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# 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 under the authority of the provincial system, but it is 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 244 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 AND THE EXECUTIVE DIRECTOR

In June 2018, the regional board's board of directors adopted the 2018-2025 strategic regional plan (SRP), which identifies the strategic guidelines, the objectives and the results indicators that the NRBHSS defines for itself and for the Ungava Tulattavik and Inuulitsivik Health Centres. Those guidelines and objectives were established as collective responses to the challenges facing Nunavik and guide the development of health and social services in Nunavik.

Finally, the Agreement on the Provision and Financing of Health and Social Services in Nunavik 2018-2025, the multi-year funding agreement aiming to support the implementation of our strategic regional plan, was signed with the *Ministère de la santé et des services sociaux* (MSSS) on October 1, 2020. This agreement, which includes a development budget of \$75M over 7 years, and \$902M in capital projects, represents a momentous event for the region. We would like to thank all those who participated in the negotiation of this important agreement.

For the second consecutive year, the present annual management report outlines our results relative to the management indicators identified in the 2018-2025 SRP. A section of this report thus presents the results obtained in 2020-2021 along with explanations aimed at providing a context for those results. We aim to fulfil our regional mission by clearly committing, jointly with the health centres, to the application of the strategic plan, with the help of appropriate governance tools, and to report from a regional perspective on the services provided for the Nunavik population.

We made it a point of honour to maintain, at the greatest extent possible, our prevention and promotion actions as well as access to routine care and services during a year profoundly marked by the COVID-19 pandemic. We must point out the tremendous efforts made by our teams as well as their devotion in terms of the response to the pandemic. The management of COVID-19 has been accompanied by an important collaboration with other partners beyond public health and strong involvement of community leadership in decision making.

The region had one episode of community transmission in Puvirnituk in March and April 2020. All other cases of COVID-19 were detected either while individuals were in the South, prior to travel to Nunavik, or rapidly after someone had arrived in the region, which enabled controlling the spread of the disease and avoiding community transmission.

Although Nunavik has largely been spared from the disease thanks to multiple measures put in place by the communities, Public Health and organizations, those measures have nevertheless had an impact on life in the region. Since March 2020, access to the region has been limited. Travellers have had to take specific measures to avoid introducing the disease into the region: registering prior to travel, testing and quarantining. Within the region, large gatherings have been limited and mask wearing and hand washing have become the norm when in public places.

Certain sectors have limited activities at higher risk for transmission and everyone has had to adapt to new regulations aimed at protecting the region. In order to make all that possible, laboratory capacities have been increased, the region has prepared for the deployment of a field hospital in case of widespread community transmission and accommodations have been reserved for isolation.

Finally, in January 2021, vaccination against COVID-19 started. As of March 29, 2021, just before the campaign for the second dose, 5 314 doses of the Moderna vaccine have been administered to people 18 years old and over.

In spite of efforts of rarely equalled intensity invested to protect Nunavik, many developments deserve mention, demonstrating our teams' commitment and rigorous work to improve the health and well-being of *Nunavimmiut*. These highlights are presented in this report for each of our departments.

We therefore wish to take this opportunity to acknowledge all the efforts and devotion of those working in the health and social services network as well as all our local and regional partners for their ongoing support and cooperation.

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Elisapi Uitangak

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Minnie Grey

# BOARD OF DIRECTORS AND COMMITTEES

## Composition of the Board of Directors on March 31, 2021

### Executive Committee

Elisapi Uitangak	Chairperson, Puvirnituq Representative
Ali Nalukturuk	Vice- Chairperson, Inukjuak Representative
Minnie Grey	Secretary, NRBHSS Executive Director
Claude Gadbois	Member of the Executive Committee, Representative of the UTHC Board of Directors
Billy Cain	Member of the Executive Committee, KRG Representative

### Members

Louisa Grey	Aupaluk Representative
David Annanack	Kangiqsualujuaq Representative
Elaisa Alaku	Kangiqsujuaq Representative
Claude Bérubé	IHC Interim Executive Director
Larry Watt	UTHC Executive Director
Annie Munnick	Tasiujaq Representative
Cora Fleming	Kuujjuaraapik Representative
Elizabeth Annahatak	Kangirsuk Representative
Shirley White-Dupuis	Kuujjuaq Representative
Josepi Padlayat	Representative of the IHC Board of Directors
Elisapi Yuliusie	Salluit Representative
Alice Tooktoo	Umiujaq Representative
Peter Iyaituk	Ivujivik Representative
Sheila Ningiuruvik	Quaqtaq Representative
Syra Qinuajuak	Akulivik Representative

## Board of Directors of the Regional Board

Andy Moorhouse, Executive Director of the IHC, was replaced by Claude Bérubé, Interim Executive Director of the IHC, who took the oath on February 18, 2021.

We acknowledge and thank Andy Moorhouse for his year as the Executive Director of the IHC, during which he was able to demonstrate strong leadership amid difficult times.

The board members attended 10 regular sessions as well as the annual general meeting and adopted 57 resolutions. The executive committee met 5 times, the audit committee 6 times and the governance committee did not met.



# EXECUTIVE MANAGEMENT

## Communications Team

The regional board is responsible for informing *Nunavimmiut* of the existence of the services and resources available on its territory in matters of health and social services, as well as the procedures for access to those services and resources. In order to inform the Nunavik population in the best way possible, the communications team provides its expertise and know-how for Executive Management as well as the regional board's other departments and the health centres.

To provide them with the best possible support in their initiatives, this year the NRBHSS increased its presence on social media. Today, with more than 4 000 followers, our Facebook page is an excellent source of reliable information, which has turned out to be a determining factor throughout the year in terms of regularly informing the public of the evolution of the COVID-19 pandemic in Nunavik.

Thanks to its regular efforts, in March 2020 the communications team assumed the mantle, in record time, as the region's prime source of reliable information concerning the pandemic's evolution as well as the forum for announcing public-health directives and the status of preparation of the services in the region.

## Indigenous Services Canada

Fiscal 2020-2021 marked the second year of our 10-year global agreement with Indigenous Services Canada (ISC). This new contribution agreement includes funding of slightly more than 20 million dollars under 25 programs/initiatives in prevention and health promotion. New funds have been added under the pandemic and under Jordan's Principle (child first initiative). Certain provisions of the agreement enable us to retain the unspent funds at the end of the agreement and offer greater flexibility in management of priorities.

## SAQIJUQ

This was a quieter year for Saqijjuq, but the work did not stop.

In Kangirsuk, the Saqijjuq team began work at the same time COVID arrived. Thus, although the project was launched, progress was limited. Over the summer, activities were suspended due to various concerns that were presented to us, but since October the team has been working hard. In Puvirnituk the team continued to work but was obliged to take fewer clients. It also worked with the community, particularly hunting and delivering food to persons in need.

Nitsiq, the Nunavik wellness court, continues in Puvirnituk (this project provides treatment aimed at reducing the time a person may spend in jail, the tenet being that treatment may be the best option). When the pandemic hit, the number of clients accepted was greatly reduced. Since January, various presentations have been given to crown prosecutors, defense lawyers and local organizations to better explain Nitsiq and the process. There is presently one person assuming most of the responsibility for Nitsiq.

Funding has been secured to launch Nitsiq in Akulivik. An introductory meeting was held in Akulivik with the municipality, the LHC and Saqijjuq. It was very well received, the search is presently on for office space and some of the jobs have been posted.

The Mobile Intervention Team (MIT) is also working well in Puvirnituk. Training with the ÉNPQ (*École nationale de police du Québec*) will be given in 2021 and will include more emphasis on the social aspect as well as presentations from the MIT members.

An evaluation of the MIT has been completed and will be presented to the coordination table as well as the board of governance. A meeting of the coordination table had been scheduled but was cancelled when the pandemic began. The board of governance has not met for more than two years; we hope to organize a meeting in the spring or summer 2021.

## Nunavik Regional Hospital Centre: Clinical Plan

### Context

In 2020, the clinical plan for the Nunavik regional hospital centre began. This plan is based on the needs of *Nunavimmiut*, strong clinical expertise, discussions between the stakeholders in the project and consideration for current best practices. The projected clinical and administrative services were discussed and validated with our partners through exploratory meetings, workshops and surveys.

### Guiding Principles

The Nunavik regional hospital centre's various departments will be based on eight guiding principles:

1. service accessibility;
2. primacy of local services;
3. equity in health care;
4. cultural safety;
5. partnership with the users;
6. teaching and training;
7. continuum of community services;
8. reduced transportation and lodging costs.

### Next Steps

In 2021, validation of the projected organization of clinical services and drafting of the clinical plan will continue. An executive summary of the clinical plan will be validated by various committees and boards of directors of Nunavik. We expect to submit it to the *ministère de la Santé et des Services sociaux* (MSSS) in June 2021.

## Quality, Evaluation, Performance and Ethics

The team for quality, evaluation, performance and ethics (QEPE) and its vision were consolidated this year. Thanks to efficient work, the team was able to collaborate with field teams from both the NRBHSS and the health institutions on improving the decision-making process in the context of a health emergency. Integration of information from several sources, rendering of accounts for the ministry, adaptation of performance management to the reality of Nunavik and coordination of funds destined to support *Nunavimmiut* are all elements to which this team contributed.

With 42% of the service requests received by the QEPE team originating from the health centres compared to 58% for the NRBHSS, the ambition to be a regional service is being fulfilled. Further, note that 3% of the requests received originated from partners outside the region.

# DEPARTMENT OF PLANNING AND PROGRAMING

## Medical Affairs and Physical Health

### Computerization of User Records

The planning for the project to computerize Nunavik user records and the needs assessment continued in 2020-2021.

Thus, the EDM software from Logibec was quickly identified as the solution since it had already been acquired by both health centres. The status report and needs analysis were carried out at the clinical level during the summer and a detailed implementation plan was developed and presented to representatives of the institutions' archives and information-technology departments.

### Emergency Prehospital Services and Civil Security

More than 4 000 prehospital interventions were performed by the first responders of the 14 Nunavik communities. Psychosocial training is offered on an ad hoc basis to the first responders. The last four emergency vehicles (ambulances) are in service in the communities so the region's replacement plan is complete.

### Residential Resources for Persons Lacking Autonomy

A residential resource will open in the spring 2021 in Kuujuaq and will offer an adapted living environment to users with mild loss of autonomy. This new resource will diversify the residential service supply for persons lacking autonomy.

### Persons Lacking Autonomy

Consolidation of the service supply for home care destined for users lacking autonomy continued this year with ongoing assessment of the population's needs. Developments include the addition of dedicated psychosocial resources on each coast. On the other hand, the pandemic hindered the efforts at computerizing these assessments.

### Intellectual Disability and Autism Spectrum Disorder (ID-ASD)

Although the work on establishment of a service corridor for the ID-ASD clientele was hindered by the COVID-19 pandemic, it has now resumed and it is hoped that the agreement will be signed during the year 2021-2022.

The *Agir tôt* (Act early) program is now deployed in the region and the health centres now have eight professionals and four patient navigators (*turartavik*) on their teams. The health centres will continue to hire professionals to complete their respective teams during 2021-2022.

### Medical Manpower

In 2020-2021, Nunavik welcomed four new general practitioners, three at the Inuulitsivik Health Centre (IHC) and one at the Ungava Tulattavik Health Centre (UTHC). On March 31, 2021, 49 general practitioners held a position in the region (including physicians with duties exclusively in public health).

On March 31, 2021, 11 medical specialists occupied a position in the region, excluding those already providing services in Nunavik from other partner centres: three in community health and one each in internal medicine, child psychiatry, psychiatry, obstetrics-gynecology, ophthalmology and diagnostic radiology.

### Telehealth

The deployment and appropriation of collaborative platforms such as TEAMS enable simplifying access to specialists through teleconsultation, but such solutions cannot be used to their full potential due to additional demand on the satellite telecommunications network.

## Psychosocial Affairs and Support for Community Organization

### Suicide Prevention

#### Service Organization

The regional suicide-prevention strategy was officially launched in June 2019, and since then, the regional partners have engaged in a shared plan of action covering the entire continuum of prevention, intervention and after care. A working group composed of Inuit representing five organizations of Nunavik is examining long-term actions to carry out and which would bring together all interveners and focus energies on issues of concern to all, in particular support for those providing services, local skills development and reinforcement of the cultural aspects of intervention. This second plan of action should be in application by the summer 2021.

#### Training

Training on use of best practices in suicide intervention, destined for front-line interveners, was offered to 61 workers. This mandatory and essential training in Nunavik is offered to front-line interveners, both Inuit and non-Inuit.

#### Puttautiit Conference

Puttautiit, the regional suicide-prevention conference held annually over the past five years, was skilfully adapted in the context of the pandemic. With the impossibility of bringing together *Nunavimmiut* of the 14 communities, we designed a toolbox meant to support and mobilize the communities in organizing local events for their members. To date, Puvirnituaq has organized its edition of the conference and Kuujjuaq and Inukjuak are preparing their respective programs.

### Mental-Health Services

#### Service Trajectory

This year, efforts in the portfolio of mental health were focussed on establishment of a regional process for access and referral for the four residential, mental-health resources of Nunavik, to ensure the resources admit users with the corresponding profile and that users' trajectories are standardized, and this in their best interests.

#### **Act P38.001 (Act respecting the protection of persons whose mental state presents a danger to themselves or to others)**

Work on the protocol related to *Act P38.001 (Act respecting the protection of persons whose mental state presents a danger to themselves or to others)* continued, in support of the health centres. Provincial ongoing training was finalized and is now available for Nunavik interveners, a regional training schedule was produced and an information pamphlet on user rights and recourse was finalized and will shortly be made available in various forms for the general public.

#### COVID-19

The pandemic brought its share of uncertainty for *Nunavimmiut*. We worked to make sure adequate services remain available from the community organizations and community services, in response to the needs of more vulnerable groups. Among others, a friendly call line was set up, headed by informal caregivers for the Hudson coast and by the Department of Inuit Values and Practices for the Ungava, funding was made available for community services to deal with increased needs in terms of food insecurity caused by COVID-19, public-health training and support were offered to ensure a culturally sensitive and adapted response when announcing positive results to users and case contacts, and local support was offered to community organizations for adapting the measures required for service provision.

## Psychosocial Affairs and Support for Community Organization (continued)

### Nunami

The Nunami program progressed considerably this year in terms of its objectives of fostering mental well-being of the communities. Two interveners support initiatives from the communities and organizations throughout the territory. Besides promoting projects, helping applicants fill out forms and ensuring project reports, the two Nunami interveners also supported projects in the field, in particular a group of bereaved youths, Nurrait expeditions and activity days for youths in group homes. In 2020-2021, 28 projects were funded in nine communities. Besides those projects, in order to enable families to enjoy outdoor activities in family bubbles during periods of restrictions on community activities at the height of the pandemic, coupons for food and gasoline purchases were provided for beneficiaries of the 14 villages of Nunavik on two occasions to foster family time and mental health.

### Addictions

In 2020-2021, the *Québec Court's substance abuse-treatment program in Puvirnituk (NITSIQ)* remained accessible to that community's residents. Four persons benefitted from this program, which aims to support individuals through their recovery process.

### Community Organizations

In 2020-2021, 21 community organizations or associations were funded under the *support program for community organizations (SPCO)* for a total of \$10 544 946. A decision was also made to the effect that administration of the funds granted to the Nunavik Youth House Association, which represents the 14 villages, would henceforth be transferred under the structure of the SPCO. Two new community organizations received amounts to launch their activities in 2020-2021, the Qimutjuit Men's Association in Kuujjuaraapik and Tuniit in Kangirsuk.

