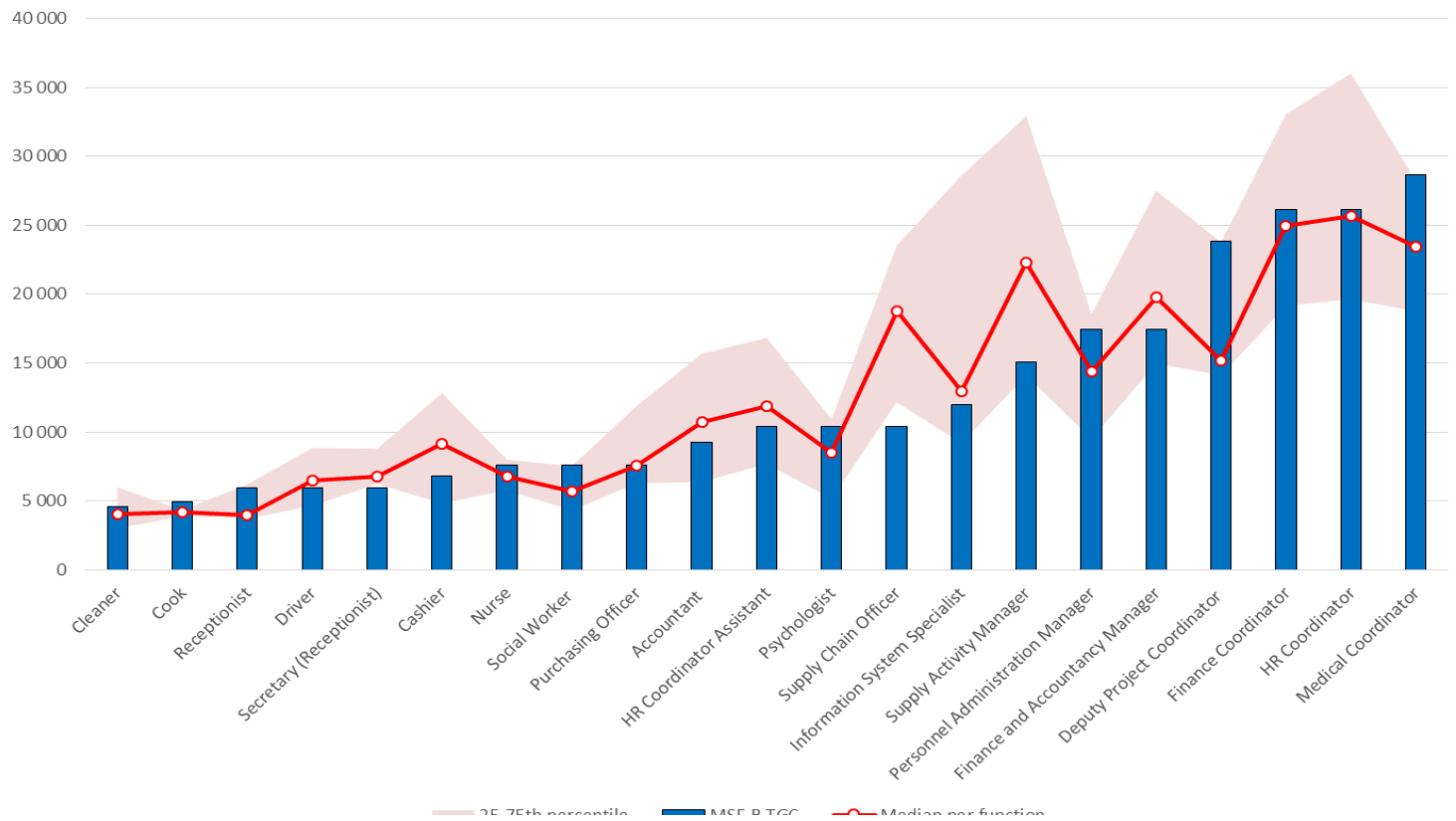
MEDECINS SANS FRONTIERES

Benchmarking Activity Report 2023



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THE MSF INTERSECTIONAL BENCHMARKING UNIT (BMU)

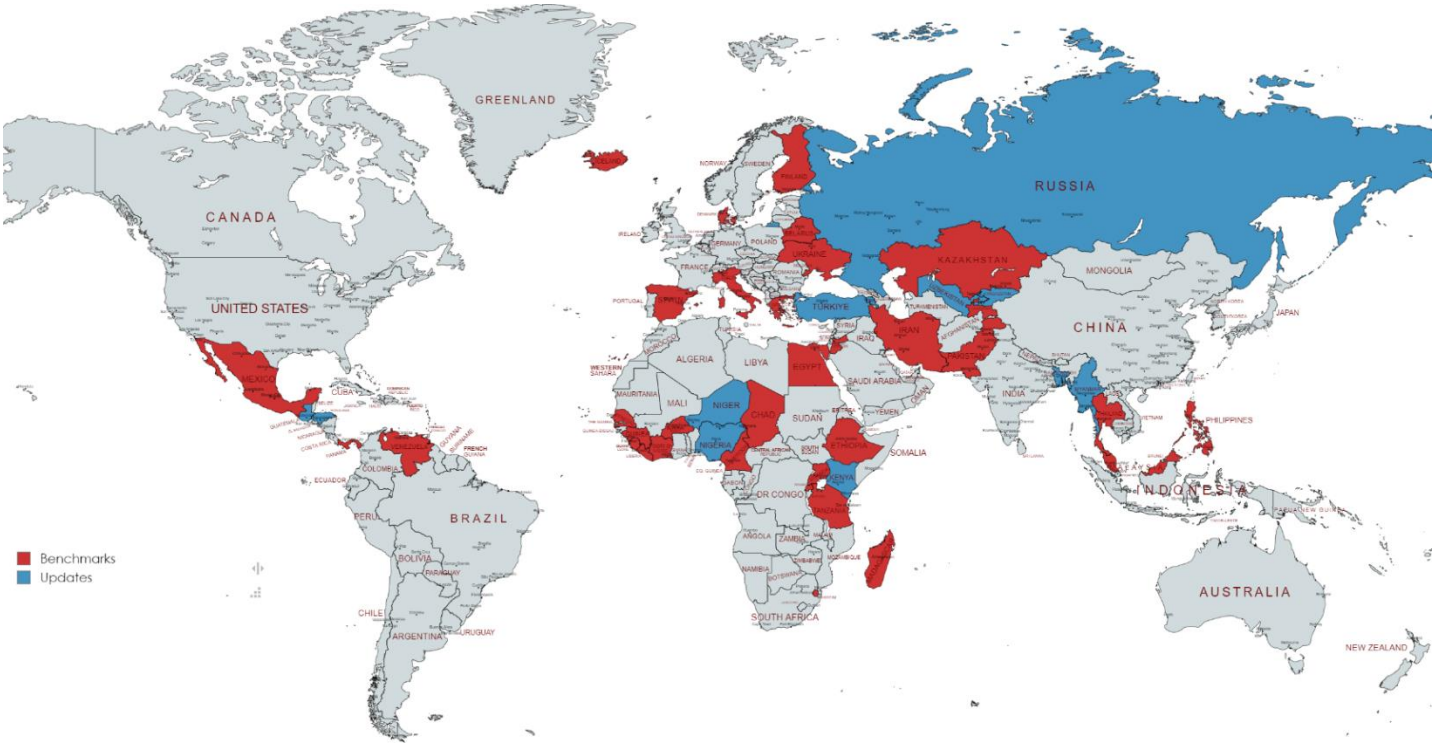
The BMU is a specialised unit within MSF with the aim to support operations and sections by providing labour market intelligence, economic scanning and salary benchmarks. The BMU works as an internal service provider, both by mandate and on request.

The BMU was founded in 2012 and has been hosted and funded by MSF Norway since. The team works decentralised.

Key Indicators 2023

Salary Studies completed in 2023

BENCHMARKS	UPDATES	SPECIAL FOCUS
34	13	2



KEY DEVELOPMENTS IN 2023

- *Highest ever number of surveys requested and conducted.*
- *Contribution to Rewards Review Working Group Discussions.*
- *New IDRH mandate for regular biannual salary surveys in all missions.*

Surveys and Studies 2023

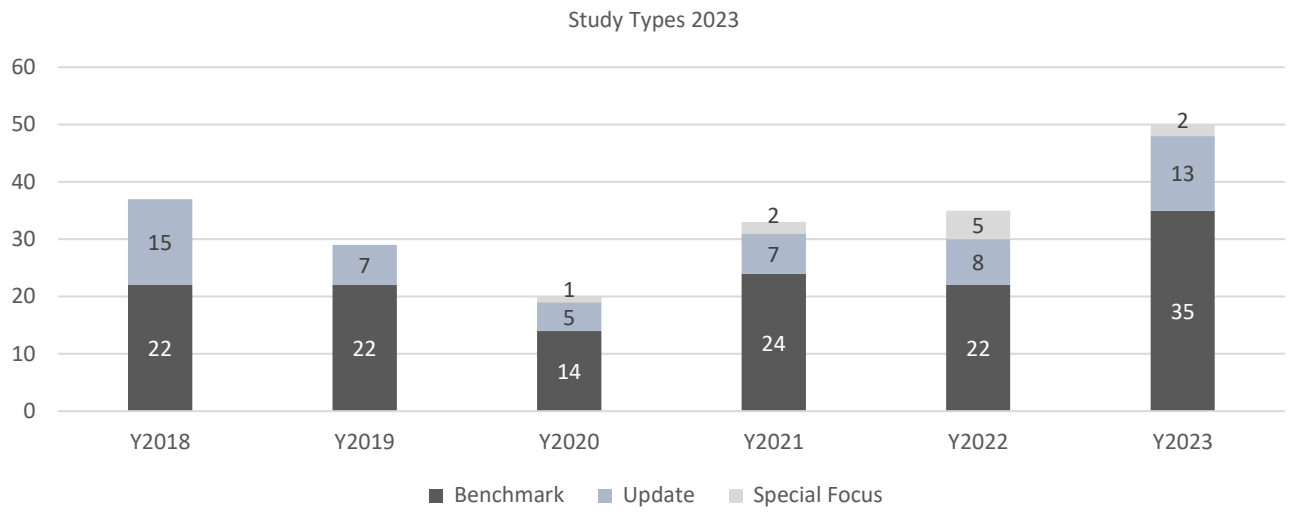
Country	Type*	OCA	OCB	OCBA	OCG	OCP	WACA	Other	Host Section
Ethiopia	BM	x	x						OCA
Tanzania	BM				x				OCG
Mexico	BM			x	x			Camino	OCG
Panama	BM			x					OCBA
Myanmar	UP	x			x				OCA
Egypt	BM		x						OCB
Kazakhstan	BM				x				OCG
Kyrgyzstan	UP				x				OCG
Ukraine	BM	x	x	x	x	x			OCG
Nigeria	UP	x	x	x	x	x	x		OCP
Burundi	BM		x						OCB
Türkiye	UP					x			OCP
Niger	UP			x	x	x	x	Epicentre	OCG
Spain	BM			x					OCBA
Sierra Leone	BM	x	x						OCB
Uzbekistan	UP	x							OCA
Madagascar	BM				x				OCG
Liberia	BM					x			OCP
eSwatini	BM				x				OCG
Venezuela	BM	x	x						OCB
Iceland	BM							MSF-No	MSF-No
Senegal	BM							Dakar	OCG
Guinea	BM		x						OCB
Pakistan	BM	x	x			x	x		OCP
Uganda	BM				x	x		Epicentre	OCP
Finland	BM							MSF-Fi	MSF-Fi
Burkina Faso	BM			x	x	x			OCG
Armenia	UP				x				OCG
Philippines	BM					x			OCP
Jordan	BM	x		x	x	x		MENA, MESA	OCP
Belarus	BM	x							OCA
Kenya	UP	x	x		x	x		MSF-EA	OCG
Russian Federation	UP	x							OCA
Cameroon	BM				x				OCG
Denmark	BM							MSF-DK	MSF-DK
Guatemala	UP				x				OCG
Honduras	UP				x				OCG
Italy	BM	x						MSF-I	MSF-I
Chad	BM	x			x	x			OCG
Ivory Coast	BM		x				x		WaCA
Thailand	BM			x					OCBA
Bangladesh	UP	x	x	x	x	x			OCA
Iran	BM				x	x			OCG
Tajikistan	BM	x							OCA
Malaysia	BM	x							OCA
Myanmar	UP	x			x				OCA
Lebanon	BM		x		x				OCG
Greece	BM		x		x				OCB

