



Joined Health Project
Manaslu Rural Development Society – Nepal
Menschen im Dialog e.V. – Germany



Project Initiation Document (PID) – Health Project Proposal

Document version

Version: 3

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Vision – joined health project

Our vision is to sustainably improve the health and well-being of all women in the Rural Municipality of Chumnuhari. We want to enable them to deal openly with all health-related problems, including gender-specific problems and diseases, despite cultural barriers and taboos. The aim is to enable women to recognize and improve their complaints and to make use of existing treatment options. In addition, they should be enabled to pass on their experiences, their findings and their newly acquired knowledge to future generations and thus make them sustainable and usable in the long term.

Mission – joined health project

The mission to carry out a large-scale education and sensibilization program in the Rural Municipality of Chumnuhari for the women living in the 63 villages is based on our vision.

At the same time, additional knowledge and access to health-relevant assistance will be offered to all villagers, or single target groups for specific topics, not just women.



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Project Description

Almost one third of the Nepalese population lives on less than one dollar a day. The country can look back on a long history of discrimination and exploitation, and political conflicts have led to the displacement of tens of thousands of people. In the past, maternal mortality in Nepal was one of the highest in Asia. Only a few women had access to medical support, most of them are unfamiliar with a hospital. Pregnancy-related complications, on the other hand, were not uncommon and could lead to the death of mother and child. Even though today 58%¹ of all births in Nepal (2016) are accompanied by trained personnel, the maternal mortality rate has been reduced to 0.65%² (2015) and the infant mortality rate of newborns to 2.78%³ (2017, compared to 17.63%⁴ in 1970), these figures are still about ten times higher than in Germany. In addition, there are large regional differences. Life is particularly difficult for Nepalese women in remote areas. To give birth at home is part of the culture and completely normal, women are not aware of possible consequences of pregnancy. That is why in such a region we are planning to implement a large-scale education and sensibilization program for women and thus promote the reduction of the risk for mother and child - before, during and after childbirth. A lack of education and information, heavy physical work, the birth of several children, a lack of nutrients and related digestive problems as well as the lack of access to qualified midwives increase the risk of uterine prolapse. Without knowing the cause, women report abdominal pain, back pain, painful sexual intercourse, urinary discomfort or bloody urination. Most, however, conceal and hide their symptoms out of false shame, as it has been transmitted through their culture for centuries. With our project the situation of such women is to be improved sustainably by education as well as preventive and treatment measures.

(Sources [1,2,3,4]: www.data.worldbank.org)



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Project Goals

Within an educational and awareness-raising campaign in the rural municipality of Chumjubri, which is located in the Manaslu region, our main, but not exclusive, objective is to examine the health of women who are capable of giving birth, to collect data and to improve the health of women suffering from uterine prolapse. The initiative and requirement for the project came from the local health post in Philim. The responsible there have reported that existing treatment methods are not being used because the women are either unaware of their illness or are ashamed of it. Within the framework of the project, the individual villages are to be visited by trained midwives, and the women there are to be examined, educated and advised. In addition, these visits should be used to inform people about other general health related issues and to help them. The project goals derived from this are:

- Reduce or eliminate women's shyness and shame in dealing with health-relevant issues through systematic education
- Training and education on uterus prolapse
- Training, education and assistance in menstrual hygiene
- Examination, categorization into degrees of severity, and data collection on uterine prolapse, determination of the number of patients
- Planning and financial support of transportation for affected women requiring surgical treatment (e.g. hospital in Kathmandu)
- Training of first-aiders in each village
- Initial treatment of minor injuries, minor infections and minor illnesses
- Training for personal hygiene / oral hygiene
- Training and education on sexuality and pregnancy
- Inform about the effects of alcohol and drugs
- Inform about human rights
- Teaching, sensitizing and educating local shamans (when is a doctor is needed!)
- Promotion of healthy and happy families
- Supporting the nation through healthy, able-bodied people