In 2020-2021, we broadened the scope of our support and collaborated on the development of a service supply, with Raymond Chabot Grant Thornton providing financial resources, to ensure better support for community organizations in planning and reporting, as well as enabling evaluation of the buildings housing these community organizations, thus producing a report on the state of those buildings. We also developed guides to internal procedures and policies on harassment and conflict of interest to support the organizations' internal workings. Four interns completing their master's degree spent 12 weeks in the region during the year, providing local support for family houses, the Nunavik Youth House Association and the elders' centres

## Children, Youths and Families

Aside from services linked to control of the pandemic, we continued our work toward the objectives of the strategic regional plan (SRP). Our efforts focussed on three primary objectives:

1. Improve access to services for youths and families in the context of reorganization of youth services in Nunavik.
2. Enrich the knowledge and expertise of professionals working with youths and their families.
3. Increase the services offered to Nunavik children and their families, by Inuit and for Inuit.

To help attain our objectives, the team responsible for children, youths and families focussed on collaboration. Much of our efforts concerned collaboration with various partners:

- The team responsible for children, youths and families continued providing support for the Nunavimmi Ilagiit Papatauvinga (NIP) team. We collaborated on various priorities identified by the communities, particularly work on the family councils.
- A collaborative agreement was concluded and signed in novembre 2020 between Kativik Ilisarniliriniq (KI), the Ungava Tulattavik Health Centre, the Inuulitsivik Health Centre and the Nunavik Regional Board of Health and Social Services.
- We would like to point out that the agreement is meant to heighten collaboration between KI, the DYPs and regional rehabilitation services for youths in difficulty and to ensure observance of section 37.87 of the Youth Protection Act.

- Implantation of standardized control aids for the two DYPs and the regional director of rehabilitation services for youths with adjustment difficulties is nearly complete.
- Given the importance of the services provided by the family houses, support was maintained for these resources during the year. A large proportion of the efforts during the first months of 2020-21 focussed on support for safety measures and financial operations linked to COVID-19.

We continued providing support for the Nunavik women's shelters, particularly in terms of funding and special measures related to the pandemic.

In March 2020, we suspended the *Nunavik Sexual Offender Treatment Program* because of the pandemic. At the time, we had two active groups for sexual offenders, one in Inukjuak and one Kuujjuaq.

In-person training sessions were limited; we offered 120 places for online training on family and sexual violence, destined for interveners of social services and youth protection.

In terms of prevention, we worked with SOS Violence Conjugale to translate its documentation and make its site accessible in Inuktitut. With the Department of Public Health, we continued the anti-violence campaign with sealskin pins for 16 days of action to counter violence against women, on Facebook and through mailings of materials in the communities. We worked with the *Reach Out* team and Isuarsivik on the Facebook Safety Plan - Communication campaign for prevention of conjugal violence. Prevention and intervention tools resulting from this campaign are under development.

# DEPARTMENT OF PUBLIC HEALTH

## Environmental Health

### Chemical MADOs and Reporting

During the year, efforts were made in following up reports of reportable diseases (MADOs) of chemical origin with the health professionals of Nunavik. In effect, the team managed 80 reports for blood levels of mercury, lead and cadmium exceeding the recognized threshold for public health (see figure). More than half of these reports were from control tests performed in the context of the *Qanuilirpitaa?* Nunavik Inuit health survey conducted in the fall 2017.

The team dealt with a diesel spill that contaminated the drinking-water source in one community on May 29, 2020. The situation, which was still being monitored at the end of March 2021, required sporadic action from the team over several months, in collaboration with the Kativik Regional Government (KRG) and the *ministère de l'Environnement et de la Lutte contre les changements climatiques* (MELCC).

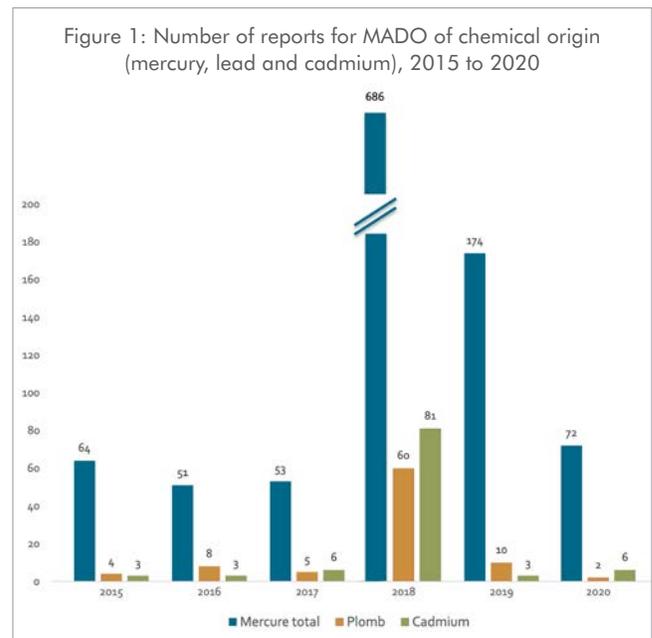
### Tests for Blood Levels of Lead and Mercury

Consultations in 2019-2020 among health professionals and Nunavimmiut in the context of the *Nutaratsaliit Qanuingisiarningit Niqituinnanut* project (for healthy pregnancies with traditional foods) confirmed the favourable reception and the feasibility of integrating tests for blood levels of mercury and lead into the monitoring of pregnancies in Nunavik. Development of the tools (information, training, counselling, etc.) required for clinical care for pregnant women and young children continued but was considerably hindered given the mobilization of the team to deal with the COVID-19 pandemic. Work nevertheless led to design of a specific component of the Nunavik primer, a collaborative tool for monitoring child development designed by the Sainte-Justine University Hospital Centre. The new component is aimed at implantation of tests for blood lead as well as tests for mercury, over the coming months, in children aged zero to five years in Nunavik.

## Qanuippitaa? National Inuit Health Survey (QNIHS)

Jointly with [Inuit Tapiriit Kanatami](#) (ITK), the three other regions of Inuit Nunangat and Makivik Corporation, the NRBHSS works at the development and realization of a provincial health survey, including the data-collection phase. The survey, entirely headed by Inuit, is conducted every five years and targets the entire population (children, youths, adults and the elderly). Several steps of the process of designing questionnaires were carried out, particularly their revision by the Regional Steering Committee and other collaborators within the NRBHSS as well as a pre-test among members of the public. A decision was made to postpone data collection to 2022 (initially planned for the fall 2021), in particular due to the pandemic and to avoid compromising circulation of the results of the *Qanuilirpitaa?* 2017 survey. Moreover, much work remains to be done upstream: translation of the questionnaires into Inuktitut, hiring of and training for the survey team, community engagement and logistical planning, design of the communication campaign and its material, completion of the protocol and ethical approval.

Figure 1: Number of reports for MADO of chemical origin (mercury, lead and cadmium), 2015 to 2020



## Prevention and Health Promotion

### Perinatal and Early-Childhood Services

A regional evaluation of the ISPEC (integrated services in perinatal and early childhood) program was finalized, is available and will be presented to partners this spring. A regional ISPEC program guide and recommendations have been finalized and are ready to be presented to the Perinatal and Early Childhood Prevention and Promotion Table, which will host its first meeting in June of 2021.

English and French versions of the Nunavik primer, a collaborative child-monitoring tool developed by the Sainte-Justine University Hospital Centre and the NRBHSS, have been made available for following up children in the health centres. Employees of both health centres have received training and have started using the tool. An evaluation of this tool is planned for 2021-2022.

### Nutrition

The Imatsiaq water-consumption program was expanded to 8 new schools and will be in 13 schools in April-May 2021. The program aims to promote water as beverage of choice among schoolchildren aged 5 to 17 years.

The NRBHSS and KI have initiated a collaboration towards the development of a regional school food and beverage policy. The regional consultation of the schools is complete and the policy will be finalized and ready to implement in schools by the next school year. Activities on nutrition education and cooking were organized locally by staff at the health centres, family houses and non-profit organizations throughout the year.

### Food Security

Fourteen local food projects were supported throughout the year, through in-person support, resources and financial assistance. These include community kitchens, meal distribution and gardening activities. Additionally, the team collaborated with communities throughout the uncertain periods of the pandemic to ensure food support remained accessible to *Nunavimmiut*. Funds and advice on logistics for initiatives for distribution of food boxes led by the municipalities and non-profit organizations were provided.

### Prevention of Diabetes and Other Chronic Diseases

Due to COVID-19, the elaboration of a new strategy for prevention of diabetes and other chronic diseases and their related complications was postponed. However, ongoing support was offered to health professionals working in the field during the pandemic in the form of educational material and training. Most health professionals were re-assigned to COVID-19 tasks in 2020 but certain prevention activities were still carried out in communities, such as:

- radio segments (answering questions on nutrition and chronic diseases);
- workshops in schools (e.g. nutrition and sport);
- promotional activities in the COOPs.

### Smoking

The smoking portfolio was suspended due to the COVID-19 pandemic, except for a literature review and networking with provincial, national and Indigenous committees on smoking prevention and cessation and a general awareness campaign carried out on the radio.

### Sexual Health

Despite being halted for the better part of the year due to the pandemic, the sexual-health portfolio progressed. Training on sexual diversity was finalized and workshops were given to the Jaanimarik school staff. Collaboration with the Infectious-diseases team led to the development of an initiative based on a peer approach to STBBI prevention.

### Prevention of Sexual Abuse

The *Good Touch Bad Touch (GTBT)* team delivered the sexual abuse-prevention workshop *Hidden Face* to 16 community members of Umiujaq and the sexual abuse-prevention program to 135 students at Kiluutaq School.

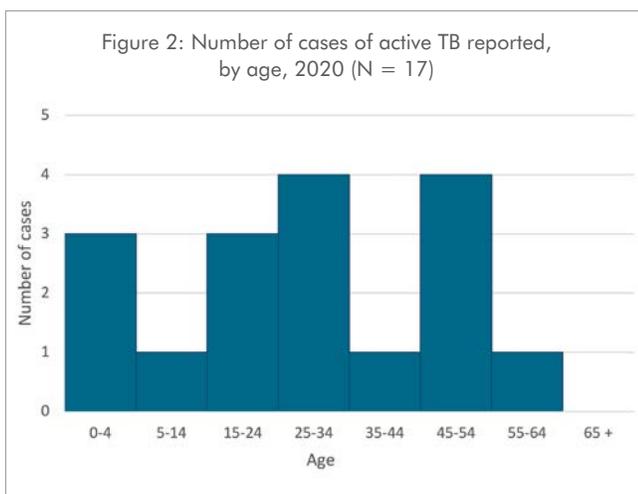
## Infectious Diseases

### Tuberculosis

The incidence of tuberculosis (TB) saw a marked drop in 2020 with only 17 new reported cases (incidence of 119 cases per 100 000 persons), compared to an average of 46 cases per year for the previous five years (incidence of 298 cases per 100 000 persons from 2015 to 2019). It is possible that the COVID-19 pandemic resulted in reduced access to early diagnosis of TB. The public-health measures established in response to the pandemic also contributed to the drop in transmission rates of TB. Six communities had cases of active TB.

A community screening campaign for TB was organized in one Ungava community. A total of 191 persons were tested, with a participation rate of 88%. No cases of active TB were identified but 18 latent tuberculosis infections (LTBI) were diagnosed. In 2020, for all of Nunavik, 36 new cases of LTBI were reported, 29 of which began preventive treatment.

The regional TB committee met twice in 2020. Short training sessions on TB were offered to seven local workers (community-health officers, interpreters, liaison officers) in the community targeted by the screening. A training plan intended for future community-health officers was developed and funding was obtained for a pilot project intended for the same resources from the Canadian Institutes of Health Research.



### Sexually Transmitted and Bloodborne Infections (STBBIs)

The efforts against STBBIs were affected by the arrival of COVID. In the spring, we noted a drop in testing for STBBIs and a drop in diagnoses for STBBIs. Testing activities enabled catching up to compensate for the suspended efforts in several communities. With COVID-19, the arrival of interveners dedicated to public health in each community also enabled rapid and efficient interventions in the communities where syphilis cases were identified. However, in many villages, we noted serious access challenges linked to the measures established to combat COVID-19, particularly greater difficulty in getting tested during consultation for another reason or for anonymous testing.

Sex-education projects, radio capsules and lighthearted videos remain in the works. Activities under the CheckUp Project continued in the region. On-the-land activities scheduled for the spring were postponed to the summer 2021. A pilot project is under way to integrate peer helpers into the care process for STBBIs as well as to improve access to care for users (stigma, cultural safety and development of local services).

### Gonorrhea and Chlamydia

The infection rates for gonorrhea were stable, with 307 infectious episodes (317 in 2019), and diagnoses for chlamydia dropped, with 405 infectious episodes (524 in 2019). It is possible that the asymptomatic population consulted less often due to the pandemic, with chlamydia infections often less symptomatic than gonorrhea infections. Trends in the coming years will indicate whether this is a drop in diagnoses or a real drop in the presence of chlamydia.

## Infectious Diseases (continued)

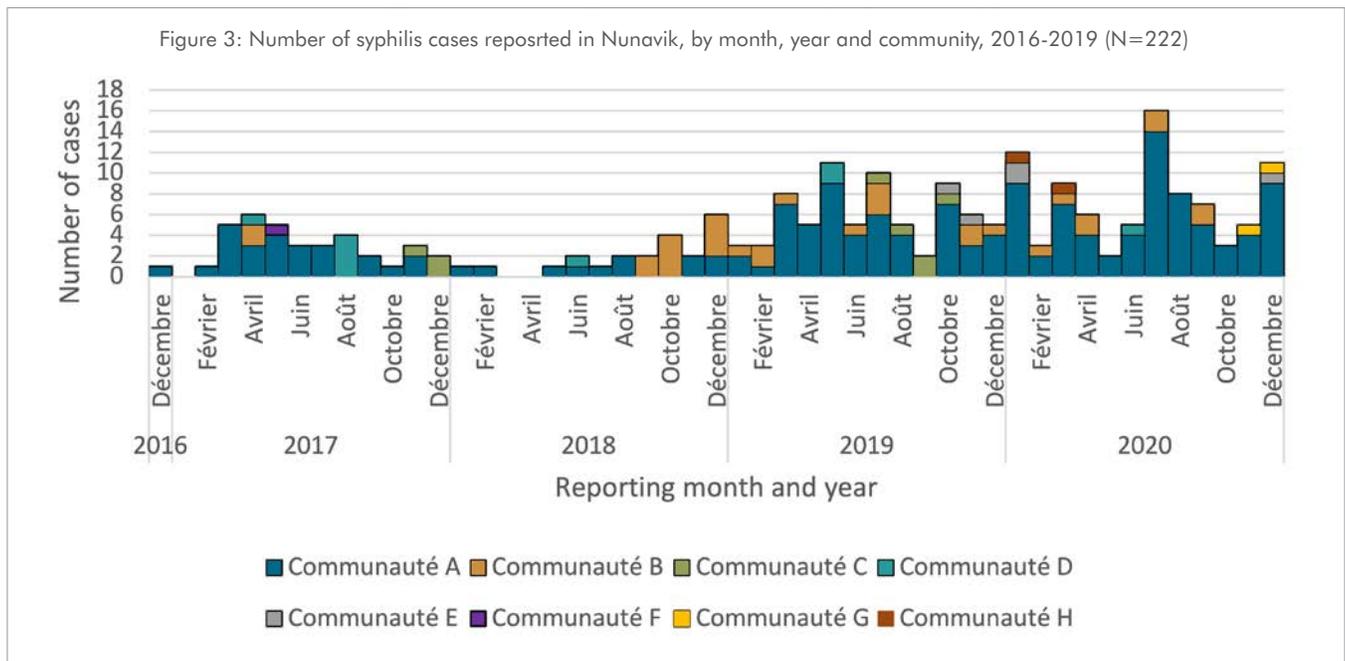
### Syphilis

Eighty-seven new cases were reported in the syphilis outbreak (see figure). Between December 2016 and December 2020, a total of 222 episodes were reported. Transmission remains through heterosexual relations and mostly affects young persons. In 2020, the 15-to-34-year age group accounted for 69% of syphilis infections and those aged over 40 years accounted for 20%. Sixty-seven percent of the infected individuals were women and all but one were of the age to procreate. Six women were pregnant at the time of diagnosis. One child was diagnosed with congenital syphilis at birth.