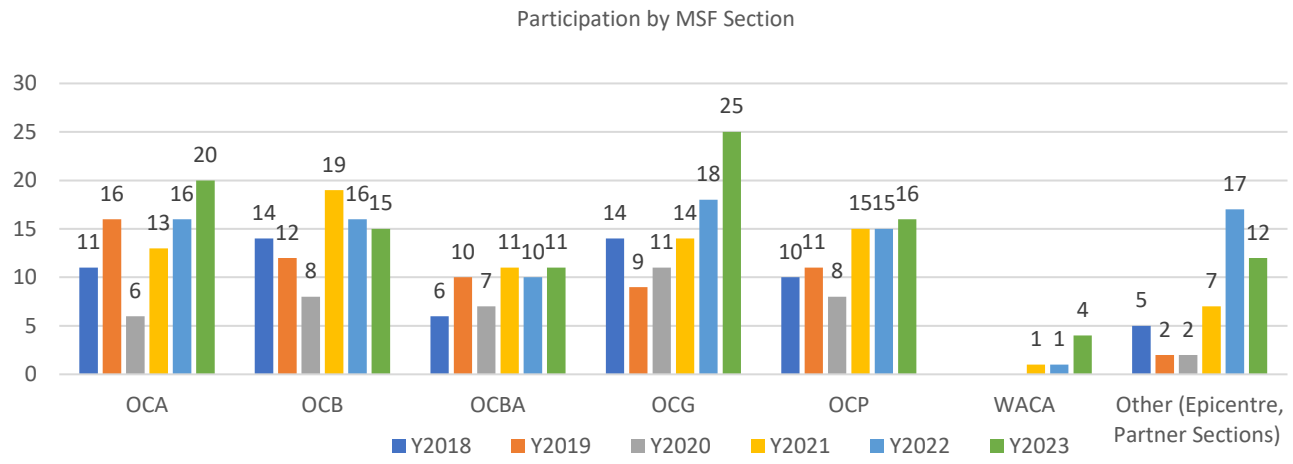
Evolution of Requested Surveys 2018-2023

The steady increase after the slump in request due to the insecurities during the first COVID year indicate a growing need by Operations and Missions for reliable market insight and data amid volatile political and economic contexts. Historically, a benchmark has been a voluntary service that could be requested by a mission. Although the Common Frame recommended a benchmark every 3-5 years, the decision remained at the discretion of the mission and was thus often influenced by individual judgement or OC-internal practice or budget.

In mid-2022 the IDRH, in consultation with the Compensation & Benefits Teams of the OCs took the decision to ensure a more equitable and frequent coverage of MSF missions.

The new mandate given to the BMU therefore foresees a regular biannual cycle for all missions. It is starting in 2024. All surveys conducted from then on will also undergo Rewards Review implementation.





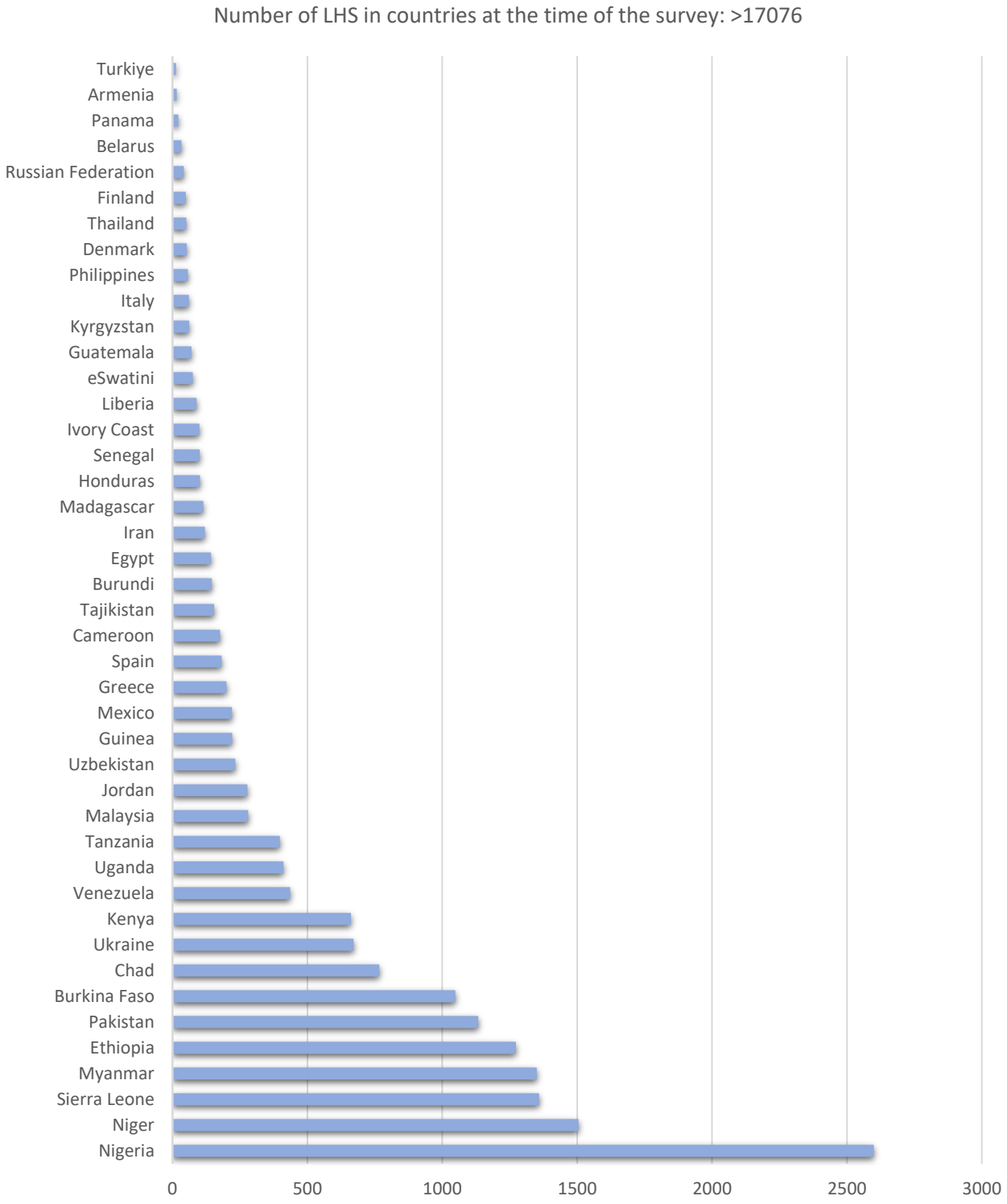
Besides classical rewards, employment conditions and benefits information, the collection of Monthly Household Expenditure Survey (MHES) data has grown in importance in recent years. Originally designed as an informational side note to our benchmarks, the reliance by decision-makers on MHES as well as the new living wage policy of the Rewards Review has triggered a revision of the way we collect and process these data.

This process is still ongoing and takes place in close consultation with the respective intersectional working groups concerned with this topic.

INDONESIA
REWARDS NEWS
SIERRA LEONE
LEBANON
PAKISTAN
UGANDA
TURKEY
ZIMBABWE
Coming soon
Ongoing
Completed
THE WORLD OF BENCHMARKING
2023
AFGHANISTAN
DEMOCRATIC REPUBLIC OF CONGO

Impact on Locally Hired Staff (LHS)

Salary benchmarks do not automatically lead to an increase in salaries, but they lead to an assessment of the mission's competitiveness in the local labour market. In this sense, it has an impact on all locally hired staff. Because personnel costs make up a significant part (around 50%) of the mission budget, any decision regarding salary revision should be based on reliable data among other factors. In 2023, more than 17000 local employees were indirectly affected by our work.



Other activities and surveys in 2023

Emergency preparedness LAC

In addition to the regular salary surveys, a pilot study was carried out on request by the E-Hub for Latin America and the Caribbean to support their emergency preparation efforts during the hurricane season and El Nino. This study concerned countries in which MSF is currently not present by providing labour market data for quick availability in case of an intervention. While this study was an ad hoc project, it sharpened our awareness for this core activity of MSF, which is currently underserved by BMU's expertise and data.

Sudan crisis pulse survey

Sudan's crisis started on 15 April 2023 with fighting and hostilities in the capital Khartoum. All five MSF sections, like most other INGOs had their coordination offices centralised in the capital. As the fighting persisted an evacuation and relocation of staff was necessary. OCP E-desk approached the BMU to conduct a pulse survey on measures taken by comparator organisations with regards to temporary compensation for staff unable to work nor be relocated outside of Khartoum. After coordinating with other OC's Compensation & Benefits Referents we conducted a quick survey among our retained Sudan network of contacts.

Emergency preparedness, market scanning initiative

The above two projects in 2023 and the volatile state of world economies and politics highlighted a hitherto underexplored area in which the BMU can potentially serve MSF's core activities and decision makers globally. Unlike in traditional benchmarking exercises, emergency interventions require an entirely different type of preparation and market monitoring. Not only to have the right kind of information ready on short notice whenever needed, but also to better anticipate and predict possible events. This can also serve the regular benchmarking activities and support lent to Compensation & Benefits Referents. An executive decision was taken by the BMU coordination to invest in the necessary infrastructure, methodology and processes to better support Emergency Desks across MSF in the future.