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Project Activities

- Planning, coordination and control, staff selection / project staffing
- Orientation program involving government officials, public health office, local health post and all people involved, including the staff to be employed
- Data survey on affected women (uterine prolapse)
- Coordination of necessary treatments / surgical operations of affected women
- Comprehensive health training and education for the people in the villages

The typical process of a visit to a village by a trained midwife, who is trained in other health-related topics before the project begins, might look as follows. The exact time schedule must be agreed with the responsible persons in the respective village and is implemented, if necessary, based on several village visits with breaks in between. (Yellow background = optional / additional day, depending of the size of a village)

Day	Start	End	Hours	Activity	Activity Details	Audience
1	6:00 AM	6:00 PM	08:00	Arrival, Preparation Communication	Communicate / align plan with mayor responsible persons in the village Prepare room(s) and materials Communicate timeline in the village / invite the people Align timeline with child care and local school	Responsible person(s) in the village Local stakeholders All villagers Teachers, Midwife
2	8:00 AM	12:00 PM	04:00	First Aid - Part I	First aid course Instructions for using the first aid set	5 selected people in each village
2	1:00 PM	5:00 PM	04:00	Counselling / treatment - Part I	Treat minor injuries / illness	All villagers
3	8:00 AM	12:00 PM	04:00	First Aid - Part II	First aid course Instructions for using the first aid set	5 selected people in each village
3	1:00 PM	3:00 PM	02:00	Menstruation hygiene education	Teach what menstruation is and that it is normal, nothing to hide How important it is to care about hygiene, how to care about hygiene	Women only, including girls > 12 years
3	3:00 PM	5:00 PM	02:00	Uterus prolapse information	What it is, where it comes from, how to prevent, how to treat	Women only, including girls > 12 years
4	8:00 AM	12:00 PM	04:00	Uterus prolapse examination - Part I	Stocktaking and categorization of affected women (Level 1 to Level 4)	Women only
4	1:00 PM	3:00 PM	02:00	Personal hygiene education	All about water - source, treatment, drinking water, storage, disposal Body hygiene, excreta disposal etc.	All villagers
4	3:00 PM	4:00 PM	01:00	Dental education - oral hygiene	Dental education including practice (brushing teeth, using dental floss)	All villagers
4	4:00 PM	5:00 PM	01:00	Sexual education	Sexual disease, HIV, contraception / birth control	All villagers including children > 12 years
5	8:00 AM	10:00 AM	02:00	Pregnancy	Birth control / how to prevent pregnancy Health for mother and child during and after pregnancy (e.g. no hard work) What to think about, where to get information, where to get help...	Women only, including girls > 12 years
5	10:00 AM	11:00 AM	01:00	Alcohol, cigarretes and drugs	How alcohol harms body and mind, how smoking (and also fire smoke) damage, tobacco, coffee, drugs... Damage, especially during pregnancy	All villagers
5	11:00 AM	12:00 PM	01:00	Human rights education	The need to change ancient customs, why menstruation houses are illegal Human rights, especially lower casts, women, children	All villagers
5	1:00 PM	3:00 PM	02:00	When you MUST consult a doctor	Symptoms when a doctor (or health-post) must be consulted Possibilities for preparation / help (doctor, health post, finance) Addressing Cholera, TBC, long-lasting diarrhea etc...	All villagers
5	3:00 PM	5:00 PM	02:00	Logging / recording, protocols	Buffer for documentation, which is ongoing during all sessions	Health staff / midwife
6	8:00 AM	10:00 AM	02:00	Counselling / treatment - Part II	Treat minor injuries / illness Optional, depending on the village size / count of patients	All villagers
6	10:00 AM	11:00 AM	01:00	School - dental education	Education, especially for kids aged 3 to 12 Optional - if the village has a school	All kids / students
6	11:00 AM	12:00 PM	01:00	School - personal hygiene education	Education, especially for kids aged 3 to 12 Optional - if the village has a school	All kids / students
6	1:00 PM	3:00 PM	02:00	Uterus prolapse examination - Part II	Stocktaking and categorization of affected women (Level 1 to Level 4) Optional, depending on the village size / count of patients	Women only
6	3:00 PM	5:00 PM	02:00	Logging / recording, protocols	Buffer for documentation, which is ongoing during all sessions	Health staff / midwife