Although the majority of the cases occurred in two communities of the region, several other communities treated infected individuals. Since the start of the outbreak, eight communities have identified and treated individuals infected with syphilis.

### Targeted Screening for STBBIs: Breaking the Chains of Transmission and Reducing the Number of Infections Circulating in the Community

In the spring 2020, the Hudson communities offered proactive testing to individuals who had had an STBBI in the previous two years. The objective was to diagnose asymptomatic infections in view of offering treatment to carriers (and thus avoid the risk of complications linked to STBBIs), breaking the chains of transmission and reducing the community infective load. In total, 223 individuals were tested and at least one STBBI was detected in 25% of them. Eight syphilis infections were diagnosed. This activity was appreciated by the interveners and the users. It is being developed for regular deployment or for integration into routine services.





## Infectious Diseases (continued)

### COVID-19

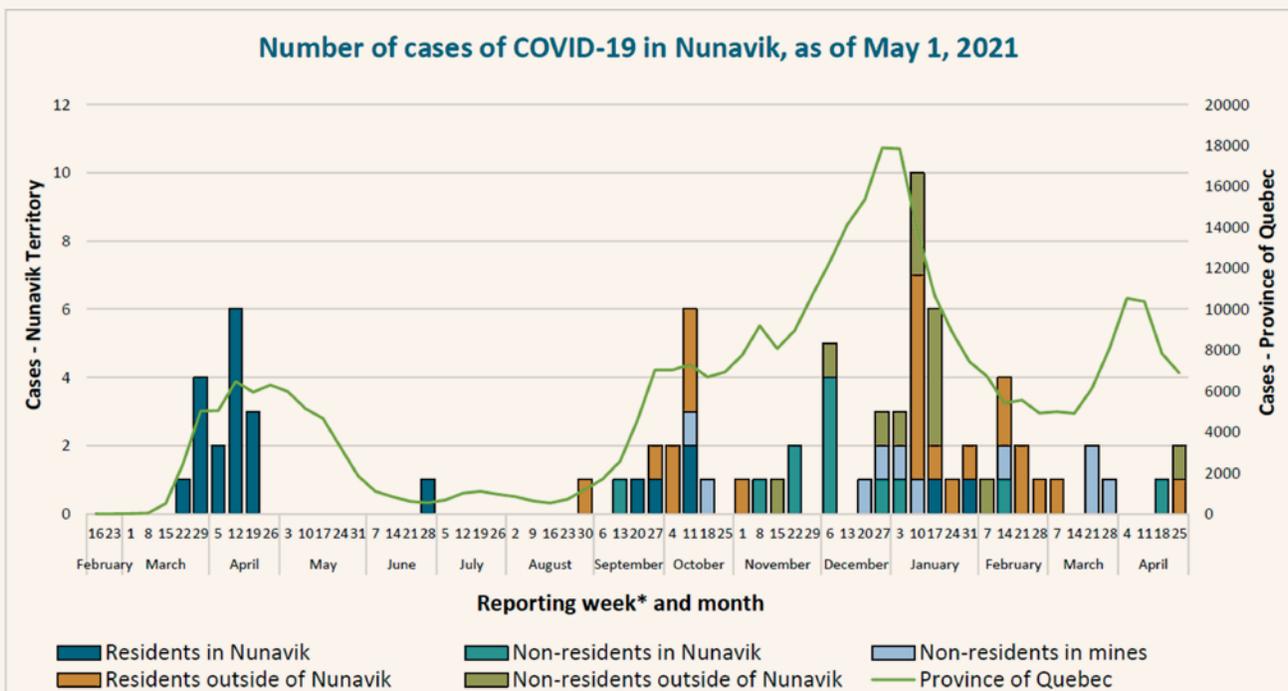
COVID-19 was an important challenge for the region and the world in 2020. The region had one episode of community transmission in Puvirnituk in March and April 2020. All other cases of COVID-19 were detected either while individuals were in the South, prior to travel to Nunavik, or rapidly after someone had arrived in the region, which enabled controlling the spread of the disease and avoiding community transmission.

Although Nunavik has largely been spared from the disease thanks to multiple measures put in place by the communities, Public Health and organizations, those measures have nevertheless had an impact on life in the region. Since March 2020, access to the region has been limited. Travellers have had to take specific measures to avoid introducing the disease into the region: registering prior to travel, testing and quarantining. Within the region, large gatherings are limited and mask wearing and hand washing have become the norm in public places.

Certain sectors have limited activities at higher risk for transmission and everyone has had to adapt to new regulations aimed at protecting the region. In order to make all that possible, laboratory capacities have been increased, the region has prepared for the deployment of a field hospital in case of widespread community transmission and accommodations have been reserved for isolation.

Finally, in January 2021, vaccination against COVID-19 started. As of March 29, 2021, just before the campaign for the second dose, 5 314 doses of the Moderna vaccine have been administered to people 18 years old and over.

The management of COVID-19 has been accompanied by an important collaboration with other partners beyond Public Health and strong involvement of community leadership in decision making.





# DEPARTMENT OF INUIT VALUES AND PRACTICES

## Brighter Futures

The *Brighter Futures* program grants funding to the 14 communities in amounts proportionate to population size. As of this year, many projects had to be cancelled or postponed due to the Covid-19 pandemic. This year, the program funded 43 projects.

## Native Residential Schools

Under the residential schools program, there are now four full-time support workers and one vacant position; six other individuals work on a contractual basis as needed.

Due to the pandemic, travelling to communities were suspended. 3 communities were visited after the lock down this year. Many counselling services were done through the telephone.

## Missing and Murdered Indigenous Women and Girls

A new pilot project for counselling services was launched in Kuujuaq at a schedule of two weeks per month with a one-week interval. Again, with the pandemic all travels were cancelled, but the service was still available through telephone or internet.

## Prevention of Elder Abuse

Efforts were initiated in 2019 to update the regional plan of action against elder abuse. Moreover, with the support of Executive Management, a regional policy against elder abuse was sent to the establishments before finalizing the document.

## Wellness Committees

The wellness committees are composed of community members working under the supervision of the municipal councils; 13 communities have an active committee. Funding is provided by the NRBHSS.

## Other involvements:

- Working with MSSS and First Nations on policy developing on cultural safety in health care system.
- Research on Forced Sterilizations on women,
- Working conditions for Inuit in health sector

# DEPARTMENT OF REGIONAL HUMAN-RESOURCES DEVELOPMENT

## Training

This year the Department of Regional Human-Resources Development once again deployed its training programs for employees of the Nunavik health and social services network, particularly Inuit employees, jointly with our partners of the secondary- and postsecondary-education sectors:

- professional-studies diploma (DEP) in “assistance in institutional and domestic settings” (credited training in partnership with Kativik Ilisarniliriniq);
- attestation to collegial studies (AEC) in “communication in helping relationships,” “communication in administration” and “supervision of human resources” (credited training in partnership with Collège Marie-Victorin);
- elaboration of a DEC-BAC in Social Work for Fall 2021 (credited training in partnership with Collège Marie-Victorin and McGill University);
- continuation of the work regarding the elaboration of training sessions related to Bill 21;
- certificate in management of health and social services (credited training in partnership with McGill University);
- preparation for new employees arriving in the North;
- Inuktitut language courses (offered by the Institut national des langues et civilisations orientales (INALCO));
- English language course for the health network (offered by McGill);
- collaboration with the Remote Learning and Training Centre (Centre pour l’enseignement et la formation à distance, or CEFD);
- creation of a PPRO position to develop continued training offered to health and social services professionals and to provide managers with tools for planning and monitoring activities related to skills development

## Promotion and Recruitment

- Launch of the Regional Advisory Committee on Human Resources
- Participation in virtual job fairs
- Organisation of job promotion events with high school students in the region
- Funding for internships at the health centres
- Start of work on the Perspective Nunavik campaign updates

# DEPARTMENT OF OUT-OF-REGION SERVICES

## Revision Process for the Non-Insured Health Benefits (NIHB) Program

The following health benefits are available to beneficiaries of the *JBNQA*:

- prescription medications;
- over-the-counter and patented medications;
- medical supplies;
- transportation for medical reasons, as well as escorts, interpreters and lodging;
- eye care, including spectacles and contact lenses when required for medical reasons;
- dental care;
- hearing aids;
- psychiatric care (short term).

This year, the Department of Out-of-Region Services, with significant support from Executive Management, carried out several processes aimed at improving the existing follow-ups and controls for management of the NIHB program:

- Development of two new regional policies for the NIHB program. The regional NIHB policy on Drugs and the regional NIHB policy on Medical Supplies and Equipment were approved by the Board of Directors of the NRBHSS;
- Support for the work of the team responsible for quality, evaluation, performance and ethics (QEPE) of Executive Management in the processes of extraction, validation and interpretation of statistical data gathered for the purpose of rendering of accounts and program management.

## Ullivik

Major efforts at consolidating management processes were pursued at Ullivik during fiscal year 2020-2021, in close collaboration with the Inuultsivik Health Centre, responsible for managing the Centre. The Centre played an essential part throughout the year in ensuring that Inuit patients had safe access to specialized care in Montreal facilities, despite the pandemic.

# DEPARTMENT OF ADMINISTRATIVE SERVICES

The Department of Administrative Services ensures a wide range of support services for the other departments of the NRBHSS. Our primary resource-management services are budget and financial services, human-resources management, procurement services, biomedical engineering, fixed-assets management and information resources.

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

Moreover, it ensures support for the region's two health centres on various portfolios such as budgets and other financial services as well as fixed-assets maintenance through various renovation and replacement projects.

In August, we welcomed our new coordinator of human resources, who saw a very busy year with the NRBHSS' growth.

The COVID-19 pandemic saw all sectors of our department toiling endlessly together in support of the region's efforts.

## Financial Resources

### Regional Budget

The regional credits from the *ministère de la Santé et des Services sociaux (MSSS)* for 2020-2021 total \$243.4 M, destined for the Nunavik health and social services network as shown in the table below. During the year, the Nunavik Regional Board of Health and Social Services (NRBHSS) allocated those credits to the various institutions and organizations. The two health centres received funding in the amount of \$188.6 M for their activities. The NRBHSS transferred \$11.3 M to eligible community organizations. Through that envelope, it also received and managed funds earmarked for the program for non-insured health benefits.

Allocations	2019 / 2020	2020 / 2021
Inuulitsivik Health Centre	\$93.9 M	99.3 M\$
Ungava Tulattavik Health Centre	\$82.1 M	89.3 M\$
NRBHSS earmarked funds		
Non-insured health benefits	\$22.7 M	23.2 M\$
Other	\$17.3 M	17.3 M\$
Community organizations		
Youth centres	\$4.2 M	4.1 M\$
Other (see table of community organizations)	\$7.2 M	7.2 M\$
Reserve		
Reserve	\$2.7 M	3.0 M\$
<b>TOTAL TRANSFERS</b>	<b>\$230.1 M</b>	<b>243.4 M\$</b>

### Operating Budget and Financial Results of the Health Centres

In accordance with its advisory role with the health centres, the NRBHSS invested major efforts during the year, including several meetings to ensure proper fiscal follow-up. The Inuulitsivik Health Centre (IHC) ended the year with an operating budget at \$0 as shown in the table below. The Ungava Tulattavik Health Centre (UTHC) ended the year with an operating deficit of (\$583,107).

Public institutions	2019 / 2020		2020 / 2021	
	Net authorized budget	Surplus (deficit)	Net authorized budget	Surplus (deficit)
IHC	\$93.9 M	\$(0.003) M	99.3 M\$	0.000 M\$
UTHC	\$82.1 M	\$0.046 M	89.3 M\$	(0.583) M\$
<b>TOTAL</b>	<b>\$176.0 M</b>	<b>\$0.043 M</b>	<b>188.6 M\$</b>	<b>(0.583) M\$</b>

## Funding for Community Organizations

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

Community organizations	2019 / 2020	2020 / 2021
<b>Inuit men's associations</b>		
Egimak Men's Association of Puvirnituq	\$25 000	-
Qajaaq Network	\$150 000	\$155 000
Unaag (Inukjuak)	\$150 000	\$155 000
<b>Inuit women's association</b>		
Saturviit (Nunavik)	\$150 000	\$155 000
<b>Inuit youth association</b>		
Youth Council (Nunavik)	\$250 000	\$250 000 \$
<b>Elders' residences</b>		
Tusaajiapik Day Centre (Kuujjuaq)	\$157 000	\$94 625
Committee of the Ayagutaq Residence (Inukjuak)	\$150 000	\$380 000
Sammiak Elders' Committee (Salluit)	\$20 000	\$5 000
Qilanguanaaq (Kangiqsujuaq)	\$350 000	\$375 000
Sailivik (Puvirnituq)	\$350 000	\$301 878
<b>Family houses</b>		
Iqivik Family House (Salluit)	\$250 000	\$320 000
Miamisivik Family House (Kangiqsujuaq)	\$143 848	\$150 000
Nunavik Youth House Association	\$4 197 277	\$4 076 523
Qarmaapik (Kangiqsualujjuaq)	\$450 000	\$375 000
Tasiurvik Centre (Kuujjaraapik)	\$125 000	-
<b>Residences for mental-health clients</b>		
Uvattinut Supervised Apartments (Puvirnituq)	\$300 000	\$300 000
Community residence (Ungava)	\$350 000	\$406 165
"I Care We Care" Project	\$100 000	\$100 000
<b>Treatment centre</b>		
Isuarsivik (Kuujjuaq)	\$2 561 000	\$2 350 000
<b>Women's shelters</b>		
Ajapirvik (Inukjuak)	\$300 000	\$300 000
Initsiak (Salluit)	\$540 350	\$545 754
Tungasuvvik (Kuujjuaq)	\$366 668	\$400 000
<b>Poverty reduction</b>		
Sirivik Soup Kitchen	-	\$100 000
<b>TOTAL TRANSFERS</b>	<b>\$11 436 143</b>	<b>\$11 294 945</b>

## 2020-2021 Operating Budget

In accordance with the *Act respecting health services and social services* (Chapter S-4.2) and the MSSS' bulletins, the estimates for the 2020-2021 operating budget were produced in the amount of \$29.3 M and adopted by the NRBHSS board of directors. Thanks to adequate fiscal planning and processes, the NRBHSS ended the year with an operating balance at \$0. With the arrival of the COVID-19 pandemic, the financial resources department had to create a pandemic specific budget code to facilitate accounting and reporting. According to its responsibilities, the Department of Administrative Services provided financial expertise and support for all the departments as well as the audit committee.

### Earmarked Funds

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

### Capital Funds

The 2020-2021 three-year conservation and functional plan was updated. Jointly with the health centres, the regional board provided support and funding to carry out most of the projects in Nunavik. It transferred a total of \$5,048,950 for various capital projects. That amount was divided into four regional envelopes:

Organizations	Assets maintenance	Minor renovations	Medical equipment	Non-medical equipment	TOTAL
IHC	\$246 629	\$4 716	\$743 464	\$178 634	\$1 173 443
UTHC	\$3 857 840	\$17 667	-	-	\$3 875 507
NRBHSS	-	-	-	-	-
<b>TOTAL</b>	<b>\$4 104 469</b>	<b>\$22 383</b>	<b>\$743 464</b>	<b>\$178 634</b>	<b>\$5 048 950</b>

The year 2020 was an unusual one: The fixed-assets department had to adapt in response to the needs created by the COVID-19 pandemic, thus suspending the response to needs in construction, maintenance and renovations. Only basic maintenance projects were carried out.