For more information and feedback, please contact the responsible project leader Anja Drame (anja.drame@oslo.msf.org).

First OC benchmark for OCBA

Partner Section requests for benchmarks are not new and have increased over recent years. In 2023 the BMU conducted our first ever salary survey for an Operational Centre, piloting an adjusted methodology that included incumbent data and whole grid matching exercises. A benchmark for another Operational Centre (OCA) is planned for 2024.

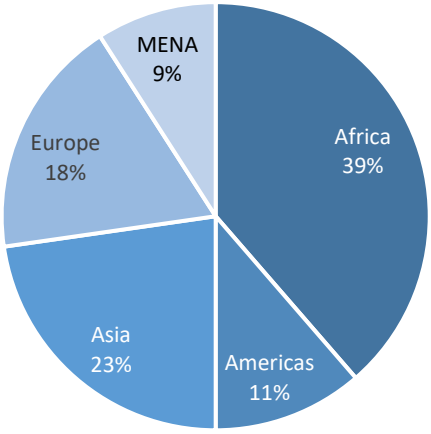
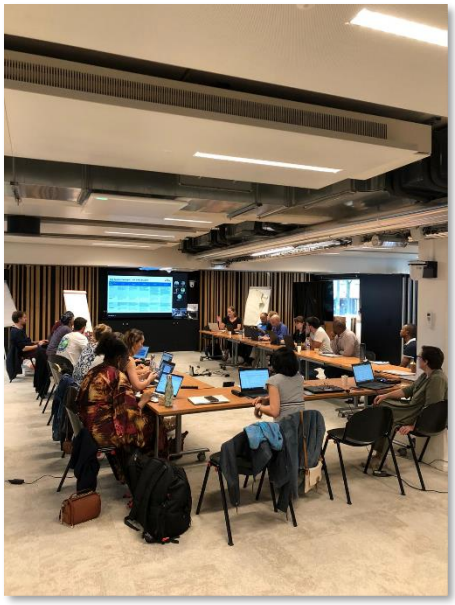


Figure 1 Regional focus of BMU activities 2023

Collaboration Agreement signed with MSF-East Africa

After years of close collaboration with HR department in MSF-East Africa, which included surveys and mutual support in recruiting talent and building of expertise, the BMU and MSF-East Africa have signed a Collaboration Agreement in August 2023. This agreement covers a statement of willingness to support each other in the field of labour market and comp & ben questions. It also reaffirms continued active exchange and joint initiatives. MSF-East Africa is an important implementation partner for the Rewards Review and also joined forces with MSF-Southern Africa to form a new Operational Directorate which expands the area for cooperation.

Participation in Platform Meetings



The Benchmarking Unit has long been a member of the HR Technical Platform, whose objective was to provide on-going technical support for the development of intersectional policies for the responsible employment of field staff, promote cross learning between MSF sections through sharing and comparing their plans, experiences and ways of working. The HR Technical Platform was formally dissolved in September 2023 in Paris. It will be replaced by a new governing structure for Compensation & Benefits matters.

Rewards Review

The Rewards Review is an international project, directed by MSF's leadership. It is developing rewards policies and tools that contribute toward a more equitable, transparent, and consistent approach to rewarding staff.

The Benchmarking Unit has been playing an active role in this project since 2018, first as leader of the "Data Team", providing relevant market and compensation and benefits insight to aid in the analysis work. Between 2020 and 2023, the Benchmarking Unit contributed to *Minimum Standards for Pay & Benefits,* one of the three working groups covering different aspects of the Rewards Review. This included benchmarking and pay strategy, as well as living wage policy. Building on MSFs existing Living Wage methodology (household expenditure surveys) and other indicators included in benchmark studies conducted by the Benchmarking Unit were further developed as an internal standard.

Project Fair: Fairness in INGO Reward

The BMU is a member of the Steering Committee of Project Fair. This initiative is part of the University of Edinburgh Business School. It is built upon research and practice over more than a decade into the psychological impact of dual salaries in the INGO sector impacting employee motivation, performance, retention, learning and teamwork. Underpinning Project Fair's work is in-depth expertise in social justice and fairness, and the role organisational policies and practices play to address the challenges related to poverty and inequality. Beyond research, a major activity is to provide a platform for membership, collaboration and networking for 80+ INGOs and a larger HR and Reward community with over 200 individual members.

Website: https://www.project-fair.business-school.ed.ac.uk/home

Outlook 2024-2028

We understand our role as a comprehensive labour market intelligence provider for all MSF – both through conducting our own data collections or through collaboration and use of secondary data and external service providers. In the coming years we aim to expand our services and capacity in this regard.

An expansion – even when based on high relevance and a concrete need in the movement – must be carefully conducted and considering available resources to ensure continuity of quality and value. Estimating needs and strategic planning of our internal capacity have ensured a solid basis to face these new challenges and opportunities for change.

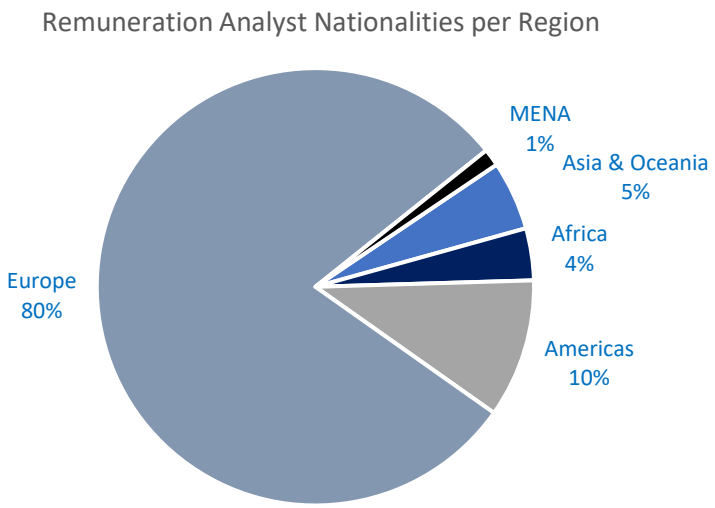
We will continue to invest in building and strengthening our network within MSF and within our sector, to establish the BMU as a reliable partner in Compensation & Benefits.

Moreover, we strive towards modernising and safeguarding or data infrastructure for better data protection, efficiency, and quality of our services.

Remuneration Analyst Pool

In the following you find information of MSF's pool of Remuneration Analysts including nationality, languages spoken, and surveys completed.

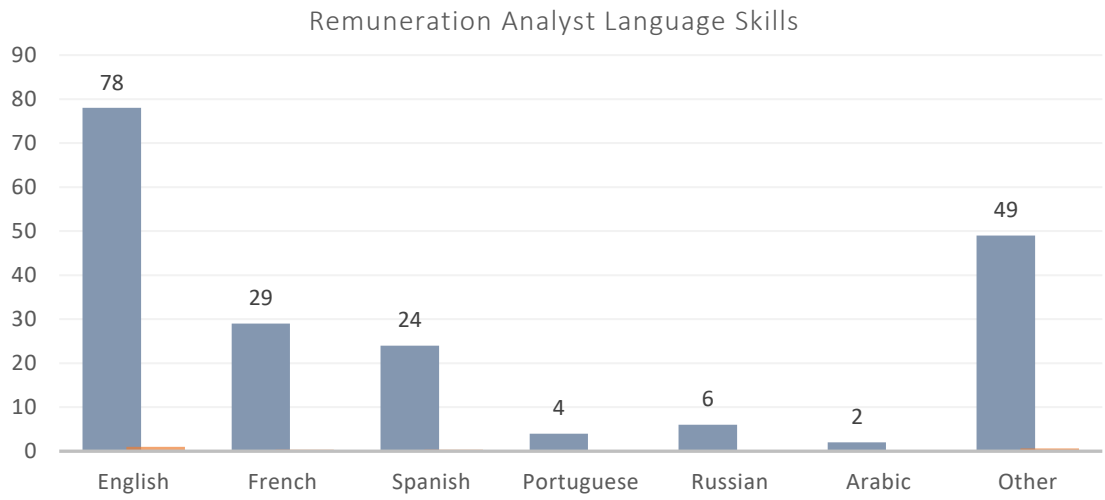
Total number of Remuneration Analysts in Pool (2023)	Total number of different nationalities in Pool (2023)	Average number of benchmark missions per Remuneration Analyst
78	**33**	**2.4**