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Project Approach

This project application is submitted to the District Health Office (DHO), the Rural Municipality of Chumnuhari and to the Social Welfare Council Nepal (SWC). After getting the approvals, we will advertise the vacancies and start recruiting. Once all vacancies have been filled, the project will start with the orientation program, involving local government officials, the district health office, the local health post and all the people involved, including the staff to be employed. After a comprehensive, appropriate training or refreshing of the already existing knowledge of our qualified staff, they go to the villages of the project target region. There they will cooperate with the staff of the local health posts (Samagaun, Lho, Namrung, Bihi, Chumchet, Chhekampar, Philim), responsible in the respective district, and organize a kick-off meeting with the "Female Child Health Volunteers (FCHV)" already working in the villages, at which these volunteers will also be informed about the symptoms of a prolapsed uterus. In the villages, our staff will organize and conduct training courses, collect figures and data, and offer assistance within the given possibilities. The survey of uterine prolapse will be based on the patient's own and external anamnesis. If there is a suspicion based on the anamnesis, a more detailed examination and diagnosis is carried out by our qualified staff. Finally, the collected data is brought together with the aim of subsequently enabling the treatment of affected women. This treatment has NOT to be financially supported, cost will be paid completely by the Nepal Government or the District Health Office (DHO). Only transportation cost of affected women, e.g. to the hospital in Kathmandu for surgical treatment, needs to be supported by the project. In addition, we educate all residents of a village (not only women) about important health-relevant topics such as personal hygiene, oral hygiene, alcohol abuse or human rights. The individual phases are summarized again:

1. Approval by DHO
2. Approval by Rural Municipality
3. Approval by SWC
4. Orientation program in Gorkha Bazar
5. FCHV Trainings onsite in local health posts (health post staff and FCHV)
6. Awareness raising, training and data collection in the villages
7. Treatment of uterus prolapse
8. Project completion



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Project Staff and Project Planning

The project planning and the required staff are derived from the facts already known and the assumptions to be made:

a.) Facts

- F01: The staff will be trained for 6 days in before they go to the field
- F02: The project area "Chumnuhari Rural Municipality" consists of 7 wards
- F03: Each ward consists of 9 villages
- F04: A total of 63 villages are visited (7 wards X 9 villages = 63)
- F05: 7.417 people live in the 63 villages (3.555 male / 3.862 female)
- F06: Each ward has one health post

b.) Assumptions

- A01: Average travel time from village to village = 1 day
- A02: Time required for smaller villages - without school = 5 days
- A03: Time required for larger villages - with school = 6 days
- A04: 20% of villages are larger villages
- A05: 80% of villages are smaller villages
- A06: 13 villages (20%) x 6 project days + 1 travel day = 91 project days
- A07: 50 villages (80%) x 5 project days + 1 travel day = 300 project days
- A08: Project days in the villages = 391 project days
- A09: 26 working days per month (Saturday free)
- A10: 4 months project duration = 4 x 26 working days = 104 working days
- A11: 391 project days / 104 working days = personnel expenses 3.76
- A12: 3% of all female need surgical treatment (transportation cost)

In order to be able to implement the planned activities, the following staff requirements exist:

No.	Role	Description	Count	Days	Months	Rate/month	Cost NRs.	Cost EUR	Remarks
1	Project Coordinator	Overall Project Management	1	150	5	40.000	200.000	1.600	80% Office based, 20% Field based
2	Project Supervisor	Project Monitoring	1	150	5	35.000	175.000	1.400	20% Office based, 80% Field based
3	Auxiliary Nurse Midwife	Educated health staff	4	120	4	30.000	480.000	3.840	100% Field based
4	Account Assistant	Financial administration	1	45	1,5	30.000	45.000	360	100% Office based, part time
5	Health Instructor	Trainer	1	6	0,2	105.000	21.000	168	High educated trainer
SUM							921.000	7.368	Overall human resource cost



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Schedule

The timetable shown is a draft. The actual timetable will be set after SWC approval and with the involvement of all project stakeholders at the start of the project.