Among the COVID-19-related projects are, in particular, the project for a temporary, regional COVID-19 hospital in Kuujuaq (*Ajapirvik*), logistics for vaccination, setup of the Nunavik traveller's clinic in Montréal and, finally, the availability of some 50 COVID-19 lodging units in the Nunavik communities. These are used in case isolation is required.

The year 2020 was unprecedented, although it was far from being the busiest one to date, with most regular projects not being executed. The result is that for the coming years, emphasis will be placed on catching up on efforts in renovation projects that were temporarily suspended.

### Regional Partnership

To carry out these COVID-19-related projects adequately, we received assistance from the region's organizations, including, among others, the KMHB, which loaned us housing free of charge in each of the communities, the Rangers, who installed testing tents in the communities, and Kativik Ilisarniliriniq (school board), which graciously loaned us several spaces and also provided manpower.

## 2020-2021 Operating Budget (continued)

### Federal Funds

The contribution agreements totalling \$18.6 M annually were signed with the federal government for a ten-year period (2020 to 2029). Unlike the previous agreement, balances are transferable from one year to the next until the end of the agreement.

Aboriginal Services Canada	2019 / 2020	2020 / 2021
Aboriginal Diabetes Initiative	\$699,421	\$879,840
Aboriginal Health Human Resources Initiative	\$63,398	\$63,946
Brighter Futures	\$1,286,108	\$1 286,108
Canadian drugs and substances strategy	\$140,000	-
Children's Oral Health Initiative	\$300,947	\$365,000
Federal Tobacco Control Strategy	\$432,888	\$497,485
Foetal Alcohol Spectrum Disorder	\$414,762	\$440,762
Home and community care	\$3,455,087	\$3,545,934
Inuit Health Survey (study)	\$3,304,612	\$2,306,704
Maternal- and infant-health care program	\$124,000	\$177,000
Crisis management in mental health(CLWW)	\$970,487	\$970,487
Mental health in the communities	-	-
Missing and Murdered Indigenous Women and Girls	\$150,000	\$60,292
National Native Alcohol and Drug Abuse Program	\$35,420	\$51,932
Nunavik's Flying Sexual Abuse Intervention Team	\$200,000	-
Nutrition North Canada	\$495,000	\$495,000
Prenatal nutrition program	\$350,239	\$350,239
Climate change	\$119,140	\$119,000
Quality control	\$448,546	\$448,546
Residential-schools portfolio	\$702,024	\$701,388
Sexually transmitted and bloodborne diseases	\$166,000	\$188,000
Suicide-prevention strategy	\$1,857,424	\$1,361,755
Tuberculosis	\$2,872,581	\$1,534,840
Victims of domestic violence	\$17,274	\$17,423
Indian Day School	-	\$65 992
Child First Initiative - Initiative du principe de Jordan	-	\$4,296,927
Child First Initiative - Livraison des services	-	\$117,525
Child First Initiative - Coordination des services	-	\$450,000
COVID-19 Pandemic Environment	-	\$60 000
<b>TOTAL SUBSIDIES</b>	<b>\$18 605 358</b>	<b>\$20,852,125</b>

## Other Activities

The regional board also provided support for and contributed to certain specific portfolios.

### Capital Master Plan

On October 1, 2020, the regional board signed the 2018-2025 agreement on the provision and funding of health and social in Nunavik with the MSSS, including funding for capital projects.

The regional board revised its capital master plan (CMP) to establish priorities in short- and long-term capital investments and in order to use it as management tool. The advisory committee for the capital master plan continues to update the plan as well as follow up capital projects in Nunavik.

### Capital Projects

Following are some projects we worked on in 2020-2021.

#### Aupaluk CLSC

Construction of the new CLSC began in the summer 2018, with opening and inauguration expected for the fall 2021.

#### Housing Units in Nunavik

On April 23, 2020, the MSSS authorized the NRBHSS to construct 62 housing units for clinical personnel in various communities of Nunavik, with a project budget of \$41.5 M.

A contract for the amount of \$13 351 202.00 was awarded to the Federation of Cooperatives of New Québec (FCNQ) for the construction of 24 housing units for the personnel (four buildings of six apartments each), which are presently under construction.

The project is currently limited to four six-plexes in Kuujjuaq, whereas the initial project was for 62 units. Due to the high costs from the call for tender, the decision was made to limit the project to Kuujjuaq, as the cost of these units is similar to that of previous years. Nevertheless, as the FCNQ was the lowest bidder for Kuujjuaq and as it is an Inuit firm, a contract for a mutual agreement is presently being drafted so that the FCNQ can construct the remaining units.

The 42 remaining units will be divided as seven six-plexes (one in Kangirsuk, one in Akulivik, one in Salluit, one in Inukjuak and three in Puvirnituq) for a total of 66 units in this phase.

Community	Number of housing units to be built
Kuujjuaq	4 x 6-plex
Kangirsuk	1 x 6-plex
Salluit	1 x 6-plex
Akulivik	1 x 6-plex
Puvirnituq	3 x 6-plex
Inukjuak	1 x 6-plex
<b>TOTAL</b>	<b>66 units</b>

Given the situation in this phase of the housing project, the NRBHSS commissioned a study to find a more affordable and sustainable way of building future units.

#### Elders' Homes

In a letter dated January 21, 2020, Danielle McCann, then-Minister of Health and Social Services, and Marguerite Blais, Minister responsible for Seniors, authorized the NRBHSS to proceed with the design phase for two elders' homes for the Nunavik region. The homes, each with a 34-unit capacity (2 in palliative care), will be built in the communities of Kuujjuaq and Puvirnituq. These projects will enable development of residential services and long-term care in our region.

The 34 places, divided into four homes of eight or nine bedrooms, are designed to respond to elders' various needs. Besides the beds, there will be a day centre, a hair salon, a sculpture workshop, a country kitchen, various multi-use rooms and three terraces. Aligning with the MSSS' new vision, these homes are designed to give the impression of being in a living environment rather than an institution. Finally, although the buildings' layout will be the same, each is adapted to the community where it will be built.

## Information Technologies

With the pandemic, several projects had to be suspended for the purpose of reassigning as many employees as possible to activities related to COVID-19, and other projects had to be developed more quickly than planned in order to support the response to the pandemic.

Deployment of the radiocommunication system, creation of the COVID-19 clinic, support for the COVID-19 houses and preparation of various temporary sites for COVID-19 triage in each community, such as gymnasiums, schools, community halls and so forth, are but some examples of the contributions of the informatics and audiovisual team to the various efforts related to the pandemic. Further, in response to needs related to COVID-19, the information-technologies service added two persons to its team.

With the growing need for telework and telehealth, it was necessary to proceed with urgent establishment of collaborative applications such as *TEAMS*, *Sharepoint* and *ZOOM* and to deploy the new tool, *Global Protect*, to replace *Pulse Secure*. The arrival of these new applications had a direct effect on bandwidth use. The regional board had to acquire a second satellite link to meet new needs and ensure redundancy in case of satellite failure. Work is presently under way to consolidate the second link for the region, which has become unavoidable with the establishment of new telehealth and telework services.

The informatics service continued its efforts at improving and optimizing current and future infrastructure. Although the pandemic persists, the informatics and audiovisual team had to resume projects to respond to the needs of users from the regional board and the health centres. Projects to optimize medical imaging, accelerate and optimize communications, and create a medical glossary, to name but a few, resumed and are currently in the planning or deployment stages.

## Biomedical Engineering

The activities in this sector aim at supporting the authorities of the health centres in planning and organizing clinical services, updating inventory of medical materials, and readjusting replacement projects and the related budget envelopes so that the health centres can rely on an efficient and well-maintained stock of medical equipment.

In March 2020, the arrival of the coronavirus upset this sector's plan of action. The service therefore had to take quick action to manage multiple urgent and high-priority needs, in particular:

- ensuring management of the supply chain for personal protective equipment (PPE);
- equipping the COVID-19 testing tents in the 14 Nunavik communities and the Nunavik traveller's clinic in Montréal;
- equipping the health centres with specialized COVID-19 medical equipment in a situation of an aggressive race for acquisition of equipment;
- planning a temporary regional COVID-19 hospital in Kuujuaq jointly with clinical resources, followed by purchase of the most critical equipment to prepare the region to run intensive-care units and intermediate units.

In 2021, fitting out the new Aupaluk CLSC necessitated considerable time and effort. An outdated list of medical equipment and organization of clinical services was updated to ensure the CLSC has equipment that corresponds to the present reality.

The biomedical-engineering sector in Nunavik is in full growth and will continue optimizing and improving its operations in order to provide the region with the necessary support in dealing with challenges and preparing for vague pandemic possibilities or for tuberculosis-screening campaigns, which is one of the region's major preoccupations.

## Human Resources

The NRBHSS employs a total (excluding those assigned to COVID19) of 158 employees, 71 of whom are based in the South, and 25 management personnel, 5 of whom are based in the South.

Department	Employees	Mngmt personnel	Based in South
<b>Administrative Services</b>			
Permanent full time	26	6	6
Temporary full time	1	0	0
Occasional part time	2	0	1
<b>Executive Management</b>			
Permanent full time	13	6	10
Temporary full time	5	0	2
Occasional part time	0	0	0
<b>Regional Human-Resources Development</b>			
Permanent full time	3	2	2
Temporary full time	2	0	1
Occasional part time	1	0	0
<b>Inuit Values and Practices</b>			
Permanent full time	2	1	0
Temporary full time	3	0	0
Occasional part time	1	0	0
<b>Out-of-Region Services</b>			
Permanent full time	3	1	4
Temporary full time	1	0	1
Occasional part time	0	0	0
<b>Planning and Programming</b>			
Permanent full time	24	5	8
Temporary full time	14	0	7
Occasional part time	4	0	2
<b>Public Health</b>			
Permanent full time	17	4	2
Temporary full time	24	0	20
Occasional part time	12	1	4
<b>TOTAL</b>	<b>158</b>	<b>25</b>	<b>71</b>
<b>COVID-19</b>			
Administrative Services - Occasional part time*	2	0	0
Planning and Programming - Occasional part time*	2	0	0
Public Health - Occasional part time*	42	0	33
<b>TOTAL including COVID-19</b>	<b>197</b>	<b>25</b>	<b>104</b>

\* The number of employees under contract with COVID-19 is not included in the totals as the employment relationship was only effective during the period of health emergency.  
Positions by department and status on March 31, 2020.

## Human Resources (continued)

Data presentation relative to the Act respecting workforce management and control within government departments, public sector bodies and state-owned enterprises, 2020-2021

14665293 - Nunavik Regional Board	Comparison over 364 days – 2020-03-29 to 2021-03-27		
Job subcategory determined by the SCT	Hours worked	Overtime hours	Total hours paid
1 – Management personnel	42 790	6 854	49 644
2 – Professionals	151 950	9 067	161 017
3 – Nursing personnel	38 325	4 713	43 037
4 – Office personnel, technicians or treated as such	48 199	4 371	52 571
Total 2020-2021	281 263	25 005	306 269
Total 2019-2020			236 821
		2020-2021 target	305 807
		Difference	462
		Difference as %	0.2%

Human Resources were also busy with pandemic-related efforts: mass hiring for COVID-19 as well as monitoring and application of numerous ministerial directives. Besides the extraordinary activities due to the pandemic, we continued with certain regular activities.

The committee on employee relations and communications (CERC) and the coordinators' committee placed emphasis on improving employee working conditions by focussing on communication, team spirit, fulfilment of the NRBHSS' mission and the added value of satisfied employees at work. In that perspective, welcoming and retaining employees were identified as primordial aspects requiring particular attention for the coming year.

In the context of the recruitment process, a new marketing approach was established to attract more candidates, publicize the advantages of working for the NRBHSS and primarily in the North, and ensure better evaluation of candidates in terms of the cultural and geographic changes they will face upon arrival in the North. Use of a psychometric test was consolidated and applied for specific candidatures according to the need.

Policies and procedures are under revision and work on a telehealth policy is planned for the summer 2021.

# RESULTS IN RELATION TO REGIONAL STRATEGIC PLANNING

## Consolidation of regional strategic planning follow-up 2018-2025

Beginning in 2019-2020, the management and monitoring of regional strategic planning underwent a significant update to ensure strong integration between regional goals, expected outcomes, and optimization of resources on the field. During the last year 2020-2021, despite the COVID-19 pandemic and the intense mobilization of the health and social services network that resulted from it, we reaffirmed the importance of consolidating and strengthening our follow-ups to the 2018-2025 regional strategic planning.

### The objectives of this approach are to:

- Clarify and share the regional vision and orientations of the Nunavik Health and Social Services network;
- Clearly communicate the priorities of the NRBHSS to the institutions;
- Ensure that resource allocation is aligned with the priorities and needs of the population;
- Increase the accountability of the actors and the performance of our network;
- Support the autonomy of institutions in developing the means to achieve their objectives;

With the overhaul of this framework migrating towards a management report with global objectives developed in collaboration with the partners, the foundations were thus laid to ensure a follow-up in accordance with the "Agreement on the delivery and financing of health and social services in Nunavik 2018-2025".

Despite the efforts made in the fight against the pandemic during the year 2020-2021, several projects were developed and implemented to consolidate the gains made in 2019-2020.

### Elements of consolidation :

- Establishment of periodic follow-up reports for the health centers to ensure a constant flow of information to monitor activities in the field;
- An evaluation, in period 7, of the achievement of the desired trends, by health centers and at the regional level;
- The signing of management agreements between the NRBHSS and the health centers synchronizing development budgets and regional strategic planning with the performance framework;
- The creation and consolidation of partnerships with regional actors at all levels to ensure the best response to the exceptional situation we have experienced.

Although the events of 2020-2021 have generated different priorities and actions than those identified in the regional strategic plan, the performance management framework put in place has made it possible to deal with this situation by having generated strong partnerships, a common strategic orientation and a constant flow of information.

## Regional Performance Assessment

The Regional Strategic Plan has three levels: challenges, directions and objectives.