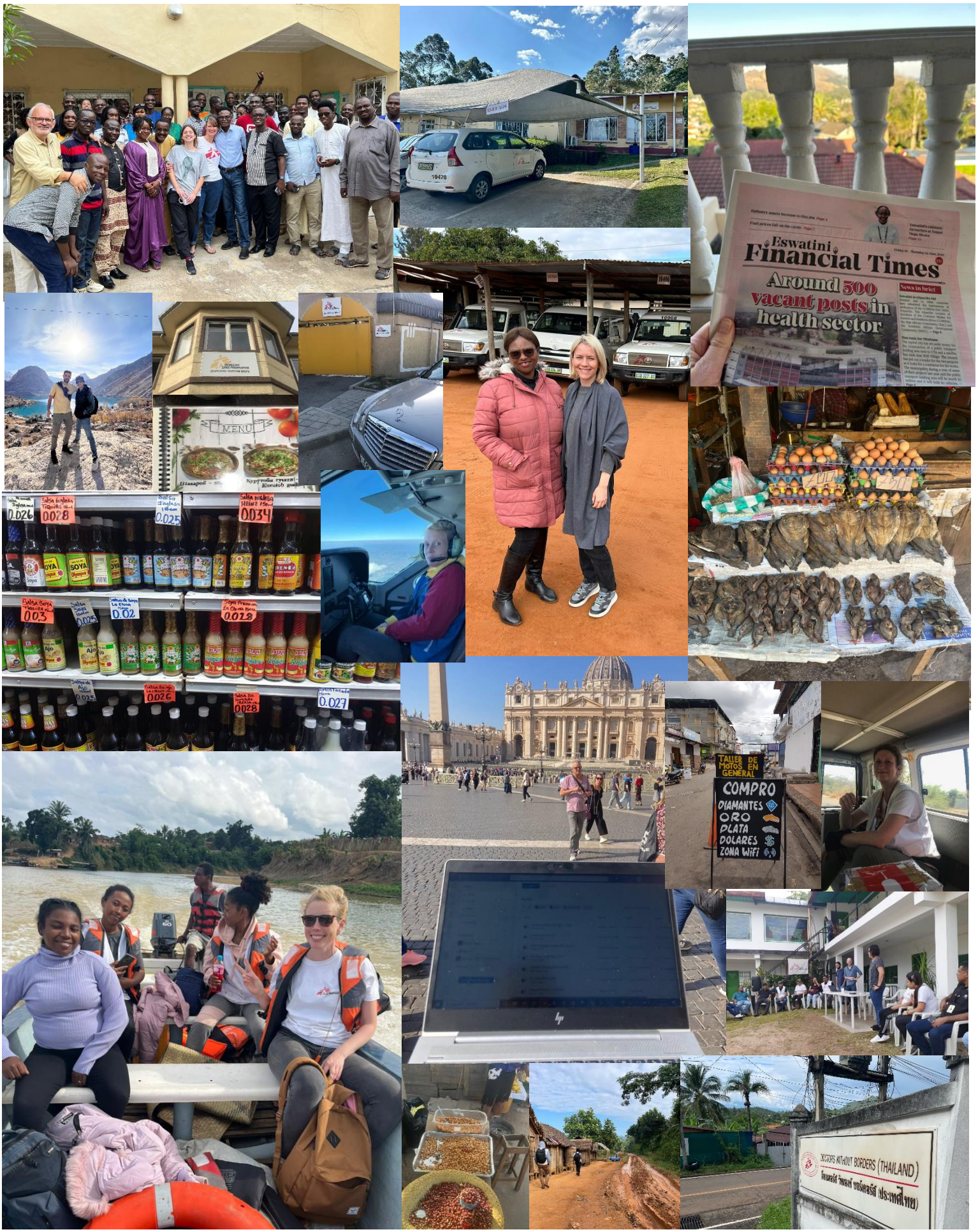


Recruitment campaign 2023

To further diversify our analyst pool and enhance representation from the global south, we successfully recruited and trained new remuneration analysts from Latin America, East Africa, and Asia in 2023. This expansion was crucial given the record number of benchmark requests received during the year, necessitating a significant recruitment campaign.

At the beginning of the year, a job advertisement for the Remuneration Analyst profile was disseminated across partner sections in MSF and Operational Centres (OC). The OCA field recruitment team actively shared the job offer through their recruitment platforms, which generated a substantial number of applications. Additionally, MSF-EA posted the Remuneration Analyst position on their website, aiming to attract strong candidates from the African continent. The position was also made available as a detachment opportunity for HQ staff, contributing to their professional development within MSF.

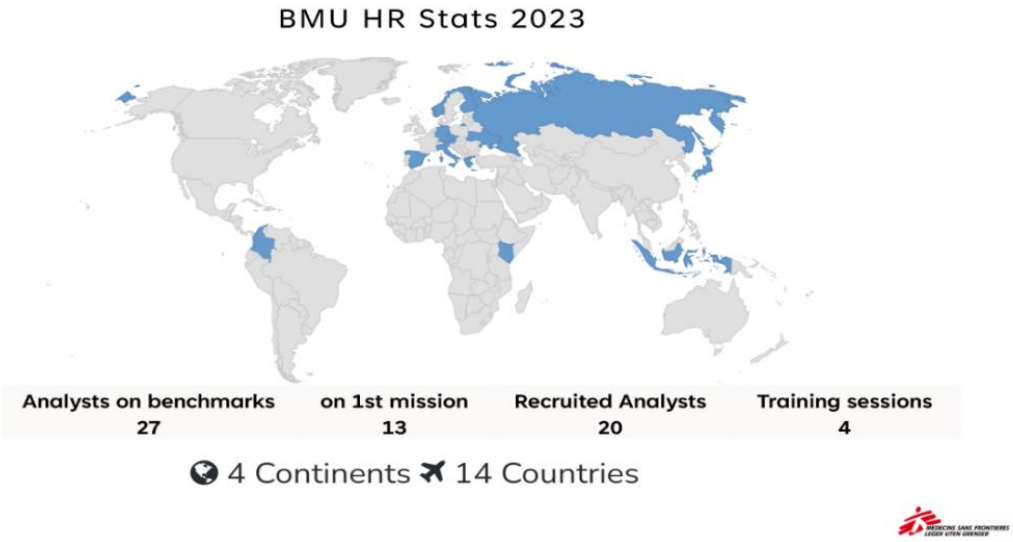




Benchmarking Unit Remuneration Analysts in action gathering data and market intelligence around the globe in 2023.

©Sandra Bjarnadottir, Alberto Villaverde, Ursula Pregernig, Alessia Zancan, Celine Chereches, Anja Drame, Nobuhisa Kobayashi, Mikkel Carlsen

Figure 2 Highlighted on the map are countries of origin of analysts who were recruited in 2023.



Training

Four training sessions for Remuneration Analysts were conducted in 2023. The work with MSF Tembo (https://tembo.msf.org/) also continued in the second half of 2023 in order to develop an integrated multimedia learning and development program for Remuneration Analysts as well as special interest groups. The intended learning outcomes for the training program were defined and new material will be developed in 2024.

Participant satisfaction surveys

To facilitate continuous improvement of the benchmarking process, the MSF Benchmarking Unit completes a survey of participants regarding their overall satisfaction of the benchmarking process. The survey includes 9 questions with a satisfaction rating of 1 (dissatisfied) to 5 (very satisfied).

- Number of participants response for 2023 was 190 compared to 133 in the previous year*
- Range of satisfaction was 4.16 – 4.63 in 2023 compared to 4.14 – 4.6 in 2022.
- Satisfaction level was higher for 8 of 9 questions compared to 2022 responses. The score for one question was the same as the previous year.
- Average satisfaction level for all 9 questions increased slightly by 0.6% to 4.43 in 2023 compared to 4.40 in 2022.

*Scores for 2023 are cumulative (i.e., average of 389 responses since implementation of the survey in 2021). The relatively low level of responses for 2021 (66) resulted because the survey was only implemented in the middle of 2021.

Vision and Strategy

MSF BMU represents a global, diverse, and inclusive community of remuneration specialists. Our vision is to support and contribute to MSF's mission of humanitarian aid and medical assistance to people based on need and irrespective of race, religion, gender, or political affiliation, guided by medical ethics and the principles of neutrality and impartiality. Our goal is to be the primary source for labour market intelligence for the purpose of ongoing remuneration management and rewards-based initiatives for the global MSF movement acting in an independent, impartial, transparent, and cost-effective manner. We also aim to maintain and enhance MSF's reputation in the broader INGO community by acting in an ethical, professional manner and respecting the confidentiality of information shared with us by participating organisations.

The Role of Benchmarking in the MSF Movement

MSF employs people for a broad range of jobs and skill levels who all contribute to ensure that MSF can deliver quality health care to those in need. Our workers are our greatest asset as an organisation. We want to recruit the best, most committed professionals. We often work in locations that lack publicly accessible information on common market practice, cost of living and decent living wage. MSF wants to ensure that our mandate can be carried out under the highest quality standards while at the same time ensure that our employees are treated fairly, money and funds are used in a sustainable way and local norms are respected.

BENCHMARKING IDENTIFIES CURRENT JOB RATES IN A GIVEN PAY MARKET BY COMPARING JOB DESCRIPTIONS AND PAY RANGES WITH SIMILAR ROLES IN OTHER ORGANISATIONS, VIA STATISTICALLY ANONYMISED SURVEYS.

BENCHMARKING IS A KEY COMPONENT IN THE CREATION OF FAIR AND TRANSPARENT PAY SYSTEMS.

BENCHMARKING PROVIDES INSIGHTS IN CURRENT LOCAL LABOUR MARKET POLICIES AND PRACTICES AND IS A MANAGEMENT HELPING TO MAKE INFORMED DECISIONS.

In many countries where MSF and other NGOs work, reliable information on the labour market and cost of living is scarce. This creates a challenge for the decision makers developing salary levels and benefits. The Benchmarking Unit collects, obtains and analyses information and data on local labour markets, including cost of living and household expenditure information.

There are numerous economic, social, and legal reasons why we consider benchmarking essential; that all our employees can provide for their families, and that the organisation can retain experienced staff, and reward the intrinsic motivation that we expect from our employees. As an employer in humanitarian contexts, we must ensure that we are not disruptive to the local labour market and comply with national and international labour regulations and norms.

During a benchmark survey the analyst works closely with the mission and thus tailors the study to the specific context and needs that are experienced in the field. The country management team, in particular HR, and the compensation & benefits referents at headquarters are the main stakeholders in any benchmarking.

Our analysis includes the competitiveness of salaries and benefits, as well as an estimate of the minimum household expenditure to assess the minimum income threshold that we, as a socially responsible employer, commit to meet. The studies also serve to confirm compliance in all missions with internal and external minimum standards and policies.

BMU Coordination Team

BMU Coordination Team in April 2023

(Standing, left to right)

Frederic Penhard (Head of the MSF Intersectional Benchmarking Unit, Quality Assurance and Methodology)

Mark Doroski (Volunteer, Project Support and Customer Satisfaction)

Finnbogi Rutur Finnbogason (Project Manager and Analyst Support)

Mikkel Carlsen (Manager: HR Processes, Analyst Pool, and Field Support)

(Front row left to right)

Anja Drame (Deputy Head of the Benchmarking Unit, Liaisons and Operations)

Alyona Polovchenko Smith (Project Manager and Analyst Support)

Yasmine Dakitse (Project Manager and Analyst Support, until May 2023)

Teresa J Kiemnec joined the BMU in August 2023 as Data and Analytics Member. She is at present seconded to support the International Office with data modelling for the Rewards Review.

Annex 1: Surveyed Markets 2023

AFRICA

Burkina Faso

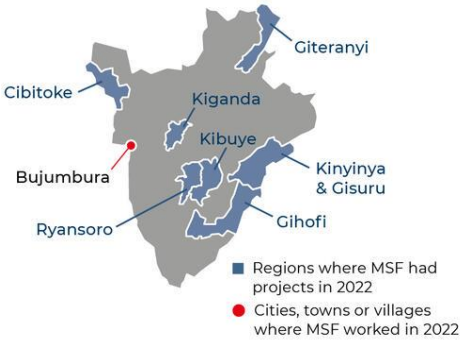
Key facts and additional information
No. of locally hired staff at time of survey: 1048
No. staff in 2022: 1176 (FTE)
Expenditure in 2022: Euro 26.3 million
MSF first worked in the country: 1995
Additional information: msf.org/burkina-faso
Sections present: OCBA, OCG, OCP

Needs
Wage levels given the changing economic situation in Burkina Faso due to increasing inflation and cost of living. Special focus was on travel allowance; IT and communication profiles; rest and recovery practices.

Background
MSF began operations in Burkina Faso in 1995 providing healthcare to Malian refugees. Following a decrease in the number of refugees, MSF suspended its activities in 2015. In 2017, they resumed their efforts to deal with a dengue epidemic.

