	-	-	934	-	(221,544)
Sexual abuse – multi-sector agreement	8053	(169,078)	-	-	-	169,078	-
Marie-Vincent training	8054	85,174	-	-	69,773	-	15,401
Family resources	8055	48,126	-	99,907	100,011	-	48,022
My Family, My Community	8056	-	-	-	32,198	-	(32,198)
Attachment disorder	8057	32,941	-	-	-	-	32,941
Alcochoice training	8058	205,294	-	25,000	28,647	-	201,647
First aid in mental health	8059	1,127,223	-	-	167,490	(16,345)	943,388
Rehabilitation prosthesis and orthosis	8069	100,000	-	-	3,750	-	96,250
Inuits dependency training – Isuarsivik and Saquiq	8070	234,584	-	-	-	-	234,584
Improve access to mental health services	8074	459,664	-	-	-	-	459,664
Act Early	8085	(1,964,895)	-	3,538,504	1,829,799	-	(256,190)
Nunavik PLA development	8086	1,345,031	-	1,355,558	358,460	-	2,342,129
Open Air	8088	(16,345)	-	-	-	16,345	-
Nitsiq	8090	374,162	-	(316,840)	254,083	-	(196,761)
Various projects	8094	2,041,136	-	-	90,933	-	1,950,203
Expert committee – health physics	9012	52,922	-	-	-	-	52,922
Training on crisis management	9052	198,402	-	-	-	-	198,402
Mental health	9053	(3,634)	-	-	1,052	-	(4,686)
Intellectual deficiency – evaluation chart	9081	-	-	-	30	(88,788)	(88,818)
Regional rehabilitation services for youth in difficulty	9084	-	-	25,000	-	-	25,000
Home support	9085	-	-	199,494	-	-	199,494

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2024
(UNAUDITED)

	Fundbalance, beginning of year \$	Appropriation of surplus \$	Revenue \$	Expenses \$	Interfund transfers \$	Fund balance, end of year \$
PLANNING AND PROGRAMMING (CONTINUED)						
Federal Funds						
Home care professional development	617	-	996	996	-	-
Home and community care	618	-	6,400,058	6,400,058	-	-
Community mental health	697	-	(164,264)	1,457,078	1,621,342	-
Suicide prevention strategy	698	-	3,417,884	1,910,879	(1,507,005)	-
Mental wellness creation development	710	-	238,785	-	(238,785)	-
Nunavik health service plan and quality management	705	-	252,486	252,486	-	-
Family violence	717	-	6,380	6,380	-	-
Child First Initiative – Turatavik (IHC)	722	-	3,434	3,434	-	-
Child First Initiative – RAC-DI-TSA	723	-	786,289	875,077	88,788	-
Climate change (Qanuilirpitaa)	725	-	90,112	90,112	-	-
Child First Initiative – acting early program (UTHC)	734	-	8,652	8,652	-	-
Indigenous health legislation	738	-	108,668	-	(108,668)	-
Other Funds						
Best practices for elders' residences	812	15,002	-	-	(15,002)	-
Cancer program	825	(8,959)	-	99,255	-	(108,214)
Harvesters support program	830	-	134,546	134,546	-	-
Suicide prevention	963	601,956	460,172	10,576	-	1,051,552
Deaf workshop 2015-2016	8037	19,529	-	4,816	15,002	29,715
Ilagiinut – Building our future	8064	-	-	127,534	127,534	-
Family homes development – kids' future	8065	232,470	-	61,380	61,368	232,458
National training program	9076	6,059	-	-	-	6,059
Tele-health	9181	109,604	-	33,892	-	75,712
	7,580,419	-	24,642,963	23,128,659	359,835	9,454,558
	15,862,222	-	159,618,707	159,367,969	1,737,471	17,850,431