### IMPROVE POPULATION STATE OF HEALTH, REDUCE HEALTH AND SOCIAL INEQUITIES AND ENSURE ACCESS TO QUALITY HEALTH AND SOCIAL SERVICES

#### CHALLENGE 1

##### ENHANCING OUR ACTIONS IN PREVENTION, HEALTH PROMOTION AND HEALTH PROTECTION

ORIENTATION 1: Promote the implementation of current and future public health action plans in both health centres, NRBHSS and diverse community organizations					ORIENTATION 2: Involve communities, individuals, families, community organizations, governments and institutions			
OBJECTIVE 1 Ensure ongoing monitoring and surveillance of health status of the population and its determinants	OBJECTIVE 2 Promote the global development of children and youth and increase support to families	OBJECTIVE 3 Promote the adoption of Healthy Lifestyles, and the creation of Healthy and Safe Environments	OBJECTIVE 4 Ensure quality prevention and control of infectious diseases	OBJECTIVE 5 Ensure the Management of Health Risks and Threats, and Health Emergency Preparedness	OBJECTIVE 6 Mobilize Communities as partners in the enhancement of Health and Social Wellness of the population.	OBJECTIVE 7 Strengthen Community Wellness Committee in each municipality.	OBJECTIVE 8 Development of the Saqijuuq Program	OBJECTIVE 9 Provide first-line services to pregnant women to ensure healthy pregnancy

#### CHALLENGE 2

##### IMPROVE ACCESS TO FIRST LINE SERVICES IN EACH COMMUNITY

ORIENTATION 3: Provide availability of first-line services to all		ORIENTATION 4: Improve accessibility of services: Hours and levels of service		ORIENTATION 5: Deliver integrated services at the community level	
OBJECTIVE 10: Develop and provide access to an adapted "CISSS" range of services, specific and tailored to the specific conditions of Nunavik	OBJECTIVE 11: Provide services for youth, families and individuals	OBJECTIVE 12: improve access to emergency services 24/7 at the clinic or on call in each community	OBJECTIVE 13: Offer extended hours of services	OBJECTIVE 14: Provide a continuum of care for patients at all steps of the delivery of care process.	OBJECTIVE 15: Implicating the liaison team - Corridors of services - IS and IPSSS

#### CHALLENGE 3

##### PROVIDE ACCESS TO SPECIALIZED SERVICES IN NUNAVIK

ORIENTATION 6: Repatriate clientele and specialized services				ORIENTATION 7: Optimize regional coordination of two sub-regional poles		
OBJECTIVE 16: Develop a new Regional Clinical Plan aiming to build a comprehensive vision for the development of services in Nunavik	OBJECTIVE 17: Identify and organize the appropriate corridors of services with McGill RUIS and formalize them by agreements in order to provide culturally adapted services to Inuit patients	OBJECTIVE 18: Regroup and develop all specialized youth protection and rehabilitation services under a new establishment	OBJECTIVE 19: Develop long-term care, addiction and rehabilitation services	OBJECTIVE 20: Improve screening and follow up for cancer patients	OBJECTIVE 21: Develop service delivery agreement that determine priorities and levels of service with both health centres.	Objective 22: Determine the nature and quality of services at the regional and local levels including Public Health

## Regional Performance Assessment (continued)

The Regional Strategic Plan has three levels: challenges, directions and objectives.

### IMPROVE POPULATION STATE OF HEALTH, REDUCE HEALTH AND SOCIAL INEQUITIES AND ENSURE ACCESS TO QUALITY HEALTH AND SOCIAL SERVICES

#### CHALLENGE 4 DEVELOP AND PROMOTE INUIT VALUES AND PRACTICES

##### ORIENTATION 8: Provide access to Traditional and Holistic approaches

OBJECTIVE 23: Identify and provide access to traditional psychosocial therapy approaches	OBJECTIVE 24: Promote access to country food in the development and implementation of the regional food policy	OBJECTIVE 25: Develop on-the-land traditional activities
--	--	--

#### CHALLENGE 5 DEVELOP HUMAN, MATERIAL, TECHNOLOGICAL, INFORMATIONAL AND FINANCIAL RESOURCES

##### ORIENTATION 9: Develop human resources, training and working conditions

OBJECTIVE 26: Provide attractive working conditions for workers and professionals (incl. Housing) for Inuit and Non-Inuit	OBJECTIVE 27: Identify and improve Inuit qualified manpower (development of Inuit qualified positions)	OBJECTIVE 28: Improve cultural training for new employees
---	--	---

##### ORIENTATION 10: Develop material, technological and financial resources

OBJECTIVE 29: Provide an operational development budget necessary to implement the SRP	OBJECTIVE 30: Provide a Capital envelope to carry out projects within the Capital Master Plan: New Regional Health Center, 3 CLSC, 2 BC, adm offices, and housing units	OBJECTIVE 31: Develop in-house capacity and expertise to manage capital projects (architect, PM, eng., biomed, ...)	OBJECTIVE 32: Provide maintenance budget for assets
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##### ORIENTATION 11: Develop Information technology at the service of the patient (TH, EHR, equipment, biomedical...)

OBJECTIVE 33: Improve information technology to increase the use of tele-health	OBJECTIVE 34: Provide adequate medical and specialized equipment in Nunavik	OBJECTIVE 35: Implement and provide access to electronic health and social record for Nunavik
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##### ORIENTATION 12: Develop and ensure access to quality and relevant information on health, social issues and services for the population and decision makers

OBJECTIVE 36: Provide information and regular communication to the population and stakeholders on health issues and health services	OBJECTIVE 37: Assess and manage the quality, efficiency and effectiveness of health services	Objective 38: Ensure that health research done in Nunavik respond to the health needs of <i>Nunavimmiut</i> and is controlled by the <i>Nunavimmiut</i>
---	--	---

In order to ensure the evaluation of the achievement of our regional objectives, indicators have been identified and integrated at the level of the challenges. These indicators will then be broken down to the policy and goal level at a later date to ensure integration from the field. Further work is planned for 2021-2022 to refine this approach.

The indicators selected are categorized according to four themes relevant to the reality of Nunavik: accessibility, efficacy, efficiency and adaptability.

## Regional Performance Assessment (continued)

Accessibility ensures that users can obtain the service. Efficacy establishes that users have the expected services. Efficiency ensures that the resources in place are matched with the service provided. Finally, adaptability allows us to address two issues that are crucial for Nunavik: variations in human resources and the need to adapt services to the Inuit culture.

Similar to the rest of the province, no target has been set this year. However, the progress in comparison to 2019-2020, positive or negative, has been documented and is explained below. The figure below shows the status of regional performance on the regional issues.

Summary of the Performance Regarding Regional Challenges

Drivers	Indicators	Tendency sought	Results 2020-2021	Trends*	
<b>CHALLENGE 1: ENHANCE OUR ACTIONS IN PREVENTION, HEALTH PROMOTION AND HEALTH PROTECTION</b>					
Increase effectiveness of prevention-promotion activities in CLSCs	No. of educational and preventive interventions	Increase	3451	<b>7%</b>	
Increase effectiveness of community organizations' activities	No. of activities	Increase	620	<b>99%</b>	
Increase effectiveness of prevention-promotion activities in public health	No. of activities	Increase	103	<b>151%</b>	
<b>CHALLENGE 2: IMPROVE ACCESS TO FRONT-LINE CARE IN EACH COMMUNITY</b>					
Ensure access to care provided in the community	<i>No. of interventions in CLSCs per service program (according to mapping profile)</i>	Increase	93467	<b>-3%</b>	
Ensure resource efficiency	Hours worked by interveners in CLSCs / intervention	Decrease	\$94.80	<b>-9%</b>	
	Hours paid for interveners in CLSCs / intervention	Decrease	\$151.22	<b>16%</b>	
<b>CHALLENGE 3: IMPROVE ACCESS TO SPECIALIZED SERVICES IN NUNAVIK</b>					
Ensure access to specialized care	No. of consultations in the South for MNP specialties	Decrease	2736	<b>-34%</b>	
	No. of MNP specialist visits to the North	Increase	1620	<b>-43%</b>	
	% of MNP specialist visits	Increase	57%	<b>8%</b>	
	% of specialties with increased or maintained no. of days of presence in the North	Increase	0%	<b>-52%</b>	
	% of medevacs with destination in the North /total medevacs	Increase	62%	<b>1%</b>	
	No. of teleconsultations	Increase	2199	<b>31%</b>	
	Ensure access to support services	% of lab capacity	Increase	In development	<b>N/A</b>
		No. of lab procedures	Increase	259,161	<b>3%</b>
No. of weighted procedures		Increase	1,971,144	<b>113%</b>	
% of tests performed externally		Decrease	11%	<b>-1%</b>	
Treatment times		Decrease	In development	<b>N/A</b>	
Number of X-rays		Increase	9342	<b>-22%</b>	
	Number of X-rays (Technical Units)	Increase	261840	<b>-19%</b>	

## Regional Performance Assessment (continued)

### Summary of the Performance Regarding Regional Challenges (continued)

Drivers	Indicators	Tendency sought	Results 2020-2021	Trends*
<b>CHALLENGE 4: DEVELOP AND ENSURE ACCESS TO INUIT VALUES AND PRACTICES</b>				
Ensure adaptability of culturally adapted resources	% of salaries of Inuit employees	Increase	23%	<b>-4%</b>
	No. of pre-departure training sessions	Increase	18	<b>-10%</b>
	No. of individuals or individual training sessions offered to Inuit employees	Increase	50	<b>-51%</b>
Ensure efficacy of activities	No. of «on-the-land» projects (Nunami) funded	Increase	20	<b>-23%</b>
<b>CHALLENGE 5: DEVELOP HUMAN, PHYSICAL, TECHNOLOGICAL, INFORMATION AND FINANCIAL RESOURCES</b>				
Ensure adaptability of human resources	% of actual expenses	Increase	In development	<b>N/A</b>
	Average time (in days) to fill a position (HC, NRBHSS)	Decrease	55	<b>8%</b>
	Turnover rate - NRBHSS	Decrease	15%	<b>-12%</b>
Ensure efficacy of health-care systems	No. of accidents	Decrease	821	<b>10%</b>
	No. of incidents	Decrease	657	<b>-11%</b>
	No. of nosocomial infections	Decrease	9	<b>-53%</b>
	No. of outbreaks	Decrease	0	<b>-100%</b>
	No. of complaints	Decrease	154	<b>3%</b>
	No. of days of service interruption due to illness	Decrease	22829	<b>59%</b>

\*: For the percentages, the trend reflects the difference

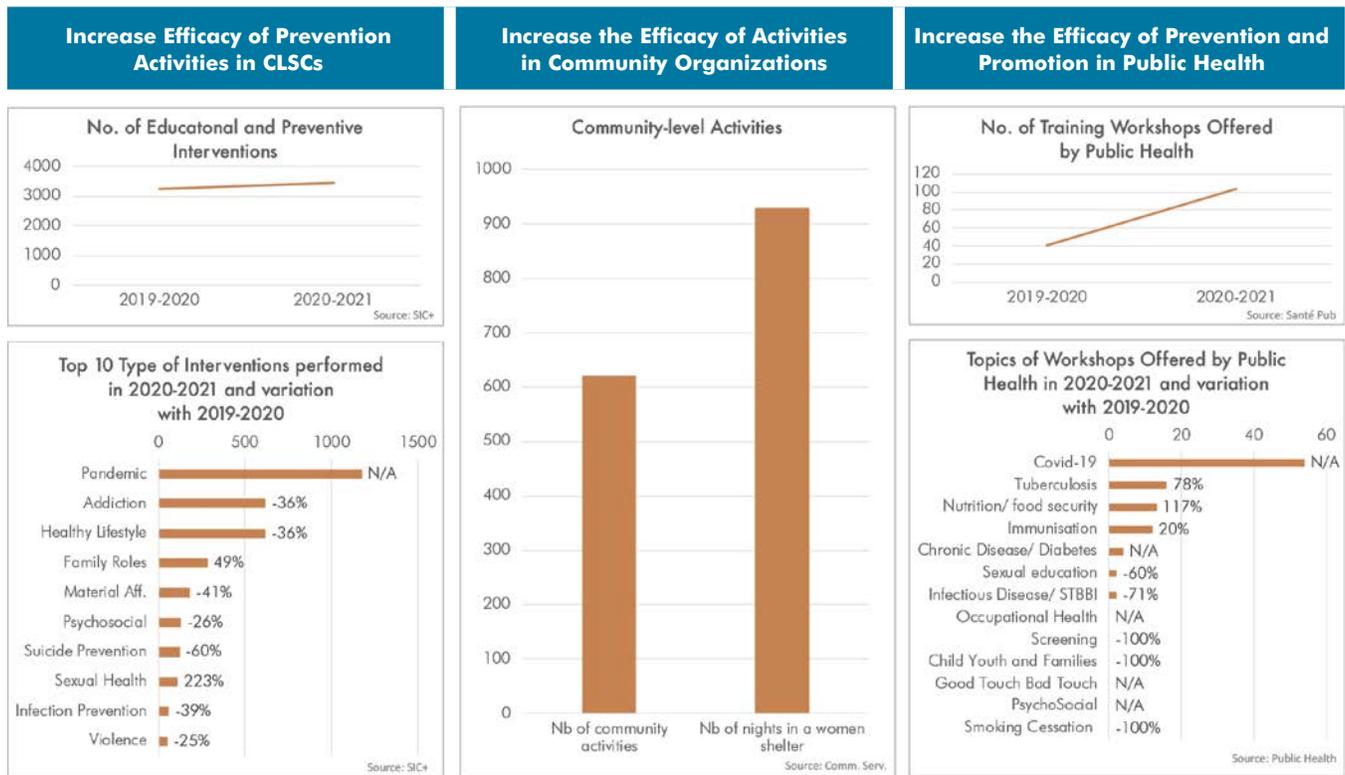
#### Legend

In accordance with the desired tendency

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Données non-demandées car sur une base annuelle

## Challenge #1 - Improve our actions in prevention, health promotion and protection



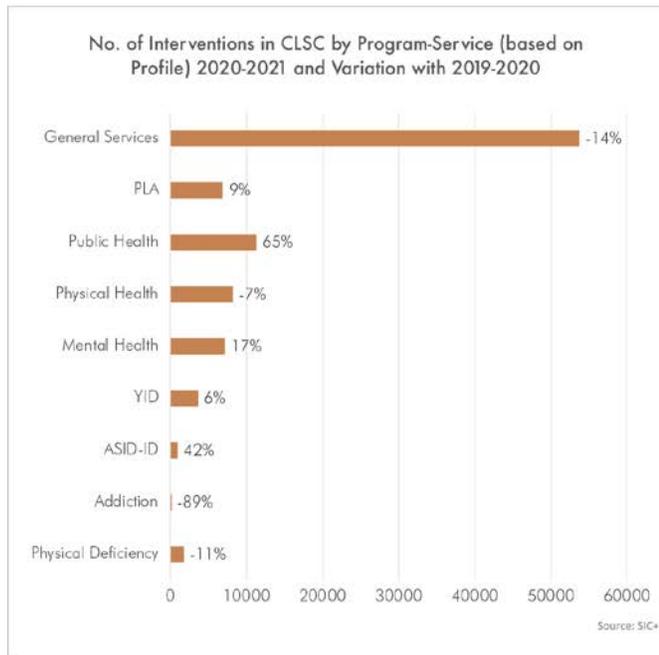
The first issue is to ensure that relevant prevention and health promotion actions reach the field. This issue mainly concerns public health activity and services of great proximity to the population.

Not surprisingly, public health interventions have increased this year, driven by COVID. Apart from the pandemic, the themes of addiction and healthy lifestyle were predominant.

At the level of community organizations, better data quality allowed for the inclusion of more organizations this year but does not allow for an overall comparison with last year. However, if we isolate the specific community organizations, we can still observe an increase of nearly 25% in activities (not shown). As for overnight stays in shelters, we observe an increase of nearly 60% (not shown). Finally, the Isuarsivik Centre experienced a marked decrease in the number of cycles, due to its closure for most of the year in the context of the pandemic.

## Challenge #2 – Improve Access to Front-line Care in Each Nunavik Community

### Ensure Access to Care Provided in the Community



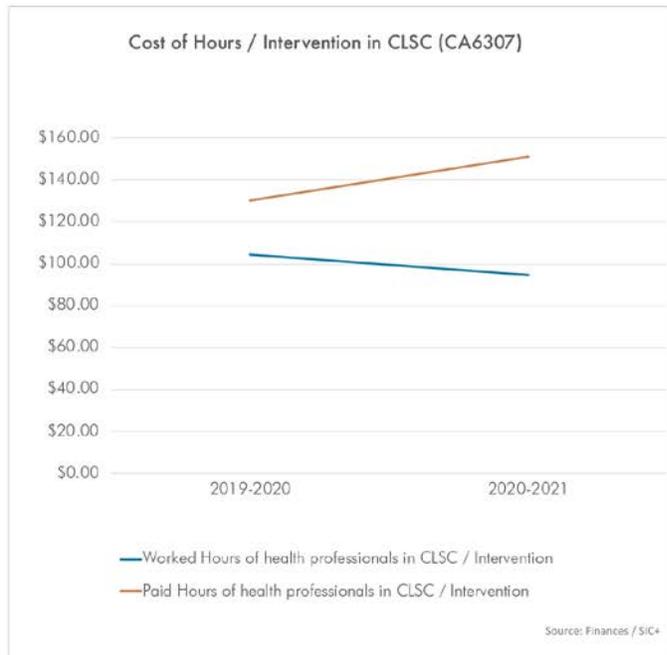
In order to improve access to primary care in the communities, two elements must be considered: accessibility and the efficiency of the resources put in place.