Since 2018, the security situation in Burkina Faso has deteriorated rapidly due to jihadist attacks, displacing more than two million people. Djibo, a town of 300,000 people, has faced severe food and water shortages, hosting 270,000 internally displaced people. In addition, the country experienced two military coups in 2022. By 2023, around five million people needed humanitarian aid, with funding reaching only 42% of the amount required.

Burundi



Key facts and additional information
No. of locally hired staff covered by the survey: 146
No. staff in 2022: 164 (FTE)
Expenditure in 2022: Euro 4.7 million
MSF first worked in the country: 1992
Additional information: msf.org/burundi
Sections present: OCB

Needs
The COVID-19 pandemic and the war in Ukraine had severely impacted the Burundian economy. The benchmark was requested by the mission to assess the impact of inflation on cost of living; evaluate MSF's overall competitiveness in the market; and better understand current recruitment and retention challenges.

Background
MSF has been present in Burundi since 1992 providing emergency intervention including management, prevention, and WASH related to Cholera, Malaria, Ulcerative wounds, and other infections mainly in the Cibitoke region in 2022. The mission also supports the MoH with regular in-hospital care for Malaria patients and an AIDS Control home-based care pilot project in Kinyinya and Ryansoro.

Cameroon

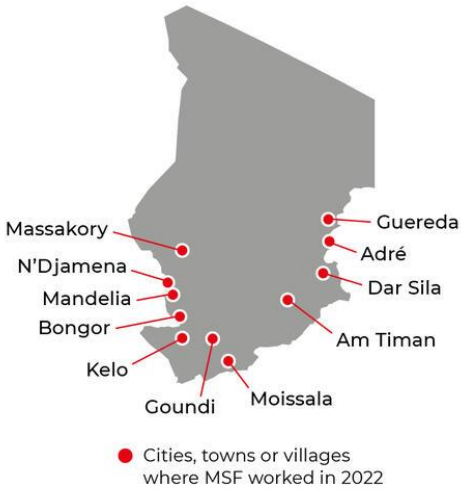
Key facts and additional information
No. of locally hired staff covered by the survey: 186
No. staff in 2022: 457 (FTE)
Expenditure in 2022: 15.6
MSF first worked in the country: 1984
Additional information: msf.org/cameroon
Sections present: OCG

Needs

The main issues addressed by the benchmark included an apparent increased implementation of a Housing Allowance among comparators in Cameroon during 2021; the impact of inflation on purchasing power of staff salaries; the adequacy of Travel Allowance in certain areas; and overall competitiveness for senior coordination roles and HR Department personnel.

Background
MSF has been engaged in Cameroon since 1984 and currently has only one project located in Mora in the Far North region. Activities in the country include primary and secondary health care, advocacy, and e-prep. Additional projects were planned to start during the final quarter of 2023 to extend medical activities across new geographic locations.

Chad

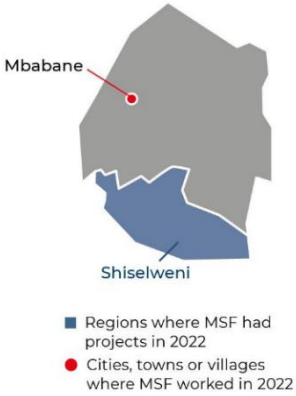


Key facts and additional information
No. of locally hired staff covered by the survey: 769
No. staff in 2022: 883 (FTE)
Expenditure in 2022: Euro 32 million
MSF first worked in the country: 1981
Additional information: msf.org/chad
Sections present: OCA, OCG, OCP, WaCA

Needs
Concerns addressed in the benchmark included inflation and cost of living; difficulties recruiting specialised medical functions; lack of qualified candidates for higher level positions in the provinces; staff concerns regarding Travel Allowance; overtime practices in the market; market practice regarding employing refugees; female participation rates in the NGO sector; and requirements and practices regarding social security contributions.

Background
Chad ranks 190 out of 191 on the Human Development Index. The country is highly vulnerable to extreme climate events, persistent food insecurity, high levels of malnutrition, epidemics, and ongoing population displacement both within the country and from neighbouring countries in conflict. MSF has been present in Chad since 1979, with a focus on malnutrition prevention and treatment, mother-child healthcare, malaria treatment, vaccination campaigns, and medical assistance to refugees fleeing from armed conflicts and violence.

eSwatini



Key facts and additional information
No. of locally hired staff covered by the survey: 75
No. staff in 2022: 123 (FTE)
Expenditure in 2022: Euro 4.7 million
MSF first worked in the country: 2007
Additional information: msf.org/eswatini
Sections present: OCG

Needs
The main concerns addressed by benchmark included the economic situation, a new project opening, and an internal regulation revision. The study also covered recruitment and retention issues for specific medical functions; cost of living; market practice regarding the implementation of Diversity, Equity, and Inclusion; market practice relating to internships and special leave arrangements.

Background
Currently, the mission focuses on HIV and DRTB/TB treatment, non-communicable diseases, COVID-19, and sexually transmitted infections. OCG coordinates its work from the capital city of Mbabane and operates a project in Nhlangano, the Shiselweni region.

Ethiopia

Key facts and additional information
No. of locally hired staff covered by the survey: 1084
No. staff in 2022: 814 (FTE)
Expenditure in 2022: Euro 23 million
MSF first worked in the country: 1984
Additional information: msf.org/ethiopia
Sections present: OCA, OCB

Needs
The survey's primary focus was on MSF's competitiveness in the labour market, inflation, exchange rates and the impact on staff salaries' purchasing power, and market practice regarding hardship allowances in remote locations amid a recruitment surge and post-conflict context.

Background

MSF has been working in Ethiopia since 1984, responding to healthcare needs of the local population, refugees, and displaced communities. Following the tragic murder of three MSF staff in Tigray in June 2021, services in 84 locations across four regions (Amhara, Gambella, Somali, Tigray) were suspended by the government which was subsequently lifted in October 2021. In June 2022, MSF announced the restart of activities in Gambella and the Somali regions in addition to its medical programmes in Afar and the Southern Nations, Nationalities and People's region (SNNPR).

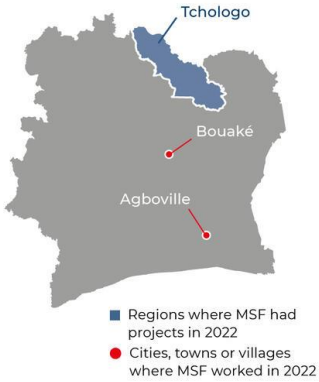
Guinea

Key facts and additional information
No. of locally hired staff covered by the survey: 212
No. staff in 2022: 289 (FTE)
Expenditure in 2022: Euro 9 million
MSF first worked in the country: 1984
Additional information: msf.org/guinea
Sections present: OCB

Needs
In addition to evaluating MSF's competitive position in the market, the benchmark focused on a deteriorating economic situation driving increased costs for fuel and transportation, and higher housing costs in the capital; assessing compliance with legal requirements relating to certain specific allowances; and market practice relating to training and development for the local workforce.

Background
MSF has been present in Guinea since 1984 with several sections operating in the country over the years. OCB is currently the only section remaining in the country and will celebrate the twentieth anniversary of its HIV project in Conakry in 2023. In late 2022, OCB closed its community health activity in Kouroussa and started a two-year research project relating to cholera vaccination in Conakry.

Ivory Coast



Key facts and additional information
No. of locally hired staff covered by the survey: 81
Additional information: https://www.msf.org/côte-divoire
Sections present: WaCA, OCB

Needs
The main purpose of the benchmark was to assess MSF's overall competitive position in the market and challenges in recruitment, especially for medical and specialized medical staff. Other focus areas included cost of living; competitive position for medical positions at management levels with a special focus on specialised positions such as neurologist, psychiatrists for a mental health project and epilepsy including the possibilities for alternative service contracts.

Background

MSF WaCA runs projects in Agbouville and Bouake and has a coordination office in Abidjan. MSF has been present in the Ivory Coast since 1990. Currently, MSF provides access to medical support to remote populations in Agboville, specialises in epilepsy and neurological disorders in Bouake, and a new project under development in the north part of country in Ouangolodougou to support internally displaced people. OCB is present with a training centre that is used for in-person trainings, but no operations.

Liberia

Key facts and additional information
No. of locally hired staff covered by the survey: 89
No. staff in 2022: 258 (FTE)
Expenditure in 2022: Euro 6 million
MSF first worked in the country: 1990
Additional information: msf.org/liberia
Sections present: OCP

Needs
The main objective for the benchmark was to assess market practices aimed at motivating staff; evaluate the impact of inflation and increased cost of living; investigate practices relating to the recruitment of medical profiles; and clarify if salaries paid by MSF to MoH staff is in accordance with their salary grid.

Background
MSF has been working in Liberia since 1990, with a pause from 2009 to 2014. In December 2022, MSF closed its 100% operated Bardnesville Junction Hospital as part of an exit strategy. At the same time, an in-patient paediatric ward was established at the existing Bardnesville Health Centre were the MoH had previously only provided out-patient services. The health centre is currently operated with 10% OCP staff in supervisory roles and 90% MoH staff. An additional five (5) health centres are supported with OCP staff for mental health programs, operated jointly with MoH workers and volunteers who receive incentives from OCP.

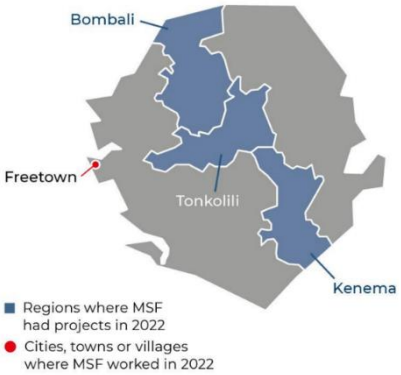
Madagascar

Key facts and additional information
No. of locally hired staff covered by the survey: 114
No. staff in 2022: 130 (FTE)
Expenditure in 2022: Euro 6.2 million
MSF first worked in the country: 1987
Additional information: msf.org/madagascar
Sections present: OCG

Needs
This was the first benchmark conducted by the Intersectional Benchmarking Unit in Madagascar. The main needs identified by the mission were to evaluate MSF's salary practice and additional benefits in the local reference market, with a special focus on local practices for staff attraction and retention in remote areas.

Background
MSF's first mission in Madagascar started in 1987 by OCP and uninterrupted until January 2006. The mission was involved in a wide range of activities, including urban projects providing access to healthcare and legal services for street children, minors in institutions and prisons, nutritional emergencies, post-cyclone emergency response in collaboration with the BNGRC, and a response to a cholera epidemic, among others. OCP has closed their last projects in Madagascar in 2023. OCG arrived in December 2021 to launch exploratory missions. The first project started in 2022 providing emergency response following the impacts of Cyclone Batsirai. The project included rehabilitation, water and sanitation, support for the district hospital and mobile clinics. A second project was opened in November 2022 focused on nutrition and emergency malnutrition.