With regard to accessibility, the number of interventions carried out in CLSCs for the various programs was considered<sup>1</sup>. Although the number of interventions is a measure of productivity, it is used here as a measure of the capacity of the service offered and therefore in relation to its access. In fact, assuming that demand is never completely met, an increase in productivity implies an increase in accessibility.

Not surprisingly, we note the preponderance of General Services (nearly 53,000 interventions) with, however, a 14% decrease in the number of interventions in this program-service compared to last year. Public Health interventions experienced the largest increase (+65%). Interventions related to addictions experienced a very large decrease (-89%).

<sup>1</sup>In order to ensure a representativeness of all service programs despite the disparity in coding between the different coasts, the profiles were used to link the service programs.

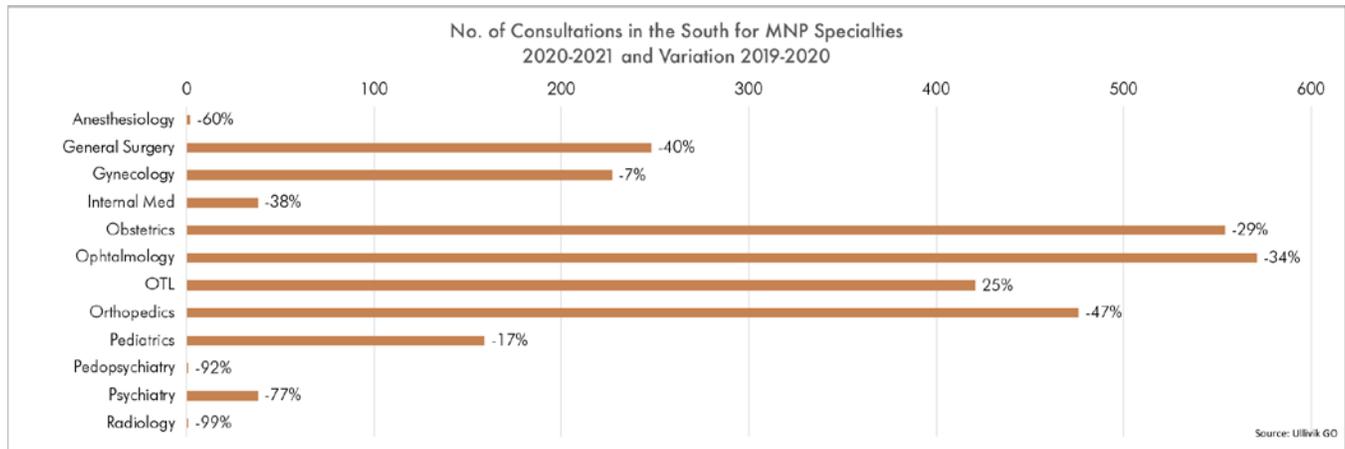
### Ensure Resource Efficiency



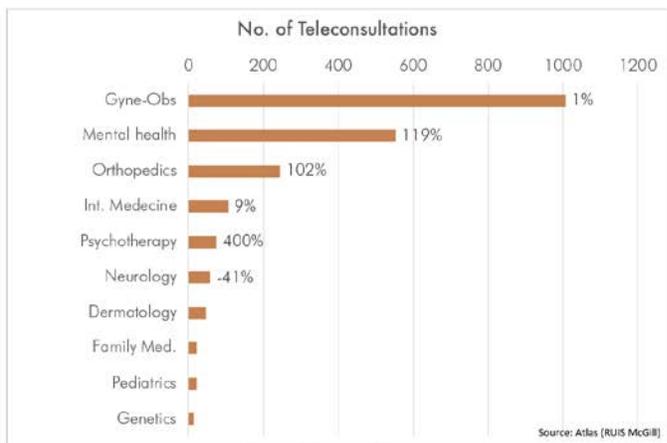
Another aspect to consider in improving access to the front line is to ensure that the resources put in place in the communities are efficient. Our indicators show an increase in the cost of paid hours per intervention: this increase can be explained by the increase in overtime worked in the context of the pandemic. In terms of the cost of hours worked, the number of interventions decreased by 2% while the cost of hours worked decreased by 11% in 2020-2021. In summary, while there is an efficiency reported on the number of hours worked for a response, the overall cost of each hour has increased significantly.

### Challenge #3 – Improve Access to Specialized Services in Nunavik

#### Improve Access to Specialized Services in Nunavik



#### Ensure Access to Specialized Care



Specialties	2019-2020	2020-2021	% progression
Gynecology	536	319	-40%
Int. Med	371	110	-70%
OTL	897	507	-43%
Ortho adults	97	0	-100%
Pediatrics	294	71	-76%
Pedo-psy	171	134	-22%
Psychiatry	480	479	0%
<b>Total</b>	<b>2846</b>	<b>1620</b>	<b>-43%</b>

Source: Spec. Serv / Liaison

% of Specialties with Increasing or Stable Presence-Days in the North

2019-2020	2020-2021
52%	0%

Source: Spec. Serv / Liaison

% of MedEvaq Destination North

2019-2020	2020-2021
61%	62%

Source: Health Centers

### Challenge #3 – Improve Access to Specialized Services in Nunavik (continued)

Ensure Access to Support Services				
Laboratories				
Department	2020-2021		Variation with 2019-2020	
	Procedures	Weighted Proc	Procedures	Weighted Proc
Biochemistry	122595	197821.6	-6%	-2%
Cytology	890	5844.1	-18%	6%
Genetics	16	4025.1	-43%	-40%
Hemato-B.S.	8847	53459.5	-1%	24%
Hemato-Coag.	5982	11108.7	2%	11%
Hematology	17932	44939.4	-9%	-10%
Microbiology	87066	1556973.4	23%	179%
Pathology	552	555.2	-38%	-38%
Samples	15281	96417	4%	89%
Total	259161	1971144	3%	113%
% of tests sent outside	12%	11%		

Source: Omnilab

Medical Imaging				
	2020-2021		Variation with 2019-2020	
	Exams	TU	Examens	UT
Nb of X-Ray exams	9342	261840	-22%	-19%

Source: Health Centers

In order to evaluate the achievement of our objectives concerning access to specialized services in Nunavik, a specific look was taken at the accessibility of care and support services. The overall evaluation of this issue is based on the indicator of specialized care consumed in the South. Indeed, if adequate specialized services were developed in the North, a decrease in the consumption of specialized services in the South should be noted. Although several decreases have been observed, they are attributed to the sharp decrease in travel to the South for medical appointments due to the pandemic.

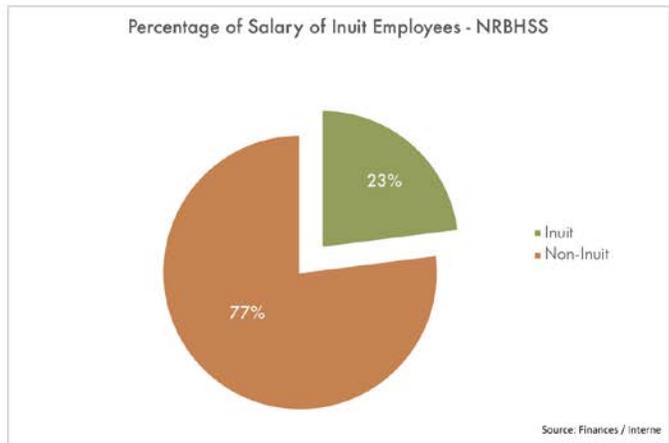
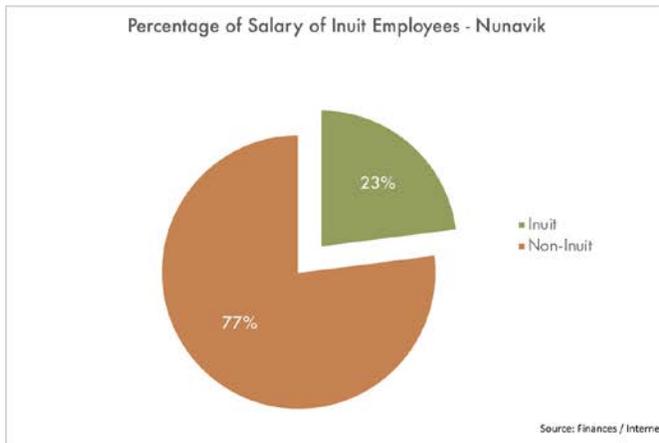
The following stand out:

- The number of specialist visits to the North decreased significantly as a result of access restrictions in the region; All PRO specialties have reduced their days in the North;
- Medical evacuations, however, remain stable;
- Teleconsultation is on the rise<sup>2</sup>;
- The use of labs, in support of COVID detection, has increased by more than 10%;
- For a new support service that we are monitoring, the number of X-rays has decreased, which is consistent with a shift in services.

<sup>2</sup> It should be noted that this indicator probably underestimates the number of teleconsultations as it only counts bookings via the official system. Other means are likely in place to carry out these consultations without being accounted for.

## Challenge #4 : Develop and Ensure Access to Inuit Values and Practices

### Develop and Ensure Access to Inuit Values and Practices



#### Ensure the Adaptability of Cultural Safety Resources

Indicators	2019-2020	2020-2021	Variation
Nb of individuals or individual sessions who attended a training for inuit employees	102	50	-51%
Nb of individuals who attended «Pre-depart» training	255	155	-39%
Nb of «pré-départs» training sessions	20	18	-10%

Source: Regional HR

#### Ensure the Efficacy of Activities

Indicators	2019-2020	2020-2021	Variation
Nb of projets «on the land» funded (Nunami)	26	20	-23%
Nb of communities	12	9	-25%

Source: Comm. Serv.

In need of culturally appropriate services, it is essential to look at the means by which the region is achieving this.

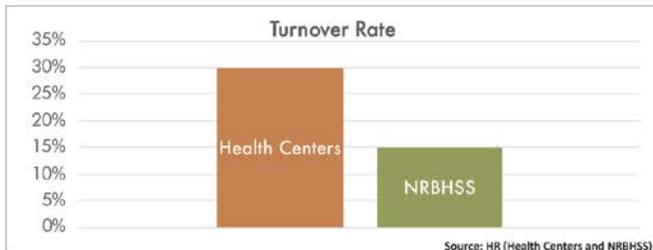
Indeed, it is noticeable overall that the total salaries of Inuit employees represent only 23% of total salaries, which is a 4% decrease compared to 2019-20. Overtime for predominantly non-Inuit job titles accounts for this decrease. A specific analysis was done for NRBHSS, and although Inuit represent 23% of total salaries, this ratio is the same as last year.

Training and cultural activities remain a major tool to reduce this gap. There is a decrease in these two areas as well for this posed by the pandemic measures. Actions have been undertaken to ensure that we reaffirm the importance of these activities for our network and the achievement of the regional strategic plan objectives.

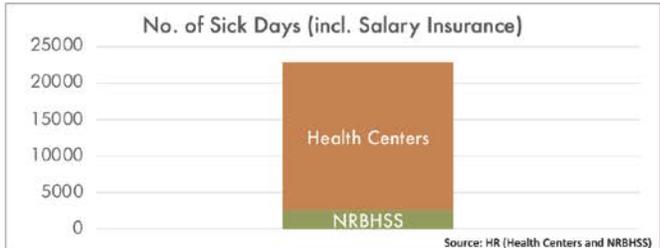
## Challenge #5 : Develop Human, Physical, Technological, Informational and Financial Resources

### Develop Human, Physical, Technological, Informational and Financial Resources

#### Ensure Adaptability of Human Resources



#### Ensure Efficacy of Health System



	2019-2020	2020-2021	Variation
Nb of accidents	746	821	10%
Nb of incidents	737	657	-11%
Nb of nosocomial infections caught in Nunavik	19	9	-53%
Nb of outbreaks	7	0	-100%

Source: Health Centers

The final issue is the development of resources to support the activities of the health and social services network. The major themes remain adaptability to highly volatile human resources and the efficiency of the overall care system.

To measure adaptability, the time required to fill a position was estimated. A time of approximately 60 days is observed for the NRBHSS. No trend with the previous year is detailed due to the exceptional nature of the past year.

The efficacy of the overall system of care could be described, approximately, by the number of accidents and incidents in the health centers. Overall, the same number of reports were recorded as last year. It is important to note, however, that there was a 10% increase in accidents. It should also be noted that the risk management position is currently filled for both health centers, which suggests a better stability of resources for training and event identification.

In terms of the number of complaints (not shown), 154 complaints were filed at the health centers and 0 for the NRBHSS, which represents a 3% increase compared to last year.

A final indicator, the total number of days of sick leave (including salary insurance) represents the overall health status of the personnel and actors in the Nunavik health network. In this regard, we note an increase of nearly 60% in the number of sick hours. Specifically for the NRBHSS, however, there was a decrease of 5% compared to last year.

In conclusion, although the year 2020-2021 was exceptional in terms of the pursuit of the objectives of the regional strategic plan, the performance framework established demonstrated its robustness by recording and measuring significant trends. This model allows us to establish the necessary follow-ups and synergies to achieve the region's objectives, and promotes transparent management with respect to central agencies, our partners, and the population of Nunavik.

# DISCLOSURE OF WRONGFUL ACTS

We hereby confirm that no wrongful acts were reported to us for the reporting period, i.e., from April 1, 2020, to March 31, 2021.



# SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2021

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Raymond Chabot  
Grant Thornton

June 15, 2021

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

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Enclosed are the combined balance sheet of the Nunavik Regional Board of Health and Social Services as at March 31, 2021 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 the Nunavik Regional Board of Health and Social Services for the year ended March 31, 2021 on which we have issued an independent auditor's report with a qualified opinion dated June 15, 2021 (see detailed independent auditor's report in AS-471).

Raymond Chabot Grant Thornton LLP

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED BALANCE SHEET  
MARCH 31, 2021**

	<b>2021</b>	2020
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	18,633,027	5,346,347
ACCOUNTS RECEIVABLE	259,667,431	221,969,771
	<b>278,300,458</b>	<b>227,316,118</b>
<b>LIABILITIES</b>		
BANK LOANS	703,058	5,817,538
CREDIT MARGIN	10,000,000	-
TEMPORARY FINANCING	43,323,657	40,742,034
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	239,745,240	200,790,476
DEFERRED REVENUE	20,318,871	5,060,215
BONDS PAYABLE	75,722,236	69,948,340
	<b>389,813,062</b>	<b>322,358,603</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(111,512,604)</b>	<b>(95,042,485)</b>
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS	62,625,550	62,998,044
CONSTRUCTIONS IN PROGRESS	62,116,008	51,640,543
PREPAID EXPENSES	169,441	168,350
	<b>124,910,999</b>	<b>114,806,937</b>
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>13,398,395</b>	<b>19,764,452</b>

**APPROVED ON BEHALF OF THE BOARD:**

\_\_\_\_\_, Member

\_\_\_\_\_, Member

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
 COMBINED STATEMENT OF VARIATION OF  
 NET FINANCIAL ASSETS (NET DEBT)  
 MARCH 31, 2021**

	<b>2021</b>	2020
	\$	\$
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>	<b>(6,366,057)</b>	6,675,742
<b>Capital Assets and Constructions in Progress Variation</b>		
Acquisition of Capital Assets	<b>(1,935,105)</b>	(44,185,438)
Decrease (Increase) of Constructions in Progress	<b>(10,475,465)</b>	78,401,095
Amortization of Capital Assets	<b>2,307,599</b>	1,698,446
	<b>(10,102,971)</b>	35,914,103
Decrease (Increase) of Prepaid Expenses	<b>(1,091)</b>	(108,345)
	<b>(1,091)</b>	(108,345)
<b>VARIATION OF NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(16,470,119)</b>	42,481,500
<b>NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR</b>	<b>(95,042,485)</b>	(137,523,985)
<b>NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR</b>	<b>(111,512,604)</b>	(95,042,485)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF CHANGES IN FUND BALANCE  
MARCH 31, 2021**

	<b>2021</b>	2020
	<b>\$</b>	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>19,764,452</b>	13,088,710
Excess (Deficiency) of Revenue over Expenses	<b>(6,366,057)</b>	6,675,742
<b>FUND BALANCE – END OF YEAR</b>	<b>13,398,395</b>	19,764,452

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
 COMBINED STATEMENT OF REVENUE AND EXPENSES  
 YEAR ENDED MARCH 31, 2021**

	2021	2020
	\$	\$
<b>REVENUE</b>		
MSSS	92,652,921	118,798,540
MSSS	19,190,215	-
Indigenous Services Canada	8,296,491	13,095,143
Makivik Corporation	1,399,938	1,208,123
Kativik Regional Government – Sustainable Employment	37,431	864,623
CNESST	497,360	534,512
Municipal Affairs	405,017	394,201
Other Contributions	423,851	1,619,955
Housing Rental	132,197	141,767
Interest Income	4,017	129,764
Inuulitsivik Health Centre	170,766	151,674
Ungava Tulattavik Health Centre	170,766	151,674
Other	186,913	393,698
	<b>123,567,883</b>	<b>137,483,674</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONTINUED)  
MARCH 31, 2021**

	2021	2020
	\$	\$
<b>EXPENSES</b>		
Salaries and Fringe Benefits	18,908,863	15,333,018
Advertising and Publicity	213,384	300,574
Amortization	2,307,599	1,698,446
Annual General Meeting	15,430	114,817
Equipment Rental	182,317	80,654
Freight Charges	1,858,029	168,507
Heating and Electricity	464,416	443,658
Honorarium	135,836	281,251
Housing Rental	716,698	449,134
Installation Premiums	442,527	606,446
Insurance	37,992	35,935
Interest and Bank Charges	1,984,846	2,247,119
Land Leases	209,071	197,561
Maintenance and Repairs	198,143	279,320
Medical Supplies	345,637	52,611
Meetings and Seminars	25,242	39,830
Municipal Services	405,017	394,201
Office Expenses	2,769,919	1,572,207
Professional Fees	2,603,314	2,659,790
Publication and Membership	56,023	47,160
Purchased Services	8,881,446	6,788,931
Telecommunications	1,794,711	258,239
Training and Education	211,867	160,750
Transfers to Organizations	16,521,027	16,926,372
Transfers to Inuulitsivik Health Centre	32,492,687	46,171,867
Transfers to Ungava Tulattavik Health Centre	22,749,296	28,261,437
Travel and Accommodation	12,994,529	4,730,901
Vehicle Expenses	200,744	59,735
Other	207,330	447,461
	<b>129,933,940</b>	<b>130,807,932</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>(6,366,057)</b>	<b>6,675,742</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET  
MARCH 31, 2021**

	2021	2020
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	17,701,238	4,512,193
ACCOUNTS RECEIVABLE (Note 2 a))	260,220,804	218,876,567
DUE FROM LONG-TERM ASSETS FUND	1,526,035	162,693
	<b>279,448,077</b>	<b>223,551,453</b>
<b>LIABILITIES</b>		
CREDIT MARGIN (Note 8)	10,000,000	-
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	235,900,252	198,895,136
DEFERRED REVENUE (Note 7)	20,318,871	5,060,215
	<b>266,219,123</b>	<b>203,955,351</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>13,228,954</b>	<b>19,596,102</b>
<b>NON-FINANCIAL ASSETS</b>		
PREPAID EXPENSES	169,441	168,350
	<b>169,441</b>	<b>168,350</b>
<b>FUND BALANCE</b>		
FUND BALANCE – OPERATING FUND	-	4,572,622
FUND BALANCE – INTERNALLY RESTRICTED FUND – ASSIGNED FUND	13,398,395	15,191,830
	<b>13,398,395</b>	<b>19,764,452</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE  
MARCH 31, 2021**

	2021	2020
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>4,572,622</b>	10,909,497
Excess of Revenue over Expenses	<b>1,510,517</b>	4,653,825
Appropriation of Surplus to Assigned Fund	<b>(4,572,622)</b>	(10,909,497)
Transfers to Assigned Fund	<b>(1,510,517)</b>	(81,203)
<b>FUND BALANCE – END OF YEAR</b>	<b>-</b>	4,572,622

**INTERNALLY RESTRICTED FUND – ASSIGNED FUND – STATEMENT  
OF CHANGES IN FUND BALANCE (APPENDIX B)  
YEAR ENDED MARCH 31, 2021**

	2021	2020
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>15,191,830</b>	2,179,213
Excess (Deficiency) of Revenue over Expenses	<b>(7,876,574)</b>	2,021,917
Appropriation from Operating Fund	<b>4,572,622</b>	10,909,497
Transfers from Operating Fund	<b>1,510,517</b>	81,203
<b>FUND BALANCE – END OF YEAR</b>	<b>13,398,395</b>	15,191,830

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
OPERATING FUND – STATEMENT OF REVENUE AND EXPENSES  
MARCH 31, 2021**

	2021	2020
	\$	\$
<b>REVENUE</b>		
MSSS	26,698,382	27,782,650
MSSS – COVID-19	19,190,215	-
Housing Rental	380,297	451,367
Kativik Regional Government – Sustainable Employment	(19,483)	432,268
Municipal Affairs	405,017	394,201
Administration Fees	380,751	391,221
Interest Income	4,017	129,764
Other	186,914	420,696
	<b>47,226,110</b>	<b>30,002,167</b>
<b>EXPENSES</b>		
General Administration (Appendix A)	18,202,649	20,906,717
Community Health Advisors (Appendix A)	2,374,722	2,921,596
Building Operating Costs (Appendix A)	1,454,995	1,520,029
COVID-19	23,683,227	-
	<b>45,715,593</b>	<b>25,348,342</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>1,510,517</b>	<b>4,653,825</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
BALANCE SHEET  
MARCH 31, 2021**

	2021	2020
	\$	\$
<b>FINANCIAL ASSETS</b>		
CASH	931,789	834,154
ACCOUNTS RECEIVABLE (Note 2 b))	(553,373)	3,093,204
	<b>378,416</b>	<b>3,927,358</b>
<b>LIABILITIES</b>		
BANK LOANS (Note 4)	703,058	5,817,538
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	3,844,988	1,895,340
DUE TO OPERATING FUND AND ASSIGNED FUND	1,526,035	162,693
TEMPORARY FINANCING	43,323,657	40,742,034
BONDS PAYABLE	75,722,236	69,948,340
	<b>125,119,974</b>	<b>118,565,945</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(124,741,558)</b>	<b>(114,638,587)</b>
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS (Note 3)	62,625,550	62,998,044
CONSTRUCTIONS IN PROGRESS (Note 6)	62,116,008	51,640,543
	<b>124,741,558</b>	<b>114,638,587</b>
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>-</b>	<b>-</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
STATEMENT OF CHANGES IN FUND BALANCE  
MARCH 31, 2021**

	2021	2020
	\$	\$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	-	-
Excess of Revenue over Expenses	-	-
<b>FUND BALANCE – END OF YEAR</b>	-	-

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES  
LONG-TERM ASSETS FUND  
STATEMENT OF REVENUE AND EXPENSES  
MARCH 31, 2021**

	2021	2020
	\$	\$
<b>REVENUE</b>		
MSSS – Interest Reimbursement	1,898,287	2,179,656
MSSS – Accounting Reform	(1,776,483)	(1,511,328)
MSSS – Capital Reimbursement	4,084,082	3,209,774
	<b>4,205,886</b>	<b>3,878,102</b>
<b>EXPENSES</b>		
Interest Charges	1,898,287	2,179,656
Amortization	2,307,599	1,698,446
	<b>4,205,886</b>	<b>3,878,102</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>-</b>	<b>-</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2021**

**1. REPORTING ENTITY**

Nunavik Regional Board of Health and Social Services (NRBHSS) is an organization created in pursuance of the James Bay and Northern Quebec 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**

	2021	2020
	\$	\$
<b>a) Operating Fund and Assigned Fund</b>		
MSSS		
– INIHB (Note 5) (Partly Unconfirmed)	201,345,637	177,242,819
– Strategic Regional Plan (Unconfirmed)	33,362,390	22,495,491
– COVID-19	8,190,240	-
– Payroll Banks	513,973	679,556
– Parental Leave and Insurance Leave	87,996	87,996
– Various (Unconfirmed)	5,592,926	6,135,376
GST and QST	959,540	1,855,820
Inulitsivik Health Centre	3,046,370	566,112
Ungava Tulattavik Health Centre	4,274,209	785,899
Ministère de la Sécurité publique	1,563,970	-
Aboriginal Affairs and Northern Development Canada	19,442	19,442
Indigenous Services Canada	-	7,538,379
Kativik Regional Government – Sustainable Employment	-	393,477
Makivik Corporation – Ungaluk	-	437,293
Other	1,418,536	793,332
	<b>260,375,229</b>	219,030,992
Provision for Doubtful Accounts	<b>(154,425)</b>	<b>(154,425)</b>
	<b>260,220,804</b>	218,876,567
<b>b) Long-term Assets Fund</b>		
MSSS	<b>(1,720,980)</b>	170,962
GST and QST	464,549	463,405
Advances to Establishments	703,058	2,458,837
	<b>(553,373)</b>	3,093,204

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2021**

**3. CAPITAL ASSETS**

The capital assets are composed of the following:

			2021	2020
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
	\$	\$	\$	\$
Buildings	70,755,459	10,900,092	<b>59,855,367</b>	61,124,307
Computer Equipment	1,547,998	1,515,662	<b>32,336</b>	32,434
Furniture and Equipment	876,362	713,966	<b>162,396</b>	166,263
Specialized Equipment	2,174,747	361,769	<b>1,812,978</b>	607,577
Vehicles	1,576,900	814,427	<b>762,473</b>	1,067,463
	76,931,466	14,305,916	<b>62,625,550</b>	62,998,044

**4. BANK LOANS – LONG-TERM ASSETS FUND**

The bank loans are used to cover capital expenses, awaiting the reception of the funds from the Fonds de financement. They are composed of one (1) revolving authorized credit margin with the Canadian Imperial Bank of Commerce (CIBC), bearing interest at 0.71% as at March 31, 2021 (1.5% as at March 31, 2020).

**5. INSURED AND NON-INSURED HEALTH BENEFITS (INIHB)**

As at the date of issuance of the present summary financial statements, the MSSS did not confirm the balance of the funds payable to the NRBHSS, amounting to \$81,352,132, in relation to the INIHB for the years 2011-2012 to 2016-2017. This balance is recorded as part of the accounts receivable as follows:

	2021	2020
	\$	\$
2011-2012 (Unconfirmed)	<b>803,130</b>	803,130
2013-2014 (Unconfirmed)	<b>13,621,713</b>	13,621,713
2014-2015 (Unconfirmed)	<b>22,305,907</b>	22,305,907
2015-2016 (Unconfirmed)	<b>24,935,211</b>	24,935,211
2016-2017 (Unconfirmed)	<b>19,686,171</b>	19,686,171
2017-2018	<b>22,624,722</b>	22,624,722
2018-2019	<b>27,326,076</b>	27,326,076
2019-2020	<b>45,939,889</b>	45,939,889
2020-2021	<b>24,102,818</b>	-
	<b>201,345,637</b>	177,242,819

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2021**

**6. CONSTRUCTIONS IN PROGRESS**

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
Housing Units (2009-2010)	<b>17,085,428</b>	17,086,538
Direction of Youth Protection (Building) – Puvirnituk	-	92,083
Housing Units (2015-2016)	<b>438,530</b>	427,904
CLSC (Building) – Aupaluk	<b>38,743,448</b>	33,627,417
Housing Units (2019-2020)	<b>5,671,200</b>	406,601
Housing Units (2020-2021)	<b>3,455</b>	-
Elders' House – Kuujjuaq	<b>142,195</b>	-
Elders' House – Puvirnituk	<b>31,752</b>	-
	<b>62,116,008</b>	51,640,543

Upon closing of the construction projects, the capital cost and the long-term debt related to the construction projects will be recorded in the financial statements of the respective establishments.

**7. DEFERRED REVENUE**

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

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
Indigenous Services Canada	<b>17,021,273</b>	5,060,215
Makivik Corporation	<b>3,297,598</b>	-
	<b>20,318,871</b>	5,060,215

**8. CREDIT MARGIN**

During the year, the MSSS authorized the NRBHSS to use a credit margin up to a maximum amount of \$10,000,000. The credit margin bears interest at the average Canadian banker's acceptance reduced by 0.1% (0.31%).

As at March 31, 2021, the NRBHSS used \$10,000,000 of the credit margin.