Sierra Leone



Key facts and additional information
No. of locally hired staff covered by the survey: 1,359
No. staff in 2022: 1,448 (FTE)
Expenditure in 2022: Euro 20.1 million
MSF first worked in the country: 1986
Additional information: msf.org/sierra-leone
Sections present: OCA, OCB

Needs
This benchmark salary survey was requested to understand MSF's position in the reference market; gain insights about the macro-economic context and cost of living; and understand what measures comparators are taking to support staff in the situation of high inflation and increased food costs.

Background
MSF's primary operations in Sierra Leone is in response to extremely high levels of maternal mortality, followed closely by high mortality rates in general and lack of access to MDR-TB (multi drug resistance TB) care.

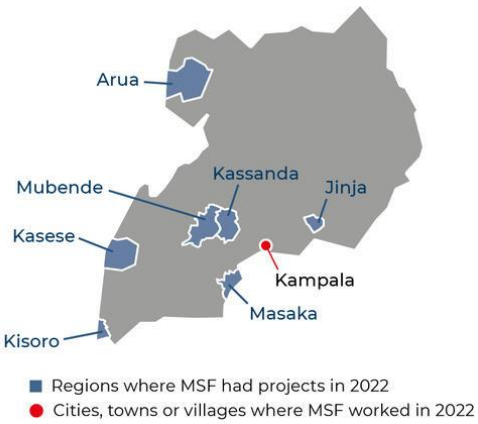
Tanzania

Key facts and additional information
No. of locally hired staff covered by the survey: 195
No. staff in 2022: 184 (FTE)
Expenditure in 2022: Euro 5.6 million
MSF first worked in the country: 1993
Additional information: msf.org/tanzania
Sections present: OCG

Needs
The benchmark was requested to obtain remuneration information about the local labour market, with a specific focus on the Manager and Coordinator levels; evaluation of working hours for Manager and Coordinator positions**;** information about the labour market in new project areas; and a more extensive analysis with a larger number of comparators than previous studies.

Background
MSF began working in Tanzania in 1993 during a period of instability in the region. The mission provided brief, and generally low-level interventions including responses to cholera epidemics, floods, malaria, HIV, and refugees, followed by an exit from the country. OCG arrived in Tanzania in mid-2015 in respond to an outbreak of cholera among refugees and gradually extended medical services to the group until handing over to the operation to the Tanzanian Red Cross Society (TRCS). Since then, MSF has supported secondary health care at a refugee camp, operating a 150-bed hospital and started a second project supporting a total of seven primary and secondary healthcare facilities.

Uganda



Key facts
No. of locally hired staff covered by the survey: 400
No. staff in 2022: 468 (FTE)
Expenditure in 2022: Euro 13.3 million
MSF first worked in the country: 1986
Additional information: msf.org/uganda
Sections present: OCG, OCP, Epicentre

Needs
No significant challenges were reported by the mission but focus areas included market response to a doubling of MoH salary levels in 2022; market practice relating to providing Private Provident Fund savings to staff; gender balance among staff; compensation practices for daily workers and interns; and recruitment and retention relating to certain specialised functions.

Background
OCP currently coordinates two projects from Kampala; one providing healthcare to adolescents, including sexual and reproductive health services, HIV and tuberculosis prevention, screening and treatment; and another providing care for people living with HIV, refugees, survivors of sexual and gender-based violence or TB which is being phased out and is projected to close by October 2023. OCG's Supply Unit in Kampala (SUKA) offers procurement, a training platform for MSF staff and technical support for MSF projects in the region. Epicentre conducts medical research in collaboration with the Mbarara University of Science and Technology and Mbarara Regional Referral Hospital.

AMERICAS

Mexico

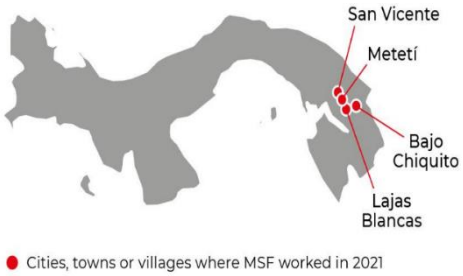
Key facts and additional information
No. of locally hired staff covered by the survey: 230
No. staff in 2022: 215 (FTE)
Expenditure in 2022: Euro 9.4 million
MSF first worked in the country: 1985
Additional information: msf.org/mexico
Sections present: OCBA, OCG, CAMINO

Needs
The main objective of the benchmark was to assess MSF's competitive position in the labour market. Other focus areas included market practice regarding key benefits offered for management positions; remote working and travel allowance policies in the market; and recruitment and retention challenges in the north of the country and high turn-over on lower levels.

Background
Currently OCG has projects in Reynosa Matamoros and Mexico City with the main activities being comprehensive medical care for victims of violence in Mexico and providing support to migrants and returnees deported from the US. OCBA provides health services to people-on-the-move crossing Mexico on their way to the US. Since mid-2019 OCG and other partners in the region are sponsoring a new model of operational support, the Central America and Mexico Integrated Office (CAMINO).

Panama

Key facts and additional information



No. of locally hired staff covered by the survey: 22
No. staff in 2022: 13 (FTE)
Expenditure in 2021: Euro 1.5 million
MSF first worked in the country: 2021
Additional information: msf.org/panama
Sections present: OCBA

Needs
This salary survey was the first carried out by MSF in Panama. The main purpose was to assess MFS's competitive position in the market due to difficulties in recruiting and retaining local personnel when setting up the project. The study was also focused on providing an overview of the current economic context and the cost of living.

Background
Currently, MSF has activities only in the San Vicente ERM and the Bajo Chiquito providing 24-hour care within a Ministry of Health facility located in an isolated Emberá community in the middle of the jungle about four hours' drive from Metetí.

Venezuela

Key facts and additional information
No. of locally hired staff covered by the survey: 436
No. staff in 2022: 509 (FTE)
Expenditure in 2022: Euro 14.9 million
MSF first worked in the country: 2015
Additional information: msf.org/venezuela
Sections present: OCA, OCB

Needs
The main purpose of the benchmark was to assess MSF's competitive position in the labour market. The study also focused on: evaluating market practices in terms of secondary benefits and contract type with particular interest in Travel Allowance, Health Coverage, and Relocation Policies; providing an overview of the current economic context; and conducting an extensive MSF Monthly Household Expenditure Survey by region where MSF is present and is facing challenges in retaining and recruiting qualified staff.

Background
MSF's operations in Venezuela are in the areas of primary health care, emergency care, water and sanitation, health promotion, malaria, and sexual and reproductive health. Coordination offices are located in the capital, Caracas, together with the intersectional supply unit (VISU). In 2023, OCB and OCA each had two projects; OCB in the regions of Anzoátegui and Bolivar and OCA in Amazonas and Delta Amacuro. In 2022 OCA closed its project in Tachira and opened the project in Delta Amacuro.

ASIA

Kazakhstan

Key facts and additional information
No. of locally hired staff covered by the survey: 0
No. staff in 2022: N/A (FTE)
Expenditure in 2022: Euro x million
MSF first worked in the country:
Additional information: msf.org/
Sections present: OCG

Needs
This benchmark was requested to get an understanding of local market practices and gain insights into the macro-economic context and cost of living in Kazakhstan**.** This was the first benchmark conducted by MSF in the country due to the opening of the new mission.

Background
In early January 2022 mass protests began in the West of Kazakhstan, spread to many cities and were particularly violent in Almaty. Economic disruption and the pandemic were underlying causes of the discontent. The unrest led OCG to select Kazakhstan to establish a second operational footprint in Central Asia. In early 2023, MSF decided to develop a project in and around Almaty to respond to medical and mental health needs of ethnic Kazakhs and other members of Turkic minorities that have repatriated or fled to Kazakhstan from China.

Malaysia

Key facts and additional information
No. of locally hired staff covered by the survey: 48
No. staff in 2022: 75 (FTE)
Expenditure in 2022: Euro 3.6 million
MSF first worked in the country: 2004
Additional information: msf.org/malaysia
Sections present: OCA

Needs
The last benchmark in Malaysia was performed in 2019 and there was a general feeling that salary levels had not kept up with increased cost of living driven by the Covid-19. The main objective of the benchmark was to assess general labour market development since the previous benchmark. Other focus areas included concerns regarding the hiring of Psychologists due to higher market salaries; market practices for compensating medical doctor positions; MSF's competitive position compared to private clinics and hospitals; and concerns by local hired refugee staff of a perceived lack of opportunity to apply for supervisory positions.

Background
The focus of MSF's mission in Malaysia is to provide medical and humanitarian support for refugee communities and survivors of human trafficking. The mission has a coordination office in Penang and operates a clinic in Butterworth located on the mainland. Two additional mobile clinics provide medical and humanitarian support in immigration detention centres located in Perak and Kedah.

Pakistan

Key facts and additional information
No. of locally hired staff covered by the survey: 1185
No. staff in 2022: 1304 (FTE)
Expenditure in 2022: Euro 25.7 million
MSF first worked in the country: 1986
Additional information: msf.org/pakistan
Sections present: OCA, OCB, OCP, (WaCA)

Needs
The main objective of this benchmark was to provide current information about the labour market within the context of an economic crisis due to high inflation and ongoing devaluation of the local currency resulting in a significant increase in cost of living. Needs identified included MSF's competitive position in the market in terms of recruitment and retention challenges; adequacy of remuneration package to providing a decent and adequate standard of living for all employees and for staff level 1-5 in particular; investigate market practice in terms of paying salaries in hard currencies; competitive position of existing mobility policy to attract medical and para-medical profiles in particular for remote project locations; evaluate if MSF's travel allowance covers the intended costs in light of significant price increases; and challenges to recruit and retain MoH incentive staff for specialised medical positions.

Background
Pakistan grapples with political instability, corruption, terrorism, poverty, inadequate infrastructure, low human development indicators, and natural hazards exacerbated by climate change. MSF has numerous projects and ongoing programs in several provinces providing or managing medical and health services covering Hepatitis C, malnutrition and malaria, skin diseases causing lesions and ulcers, Tuberculosis, reproductive health care for women, primary obstetric care, nutrition, mental health, health education, paediatric in and out-patient care, basic and comprehensive emergency obstetric care, neonatal nursery care, trauma, in-patient therapeutic feeding and flood emergency interventions.

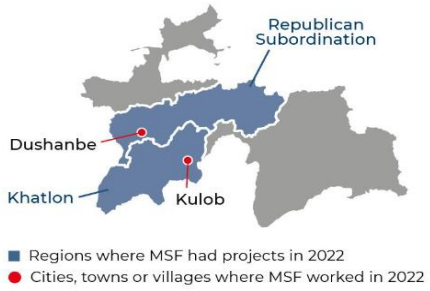
Philippines

Key facts and additional information
No. of locally hired staff covered by the survey: 56
No. staff in 2022: 90 (FTE)
Expenditure in 2022: Euro 3.7 million
MSF first worked in the country: 1984
Additional information: msf.org/philippines
Sections present: OCP

Needs
The primary objective of the benchmark was to evaluate MSF's competitive position in the market including impact of inflation on current salary levels; range of compensation between lower and upper levels; and market practice in terms of negotiating salaries outside of established grids or scales.