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**NOTES TO SUMMARY FINANCIAL STATEMENTS**  
**MARCH 31, 2021**

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**9. COMMITMENTS**

The NRBHSS has commitments amounting to \$13,803,279. The future minimum contractual obligations for the next five (5) years are as follows:

	\$
2021-2022	12,843,723
2022-2023	617,271
2023-2024	289,526
2024-2025	50,259
2025-2026	2,500
	<hr/>
	13,803,279

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**10. CONTRACTUAL RIGHTS**

There is an ongoing agreement between Indigenous Services Canada and NRBHSS for the period 2019-2029. According to this agreement, the maximum amount to be received by NRBHSS from Indigenous Services Canada is \$58,261,510 as follows:

	\$
2021-2022	8,120,748
2022-2023	7,530,166
2023-2024	7,101,766
2024-2025	7,101,766
2025-2026	7,101,766
2026-2027	7,101,766
2027-2028	7,101,766
2028-2029	7,101,766
	<hr/>
	58,261,510

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**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX A – DETAILED EXPENSES – OPERATING FUND**  
**YEAR ENDED MARCH 31, 2021**

	2021	2020
	\$	\$
<b>GENERAL ADMINISTRATION</b>		
Salaries and Fringe Benefits	8,712,859	7,704,064
Advertising and Publicity	24,686	82,868
Annual General Meeting	15,430	114,394
Equipment Rental	43,412	36,795
Freight Charges	74,222	34,692
Honorarium	112,450	215,926
Insurance	37,992	35,137
Interest and Bank Charges	61,167	67,463
Medical Supplies	33,973	20,481
Meetings and Seminars	13,012	18,258
Office Expenses	1,374,286	1,004,387
Professional Services	1,372,814	1,802,374
Publication and Membership	23,981	15,562
Purchased Services	1,620,073	2,598,734
Telecommunications	217,446	197,114
Training and Education	153,719	109,058
Transfers to Inuulitsivik Health Centre	584,637	443,710
Transfers to Ungava Tulattavik Health Centre	505,661	351,111
Transfers to Organizations	2,683,590	3,990,484
Travel and Accommodation	293,895	1,835,405
Vehicle Expenses	81,376	44,186
Other	161,968	184,514
	<b>18,202,649</b>	<b>20,906,717</b>
<b>COMMUNITY HEALTH ADVISORS</b>		
Salaries and Fringe Benefits	2,092,370	2,341,464
Advertising and Publicity	17,492	22,911
Equipment Rental	6,994	5,500
Freight Charges	1,736	2,794
Housing Rental	38,942	38,700
Medical Supplies	2,956	4,124
Meetings and Seminars	523	10,051
Office Expenses	33,852	73,481
Professional Services	77,210	7,121
Publication and Membership	430	519
Purchased Services	3,625	102,345
Telecommunications	4,305	5,568
Training and Education	2,097	3,253
Transfers to Inuulitsivik Health Centre	5,977	-
Transfers to Ungava Tulattavik Health Centre	-	-
Transfers to Organizations	43,000	5,000
Travel and Accommodation	43,144	297,021
Other	69	1,744
	<b>2,374,722</b>	<b>2,921,596</b>

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX A – DETAILED EXPENSES – OPERATING FUND (CONTINUED)**  
**YEAR ENDED MARCH 31, 2021**

	<b>2021</b>	2020
	<b>\$</b>	<b>\$</b>
<b>BUILDING OPERATING COSTS</b>		
Heating and Electricity	<b>379,586</b>	441,425
Housing Rental	<b>311,081</b>	293,172
Land Leases	<b>209,071</b>	186,431
Maintenance and Repairs	<b>150,240</b>	204,800
Municipal Services	<b>405,017</b>	394,201
	<b>1,454,995</b>	1,520,029

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE**  
**March 31, 2021**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>ADMINISTRATION</b>							
<b>Provincial Funds</b>							
Bandwidth Enhancement Project	8860	73,212	-	-	-	-	73,212
CLSC Aupaluk	8082	4,912,000	-	-	2,075,520	-	2,836,480
IT – Communication	8083	1,000,000	-	-	309,111	-	690,889
Non-capitalisable Costs to Fixed Assets Projects	8084	400,000	-	-	-	-	400,000
PSOC Paid by MSSS for NRBHSS	8087	-	-	9,959,341	9,959,341	-	-
<b>Other Funds</b>							
Technocentre	8840	-	-	51,818	64,772	12,954	-
Regional Technical Services	8891	337,622	-	-	-	-	337,622
Regional Information Services	8892	-	-	289,714	362,143	72,429	-
		6,722,834	-	10,300,873	12,770,887	85,383	4,338,203
<b>EXECUTIVE MANAGEMENT</b>							
<b>Provincial Funds</b>							
Translation	8062	174,421	-	-	10,597	-	163,824
<b>Federal Funds</b>							
CFI Service Delivery	727	-	-	40,129	40,129	-	-
<b>Other Funds</b>							
Saqjjuq Nunavik – Quebec Project	826	313,003	-	417,330	1,074,111	-	(343,778)
Access Canada (Purvirnituq Site)	828	(203,154)	-	103,600	-	-	(99,554)
Intervention Team – Saqjjuq	829	(190,913)	-	445,337	477,904	-	(223,480)
Clinical Plan	8067	28,550	-	-	633,398	-	(604,848)
		121,907	-	1,006,396	2,236,139	-	(1,107,836)
<b>REGIONAL DEVELOPMENT OF HUMAN RESOURCES</b>							
<b>Provincial Funds</b>							
Managerial Staff Development	610	144,640	-	-	-	-	144,640
Training Provided to Inuits on Medical Terminology	8022	91,261	-	-	-	-	91,261
Youth Protection Workers	8026	(15,956)	-	-	-	-	(15,956)
Network Planning Program	8032	100,210	-	-	-	-	100,210
Interns' Integration Program	8033	112,500	-	-	-	-	112,500
Law 21 Project	8072	196,533	-	49,133	61,279	-	184,387
Attraction and Retention	8076	195,658	-	-	-	-	195,658
<b>Federal Fund</b>							
Aboriginal Health Human Resources Initiative	811	-	-	(3,442)	(3,442)	-	-
<b>Other Funds</b>							
Development Budget for Human Resources	8025	(51,136)	-	-	-	-	(51,136)
Administration and Communication	8038	191,667	-	(7,729)	47,288	-	136,650
McGill Health Project	8040	(1,200)	-	6,000	4,800	-	-
Healthcare and Homecare Assistance	8041	298,152	-	-	36,082	-	262,070
Marie-Victorin – Psychosocial Intervention	8068	37,931	-	(486)	37,445	-	-
Marie-Victorin – Supervision Human Ressources	8071	12,555	-	(2,155)	10,400	-	-
		1,312,815	-	41,321	193,852	-	1,160,284
<b>INUIT VALUES</b>							
<b>Provincial Funds</b>							
Regional Midwifery	8016	215,013	-	-	-	-	215,013
Elder Abuse Prevention	8023	167,815	-	112,200	(1,000)	-	281,015
Services for Men	8029	72,269	-	-	38,842	-	33,427
<b>Federal Funds</b>							
Brighter Futures	699	-	-	703,041	703,041	-	-
Missing and Murdered Indigenous Women and Girls	712	-	-	15,206	15,206	-	-
Support to Residential Schools	715	(2,138)	-	-	989	-	(3,127)
Indian Day School	729	-	-	1,320	1,320	-	-
Indian Residential Schools	819	-	-	106,812	106,812	-	-
		452,959	-	938,579	865,210	-	526,328

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONTINUED)**  
**March 31, 2021**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>OUT-OF-REGION SERVICES</b>							
<b>Provincial Funds</b>							
Insured and Non-insured Health Benefits Program	938	-	-	46,905,475	46,905,475	-	-
Insured and Non-insured Health Benefits Management	939	129,353	-	350,445	479,798	-	-
		129,353	-	47,255,920	47,385,273	-	-
<b>PUBLIC HEALTH</b>							
<b>Provincial Funds</b>							
Inuit Health Survey	690	2,361,038	-	-	976,206	-	1,384,832
Youth House Renovation Salluit Tuberculosis	718	(156,744)	-	-	-	-	(156,744)
Quebec Smoking Cessation Program	926	(2,338)	-	-	-	-	(2,338)
Kinesiology	931	92,361	-	-	733	-	91,628
Integrated Perinatal and Early Children	933	18,687	-	-	-	-	18,687
Community Mobilization	936	304,599	-	-	-	-	304,599
Tuberculosis Outbreak	937	125,534	-	-	1,049,681	-	(924,147)
Syphilis Outbreak	942	562	-	-	150,826	-	(150,264)
Psychotropic	944	318,509	-	145,000	25,424	-	438,085
Food Security	945	172,000	-	100,000	50,431	-	221,569
AIDS and STD – Information and Prevention	956	407,671	-	158,347	220,407	-	345,611
Nosocomial Infections	960	6,889	-	-	-	-	6,889
Occupational Health & COVID-19	8024	-	-	-	2,805	-	(2,805)
Good Touch Bad Touch	8030	296,546	-	311,495	167,514	-	440,527
Health Data Analysis	8060	345,489	-	121,072	-	-	466,561
Smoking Habits	8061	267,933	-	68,696	-	-	336,629
Palivizumab in Nunavik	8063	85,168	-	-	880	-	84,288
Strengthening Families	8066	49,928	-	(10,780)	-	-	39,148
Prevention of Chronic Diseases (Diabetes)	8077	90,000	-	-	9,896	-	80,104
Prevention of Rabies (Zoonoses)	8078	40,000	-	-	10,000	-	30,000
COVID-19	8080	(795,080)	-	-	-	795,080	-
Mental Health School Environment	8089	-	-	219,864	15,771	-	204,093
Prevention-Promotion DGSP	8092	-	-	47,660	220,823	-	(173,163)
<b>Federal Funds</b>							
NNHC Functioning	614	-	-	133,932	83,930	-	50,002
FASD	634	-	-	408,360	305,360	(103,000)	-
Inuit Health Survey	692	-	-	145,209	145,209	-	-
Diabetes	693	-	-	589,523	589,523	-	-
Perinatal Nutritional Program	696	-	-	232,446	398,338	165,892	-
Maternity and Child Health	707	-	-	48,742	3,742	(45,000)	-
Children's Oral Health Initiative	709	-	-	49,734	31,842	(17,892)	-
Sexually Transmitted and Blood B.I.	711	-	-	165,317	165,317	-	-
Tuberculosis Elimination Action Plan	713	-	-	425,167	425,167	-	-
Psychosocial Dependence	716	-	-	2,575	2,575	-	-
Screening Tuberculosis Salluit	719	-	-	8,118	8,118	-	-
Screening Tuberculosis Puvirnituq	720	-	-	9,942	9,942	-	-
Screening Tuberculosis Kangiqsujuaq	721	-	-	69,282	69,282	-	-
Nutrition North Canada	820	-	-	206,427	206,427	-	-
Federal Strategy for Smoking Prevention in Nunavik	827	-	-	82,312	82,312	-	-
STI and Tuberculosis Prevention	935	119,684	-	-	-	-	119,684
<b>Other Funds</b>							
Occupational Health and Safety	611	(9,918)	-	497,360	455,056	4,186	36,572
Kino-Québec	612	84,754	-	-	-	-	84,754
Vaccines B – Sec. 5	660	73,220	-	-	41,844	-	31,376
Inuit Health Survey	691	282,534	-	-	50,000	-	232,534
Strengthening Families (Ungaluk)	8075	64,506	-	-	-	-	64,506
		4,643,532	-	4,235,800	5,975,381	799,266	3,703,217

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONTINUED)**

**March 31, 2021**  
**(Unaudited)**

	Project Number	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PLANNING AND PROGRAMMING</b>							
<b>Provincial Funds</b>							
Upgrade Units Endoscopy	682	-	-	-	46,151	-	(46,151)
Network Training	683	21,178	-	-	-	-	21,178
Medical Congress	684	36,570	-	-	-	-	36,570
Installation Premiums and Training	685	(213,060)	-	135,051	9,645	-	(87,654)
Family Violence	695	57,795	-	-	119,496	-	(61,701)
Medical Training – Legal Kit	790	81,112	-	-	-	-	81,112
Women's Health Program	791	(84,000)	-	66,666	-	-	(17,334)
Installation Premiums and Training – Promotion, Hiring and Retention	921	(41,710)	-	9,750	26,626	-	(58,586)
Installation Premiums and Training – Grants	923	(858,011)	-	1,045,572	442,527	-	(254,966)
Palliative Care	925	18,578	-	-	-	-	18,578
Pharmacy	928	(5,591)	-	-	12,956	-	(18,547)
Regional Committees against Violence	932	33,504	-	-	-	-	33,504
Installation Premiums and Training – Other	940	(70,108)	-	-	36,026	-	(106,134)
Sarros	943	403,358	-	87,848	632,159	-	(140,953)
Services to Elders – PFT	964	101,550	-	-	-	-	101,550
Psychosocial Intervention	965	44,292	-	50,000	-	-	94,292
Emergency Measures	998	(267,017)	-	1,211,790	1,539,494	625,868	31,147
Violence against Women – Training	8007	44,591	-	14,444	935,805	-	(876,770)
Community Organization – Training	8008	131,783	-	-	-	-	131,783
Mental Health – Clinical Projects Support	8009	(2,805)	-	100,000	-	-	97,195
Suicide Prevention – Regional Strategy	8010	(16,068)	-	-	-	-	(16,068)
PAPA	8012	(914)	-	-	-	-	(914)
Sexual Harassment Intervention Team	8015	-	-	66,111	26,936	-	39,175
Dependencies	8020	52,313	-	-	253	-	52,060
Training on Attention and Hyperactivity	8021	53,739	-	-	-	-	53,739
Services Support Program	8027	52,613	-	-	(1,586)	-	54,199
Therapeutic Guide Redaction	8028	93,281	-	150,000	3,287	-	239,994
Needs Assessment of the Nunavik Deaf Adults	8035	(9,873)	-	-	-	-	(9,873)
Cancer and Palliative Care – Interpreter Training	8042	13,235	-	-	-	-	13,235
Medical Anatomical Vocabulary Development	8043	117,660	-	-	-	-	117,660
Integration Revision of the SSS Grouping	8044	73,372	-	-	-	-	73,372
Physical Health Clinical Project	8045	42,865	-	-	-	-	42,865
Specialized Proximity Medical Services	8046	(350,470)	-	-	700,491	-	(1,050,961)
Day Centre	8048	100,280	-	-	-	-	100,280
Hearing Impaired Clientele	8050	88,467	-	-	403	-	88,064
CLSC-DYP-Rehabilitation – Collaboration Agreement	8051	187,458	-	-	-	-	187,458
Nunavik Integrated Youth and Family Centre	8052	127,561	-	-	176,578	-	(49,017)
Sexual Abuse – Multi-sector Agreement	8053	171,903	-	-	31,460	-	140,443
Marie-Vincent Training	8054	140,079	-	-	12,841	-	127,238
Family Resources	8055	172,768	-	-	-	-	172,768
My Family, My Community	8056	69,745	-	-	30,000	-	39,745
Attachment Disorder	8057	32,941	-	-	-	-	32,941
Alcochoice Training	8058	109,757	-	-	-	-	109,757
First Aid in Mental Health	8059	(1,314)	-	-	-	-	(1,314)
Rehabilitation Prothesis and Orthosis	8069	100,000	-	-	-	-	100,000
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	-	-	-	283,093	-	(283,093)
Nunavik PLA Development	8086	-	-	-	90,251	-	(90,251)
Open Air	8088	-	-	-	44,742	-	(44,742)
Nitsiq	8090	-	-	125,000	12,291	-	112,709
Various Project	8094	-	4,572,622	-	-	-	4,572,622
Home Support	9085	-	-	573,270	-	-	573,270
Attachment Training	9009	(218,235)	-	30,000	-	-	(188,235)
DYP Law 19 VS Inuit Values and Practices	9010	(48,405)	-	-	-	-	(48,405)
Expert Committee – Health Physics	9012	52,922	-	-	-	-	52,922
Training on Crisis Management	9052	69,427	-	-	28,424	-	41,003
Mental Health	9053	(16,519)	-	-	77,936	-	(94,455)
Intellectual Deficiency – Evaluation Chart	9081	27,560	-	-	107,656	-	(80,096)

**NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES**  
**APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONTINUED)**  
**March 31, 2021**  
**(Unaudited)**

Project Number	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PLANNING AND PROGRAMMING (CONTINUED)</b>						
<b>Federal Funds</b>						
Home and Community Care	618	-	-	2,982,273	2,982,273	-
Community Mental Health	697	-	-	706,482	706,482	-
Suicide Prevention Strategy	698	-	-	756,743	756,743	-
Nunavik Health Service Plan and Quality Management	705	-	-	341,430	341,430	-
Family Violence	717	-	-	348	348	-
Child First Initiative AK	724	-	-	223,914	223,914	-
Climate Change (Qanuilirpita)	725	-	-	2,380	2,380	-
<b>Other Funds</b>						
Best Practices for Elders' Residences	812	15,002	-	-	-	15,002
Cancer Program	825	40,740	-	75,000	122,981	(7,241)
Harvester Support	830	-	-	231,777	231,777	-
Suicide Prevention	963	(10,027)	-	-	3,642	(13,669)
Deaf Workshop 2015-2016	8037	21,091	-	-	-	21,091
Ilagiinut – Building our Future	8064	-	-	-	256,338	(256,338)
Family Homes Development – Kids' Future	8065	317,020	-	-	108,094	208,926
Mental Wellness COVID-19	8093	-	-	-	52,227	(52,227)
National Training Program	9076	10,199	-	-	-	10,199
		1,808,430	4,572,622	8,985,849	11,214,570	625,868
		15,191,830	4,572,622	72,764,738	80,641,312	1,510,517