Background
OCP provides emergency preparedness for first response to natural disasters across the Philippines, as well as a Drug Resistant Tuberculosis project in Tondo (Manila).

Tajikistan



Key facts and additional information
No. of locally hired staff covered by the survey: 170
No. staff in 2022: 166 (FTE)
Expenditure in 2022: Euro 3.6 million
MSF first worked in the country: 1997
Additional information: msf.org/tajikistan
Sections present: OCA, OCB Afghanistan Support Base

Needs
In addition to assessing MSF's competitive position in the market, the salary study focused on recruitment and retention challenges relating to specialised staff; cost of living developments; and market practices relating to the dollarisation of salary payments.

Background
Tuberculosis (TB) is the focus of MSF's activities in Tajikistan. OCA manages two projects from a coordination centre located in Dushanbe and currently has a Zero TB project in Kulob, and a Health Care for Vulnerable Groups project in Dushanbe. OCB operates an Afghan Support Base in a separate office in Dushanbe.

Thailand

Key facts and additional information
No. of locally hired staff covered by the survey: 51
No. staff in 2022: 49 (FTE)
Expenditure in 2022: Euro 2.8 million
MSF first worked in the country: 1976
Additional information: msf.org/thailand
Sections present: OCBA

Needs
This benchmark was requested to obtain salary information in specific locations where MSF operates. Needs identified included recruitment challenges for certain positions such as medical professionals, managers, and supervisors, especially for the mission's Thai Myanmar Border project; market practices relating to allowances, relocation in particular; market practice regarding working hours and per diem; diversity challenges in the market; and market practice pertaining to providing Employee Provident Funds.

Background
OCBA operates a coordination office in New Delhi as part of an Asia Coordination Team, and in Thailand's capital city, Bangkok. The mission has a project in the southern-most provinces of Thailand, to improve access to healthcare for people unable or unwilling to access government-provided health care and medical services, with a special focus on mental health for those affected by conflict and unrest in the area. In 2021, the mission opened a project in the Thai Myanmar border area in the northern part of the country to provide medical assistance to between 100000 – 250000 internally displaced people affected by armed conflict in the area.

EUROPE

Belarus

Key facts and additional information
No. of locally hired staff covered by the survey: 36
No. staff in 2022: 29 (FTE)
Expenditure in 2022: Euro 1.3 million
MSF first worked in the country: 2015
Additional information: msf.org/belarus
Sections present: OCA

Needs
A previous benchmark in Belarus was completed in 2018 with an update in 2021. Since then, the market has undergone significant changes mainly due to political developments in the region and economic trends. Needs identified included general recruiting and retention challenges and employee concerns about low salaries and increasing cost of living; recent of resignations; difficulties in recruiting lower-level positions in general and certain higher-level positions as well; difficulties recruiting qualified candidates for certain profiles that require a good level of foreign languages skills; and staff dissatisfaction with amounts allocated for travel allowance.

Background
The mission currently operates a multifaceted tuberculosis project conducted in partnership with the MoH and treatment for Hepatitis C in the penitentiary system. In addition to drug supplies, MSF also provides psychosocial support to TB patients and mental health support to inmates in the penitentiary system. In 2022, the mission opened a Migrant's health project. At that time, thousands of migrants fled to Belarus with the intention of crossing the border into the EU. Due to EU border controls, many failed and were forced to remain in the country. The mission provides these so-called People on the move specialised treatment for pre-existing chronic conditions and injuries due to violence faced during attempts to cross the border.

Greece

Key facts and additional information
No. of locally hired staff covered by the survey: 222
No. staff in 2022: 210 (FTE)
Expenditure in 2022: 9 million EUR
MSF first worked in the country: 1991
Additional information: msf.org/greece
Sections: MSF-Greece, OCB, OCG

Needs
The following topics required special focus: market practice regarding employment of migrants and asylum seekers and any additional policies in place to accommodate them; retention and recruitment policies in the market to address high turnover of Medical Doctors, Nurses, Psychologists, and Intercultural Mediators, mainly in island locations.

Background
MSF has provided medical and humanitarian assistance to migrants and refugees arriving in Greece and Europe, fleeing economic, social, and political insecurity since 1996. MSF activities expanded in 2014 to meet the needs of increasing numbers of migrants reaching Greek shores from Turkey. Many have spent long periods of time in inadequate facilities with poor access to healthcare and the fear of being sent back to Turkey.

Italy

Key facts and additional information
No. of locally hired staff covered by the survey: 158
No. staff in 2022: 25 (FTE) (SAR 17 (FTE))
Expenditure in 2022: 2.8 million EUR (SAR[1] 8.9 million EUR)
MSF first worked in the country: 1999 (SAR 2021)
Additional information: msf.org/Italy (SAR msf.org/Mediterranean-migration)
Sections: MSF-Italy, OCB, OCA

Needs
The request for the benchmark was made by all three MSF operations in Italy to assess their overall competitiveness in the market. Other specific needs identified included first salary study for OCA in Italy; evaluate differences in HR practices between the two OCs in Italy; substantial changes in OCB activities; recruitment and retention challenges in general and for certain specific roles; assess the impact of inflation on purchasing power of staff; and evaluate the impact of contract conditions and specific allowances on staff motivation.

Background
MSF has been working in Italy since 1998 with projects involving arrivals, reception centres, and informal settlements in various regions to provide medical, humanitarian, psychological, and socio-healthcare assistance to refugees and migrants in collaboration with Italian authorities. Operations include a clinic in Palermo for the rehabilitation of migrants and refugees who have survived intentional violence and torture, initial medical and psychological care at the port of Roccella Jonica in Calabria, and a mobile clinic in the Ventimiglia. Since 2021, MSF also operates the search and rescue vessel, the Geo Barents in the Mediterranean Sea to locate and rescue migrants and refugees and provide emergency medical assistance. The MSF Italy partner section performs fundraising, recruitment, and communication activities.

Ukraine

Key facts and additional information
No. of locally hired staff covered by the survey: 671
No. staff in 2022: 448 (FTE)
Expenditure in 2022: Euro 48.1 million
MSF first worked in the country: 1999
Additional information: msf.org/ukraine
Sections present: OCA, OCB, OCBA, OCG, OCP

Needs
The survey was requested by all OCs operating in Ukraine to evaluate MSF's competitiveness in the reference market in the context of the war and the increased number of NGOs operating in the country. Gain insight about the macro-economic context and cost of living in Ukraine. Understand recruitment and retention issues related to project locations. Understand whether location has an impact on remuneration practices in the Ukrainian market. Understand the market practice for providing the staff with Civil Law Agreements and/or Labour Law Agreements. The survey started in December 2022.

[1] Search and Rescue

Background
MSF OCB has been working continuously in Ukraine since 1999. Due to the conflict in Donbas region (Eastern Ukraine) in 2014, the MSF operations grew, and MSF OCG opened an emergency mission to provide psychological and medical support to people living in the conflict-affected areas, as well as for IDPs. Starting from March 2022, three MSF sections OCA, OCBA, and OCP, joined OCB and OCG. Teams are working to deliver emergency medical assistance to people still in Ukraine and those now seeking safety in neighbouring countries. Due to the drastic change in context, MSF was forced to cease activities, including HIV care in Severodonetsk, tuberculosis (TB) care in Zhytomyr, and improving health care access in Donetsk in eastern Ukraine, where MSF had been providing much-needed health care to conflict-affected communities. The situation was fast-evolving, and all OCs were mobilizing a general emergency-preparedness response to be ready for various potential needs.

MENA

Egypt

Key facts and additional information
No. of locally hired staff covered by the survey: 144
No. staff in 2022: 152 (FTE)
Expenditure in 2022: Euro 3.7 million
MSF first worked in the country: 2010
Additional information: msf.org/egypt
Sections present: OCB

Needs
OCB submitted a request for a full Benchmark to be performed along with a Monthly Household Expenditure Survey. Economic instability including high inflation rates and the devaluation of the Egyptian pound have had an important effect on organisations and staff in Egypt in recent years.

The main objectives of this salary study were to understand the Egyptian labour market and present an overview of the cost-of-living per family unit. Identified challenges to address in the survey included recruitment, retention, and general staff morale as well as the effects of recent economic turmoil, especially on lower income level employees.

Background
MSF has had operations in Egypt since 2011 following the Arab Spring revolution. Egypt is a transitory migration country and destination for many migrants from highly problematic regional states. OCB operates a mental health clinic in Maadi, Cairo that provides psychological care and treats migrant victims of extreme violence, sexual violence, and torture.

At the time of writing a new project was being launched in Cairo that expands the strategic scope to include host populations in need of health services.

Iran

Key facts and additional information
No. of locally hired staff covered by the survey: 118
No. staff in 2022: 108 (FTE)
Expenditure in 2022: Euro 3 million
MSF first worked in the country: 1990
Additional information: msf.org/iran
Sections present: OCG, OCP

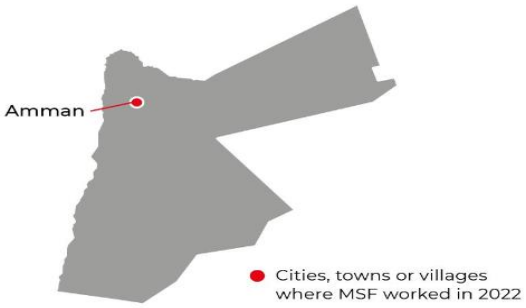
Needs

Despite regular mandatory salary increases
announced annually by the government the inflation is moving much faster putting an important pressure on the households. In May 2022 the government stopped subsidizing several imported staple products such as wheat which resulted in immediate 500% increase of the flour price. Together with general inflation it resulted in an important increase of the food prices. The currency depreciation is another important factor affecting the economic situation and devaluating quickly employee's salaries. Iranian authorities are directly involved in the recruitment process and successful candidates require an authorisation. Validation can take several months. In such situation where the recruitment is long with an uncertain outcome, the retention is key.

Background
MSF OCP and OCG are not officially registered and are working based on the MoU with the Bureau of Aliens and Immigrants Affairs (BAFIA). All international NGOs including MSF are required to work with a local NGO assigned by BAFIA.
OCP was the first and the only MSF Operational Centre operating in Iran on a regular basis since 1995 until April 2022, when OCG took over the South Teheran project. OCG is providing medical assistance to the vulnerable populations in South Teheran, such as drug users, sex workers, transgender, refugees from Afghanistan, homeless, child labour and Sexual Violence survivors. The services provided are mental health, SRH, HCV, referrals to Outpatient and Inpatient Departments and social support.

Jordan

Key facts and additional information
No. of locally hired staff covered by the survey: 302
No. staff in 2022: 241 (FTE)
Expenditure in 2022: Euro 14.8 million
MSF first worked in the country: 2006
Additional information: msf.org/jordan
Sections present: OCA, OCBA, OCG, OCP, MENA, MESA



Needs
This complex benchmark salary survey was requested by all OCs operating in Jordan to evaluate MSF's competitiveness in the reference market and gain insight into the macro-economic context and cost of living in Jordan. A specific focus of the survey was to get feedback from regional offices of other INGOs regarding their perception of Amman's attractiveness to prospective candidates for globally advertised position. This included insights on the relocation packages offered in the market (domestic relocation as well as benefits for globally advertised positions) and in-kind benefits which go beyond salary to enable MSF's compensation and benefits specialists a monetary comparison of the total offer. Remote work practices and existing policies, as well as working schedules were another area we were asked to investigate.

In view of the MSF Rewards Review, Jordan as a regional hub plays an important role. For this purpose, we provided insight on scaling systems used to reward seniority and loyalty in the market.

Background

MSF has been present in Jordan since 2006 and shows a remarkable variety of setups within in one country and even location. All MSF activities are based in Amman. In July 2018, MSF signed a Host Country Agreement with the Government of Jordan recognising all sections as one MSF entity. This has facilitated some administrative processes concerning international staff and import procedures. However, by internal rewards policies, the sections are not aligned.

- OCA acts as a decentralised HQ providing communication, recruitment and career development for International Mobile Staff, Psychological Support Care, and implementation of DEI strategy.
- Both OCA and OCG provide administration and movement management of all staff and visitors.
- OCG also has its Middle East Support Office for its regional operations in Iraq, Iran, Lebanon, Yemen and Sudan in Amman.
- OCBA acts as a Middle East Support Unit with a decentralised office managing operations in Yemen, Palestine, North Syria and Afghanistan.
- OCP is a regular mission operating a Reconstructive Surgical Program Hospital treating patients from various Middle Eastern countries. OCP also acts as MSF's protocol office handling administrative procedures for all other MSF offices in Jordan.

PARTNER SECTIONS & REGIONAL ENTITIES

MSF-Denmark

Key facts and additional information
No. of locally hired staff covered by the survey: 53
Foundation year of the Partner Section: 1993
Sections: MSF-Denmark

Needs
The benchmarking analysis serves as tool for MSF Denmark to ensure competitiveness and fairness within their employment practices. By examining the tension salary grid, specific benefits, pension plans, minimum and maximum salaries, hybrid work conditions, and the potential implementation of a 4-day working week, MSF Denmark aims to address the following needs:

- Assess MSF Denmark's competitive position in the market in terms of salaries and secondary benefits.
- Evaluate market practice relating to employee pension plans.
- Evaluate market practice relating to hybrid working arrangements and a 4-day working week.

Background
MSF-DK is a legally autonomous section in the MSF movement and acts as a partner section to the Operational Centre of Brussels (OCB). The office consists of five departments, - Fundraising, Support, Communications, Human Resources, and the Advocacy & Analysis Unit. MSF-DK contributes to the operation and development of the MSF movement through participation in the international decision-making process, by supplying skills and resources and representing MSF to the Danish authorities and civil society. The main task for the office is to secure financial and human resources for MSF's work in the field, bearing witness and to influence decision making within the humanitarian medical field through advocacy.

MSF-Finland

Key facts and additional information
No. of locally hired staff covered by the survey: 49
Foundation year of the Partner Section: 2018
Sections: MSF-Finland

Needs
The benchmark was requested by MSF Finland as it has been three (3) years since the previous benchmark in 2020. The main objective of the benchmark was to assess MSF Finland's competitive position in the market. The office has continued to grow, especially in fundraising functions. The survey evaluated the market in relation to these new positions. In addition, following Covid there has been a significant increase in remote working and changes to related policies. The study also focused on market trends relating to allowances such as travel and bike allowances as well as policies related to remote work including working from abroad.

Background
The Finland branch office functions under the Sweden partner section and focuses on fundraising and communications as well as on supporting the recruitment of field workers.

MSF-Greece

The Partner Section Benchmark took place in combination with the mission benchmark (see under Greece).

MSF Italy

The Partner Section Benchmark took place in combination with the mission benchmark (see under Italy).

MSF-Norway for Iceland

Needs
This was the first and somewhat extraordinary benchmark conducted in Iceland. The benchmark was requested by MSF-Norway (MSF-No) to gain insights on salaries and cost of living in view of a growing number of IMS. The study focused on the capital city, Reykjavik, and its suburbs which represent two-thirds of the Icelandic population and most services.

Background
Icelandic staff are hired as International Mobile Staff. These staff do not have a contracting office and are typically considered as non-contracted resident staff. MSF sets and adjusts salaries for international mobile staff based on the local market of the country of residence. The data typically used to set and adjust salaries comes from Mercer, an external, private consulting company. However, Mercer does not produce salary information on the local market, so the survey was carried out by the MSF Benchmarking Unit.

Senegal

Key facts and additional information
No. of locally hired staff covered by the survey: 101 (incl. global and regional positions under local contract)
Sections present: OCG, MSF International au Senegal

Needs
This benchmark was requested by the mission in order to obtain an updated view of remuneration in the Senegalese market and understand how MSF is positioned in this market; understand the HR practices, benefits in kind and remuneration levels of the other comparators, more specifically concerning regional and/or head office posts; and identify whether the salaries and fringe benefits of employees recruited in the country and those recruited outside Senegal differ.

Background
MSF-Senegal is based in the country's capital, Dakar. It is a support office shared by all MSF sections, with management led mainly by OCG, OCBA and OCP. The MSF-Senegal office staff either work on programmes or provide technical support. MSF run limited operational activity in Senegal during the Covid crisis in 2020. The organisation has not had any activities or projects in the country since. The activities of the MSF-Senegal office comprise mainly decentralised offices: OCBA cell 2, OCG cell 3, OCP cell 2, medico-operational support teams, and the Dakar Support Unit as well as hosted positions.

MSF-Spain (OCBA)

Key facts and additional information
No. of locally hired staff covered by the survey: 358 FTE in all offices, 166 FTE as canvassers (street fundraiser, with 50 % contracts)
Sections: MSF-Spain, OCBA

Needs
This is the first salary survey to be carried out in Spain and the first for an Operational Centre.
The survey aimed to assess the position and competitiveness of MSF-OCBA within the national market and framework by collecting information on salaries, especially for positions/functions with specific difficulties.
The survey was to obtain insight into changing perceptions of rewards, employer attractiveness and benefits (monetary and non-monetary) by both workers and organisations after the paradigm shift that came with the Covid-19 pandemic.

Background
MSF Spain was founded in 1986 as one of the five Operational Centres in MSF. The section includes MSF Greece and seven regional and branch offices: Nairobi (Kenya), Dakar (Senegal), Amman (Jordan), Argentina, Colombia, Uruguay and Portugal. MSF Spain is based in Barcelona and has four offices in other parts of Spain, which contribute to its social mission through representation, communication, public advocacy, and fundraising. They are located in Bilbao, Madrid, Sevilla and Valencia. Barcelona is home to the Operations, Medical, Logistics, Finance, Human Resources, Communication and Fundraising departments. In addition, two specialised teams are in charge of information systems, data security and telecommunications (Organisation and Systems) and analysis and reflection on the contexts in which we work (Humanitarian Affairs). Lastly, MSF Spain also coordinates TEMBO, which offers MSF staff access to learning activities such as courses, quick videos and exercises, job-aids, and communities available in 4 languages (Arabic, English, French and Spanish).

Annex 2: Types of Studies conducted in 2023

FULL (COMPREHENSIVE) SURVEY	UPDATE (OF A SURVEY)	SPECIAL FOCUS STUDY
Conducted by Analyst trained by the Intersectional Benchmarking Unit Extensive, detailed, and customized study, including compliance analysis Duration: minimum 2 months (depending on complexity)	Conducted by the Intersectional Benchmarking Unit either remotely or through field visit (rare) Short, less detailed report, supplementing and updating data from the previous Benchmark Report Duration: minimum 1 month	Conducted by Intersectional Benchmarking Unit either remotely or through field assessment, depending on scope and context Tailored study to assess specific challenges in a mission country (e.g. dollarization, living wage, temporary measures during crises) Duration: depending on defined scope, but on average 6 weeks
Recommended for: Regular comprehensive monitoring of local labour market and benchmarking of MSF's position in it Labour market fact finding prior to opening of a mission Significant changes in a labour market (e.g. dollarization, new labour legislation, influx of new competitors) Changes in internal HR set up of the mission (e.g. IRFFG implementation) Time since last survey >2 years	**Recommended for:** Broad assessment how a labour market has evolved since previous survey Time since last *full* benchmark <2 years	**Recommended for:** "Feeling the pulse" among employers and employees during unexpected or dramatic economic, political, or public health events.
Not recommended for: Economic turmoil contexts Last-minute fixing of specific isolated HR challenges	**Not recommended for:** Comprehensive review of HR package Specific functions Inclusion of new market segments	**Not recommended as:** Substitute for regular benchmark surveys or updates These studies are usually for crises and emergencies. The timeframe and results will therefore be agreed after a case-by-case assessment of needs, feasibility, and capacities.
General Terms of Cooperation: All surveys are by default intersectional The Benchmarking Unit is an independent and neutral specialist unit and will not accept any undue influences.		

Annex 3: Strategic Goals BMU 2023

FOCUS AREA	STRATEGY
Purpose and Identity	Ensure that the BMU is the primary source and reference for labour market intelligence for internal and external users for remuneration management and all rewards-based evaluations/initiatives
Communication and Relationships	Enhance BMU "brand" recognition in terms of labour market knowledge and expertise within MSF and the external INGO sector
Capitalize on Core Strengths and Resources	Enhance and expand the BMU community of specialists in labour market intelligence, remuneration management and reward-based initiatives. Maintain and develop core BMU tools and work processes to provide MSF with high quality information, tools, case studies, examples to enable fair decisions in the area of comp and ben.
Process and Sustainability	BMU Ensure timely, high quality labour market information/intelligence through quality, cost effective processes. Secure transferability of core process execution to ensure independence from individual employees.
External Profile	Develop BMU external profile and collaboration with the INGO sector
Operations	Ensure effective project planning, supervision and follow up and delivery of high-quality market intelligence in accordance with agreed deadlines
Other Operational/ Development	Maintain an emphasis on continuous process improvement focused on providing new and/or improved market intelligence to key internal and external stakeholders in an efficient and cost-effective manner
Team Building	Facilitate relationship building and sharing with coordination team members and other key stakeholders