No.	Role	February	March	April	May	June	July
1	Project Coordinator						
2	Project Supervisor						
3	Auxiliary Nurse Midwife						
4	Account Assistant						
5	Health Instructor						

Milestones

No.	Milestone (blue)	February	March	April	May	June	July
1	Staff selected						
2	Orientation program done						
3	FCHV trained						
4	Education in villages started						
5	Data recording started						
6	Project in the field / villages						
7	Education in villages done						
8	Data recording done						
9	Surgical treatment started						
10	Surgical treatment						
11	Surgical treatment done						

Project Management

The project work in the target region is coordinated and administered by the local project staff. All project activities in the project team are coordinated and scheduled in advance. During the project, the progress of the project is continuously monitored and regularly documented. The team is led and coordinated by an experienced project supervisor. The difficult conditions such as geographical circumstances, cultural backgrounds or the need for people to earn their living, make it essential for the "Project Supervisor" and his team to have a wide scope of action in order to be able to react as flexible as possible to the respective circumstances.



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Monitoring, Control and Reporting

The field supervisor is responsible for monitoring the progress of the project and measuring it against the defined activities and objectives. In addition, the project is monitored by government staff (staff at the local health post in Philim). On the 15th of each month, a review is carried out by the "Project Coordinator", who bears overall responsibility for the project and ensures that the project objectives are achieved. At the end of each month, the local community (Rural Municipality) reviews the project. In the last month, at the end of the on-site assignment, all participants carry out a final, joint review of the project results. Involved participants are:

- District Health Office (DHO)
- Rural Municipality (RM)
- Health Post Philim (main health-post in the rural municipality of Chumsubri)
- Manaslu Rural Development Society – Nepal (MRDS Nepal)
- Menschen im Dialog e.V.

A final project report will be handed over to the Social Welfare Council (SWC), to the village community of Chumsubri and to Menschen im Dialog e.V. (People in Dialogue).

Cost Plan

The comprehensive cost plan is presented on page 9.

“MRDS – Nepal” and “Menschen im Dialog e.V.”

The partner organizations “MRDS – Nepal” and “Menschen im Dialog e.V.”, which work on this joined project, are introduced in the annex of this document.

Prepared by

MRDS – Nepal and Menschen im Dialog e.V.

Submitted to

District Health Office – Gorkha (DHO)
Chumsubri Rural Municipality
Social Welfare Council (SWC)



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No.	Item	Details	Count	Unit	Rate	Total (NRs.)	Total (EUR)	Remarks
1 Human Resource - 1% of the salary will be paid as social security tax to the government by each staff								
a	Project Coordinator	Overall Project Management	5	Month	40.000	200.000	1.600	80% Office based, 20% Field based
b	Project Supervisor	Project Monitoring	5	Month	35.000	175.000	1.400	20% Office based, 80% Field based
c	Auxiliary Nurse Midwife	Educated health staff	16	Month	30.000	480.000	3.840	100% Field based (4 persons)
d	Account Assistant	Financial administration	1,5	Month	30.000	45.000	360	100% Office based, (1 person, part time)
e	Health Instructor	Trainer / Doctor / Lawyer / Nurse	0,2	Month	105.000	21.000	168	High educated trainer (initial training)
1	Total					921.000	7.368	Total cost for human resources
2 Material								
a	Office materials	Flip charts, board markers, pencils etc.	n.a.	n.a.	15.000	15.000	120	
b	Training materials	Flyer, hand-outs, print-outs	n.a.	n.a.	35.000	35.000	280	
c	First aid kits - small	Basic first aid materials for small villages	50	Bag	2.000	100.000	800	
d	First aid kits - big	Basic first aid materials for big villages	13	Bag	3.500	45.500	364	
e	First aid refill material	Refill material in case of consumption	63	Bag	1.500	94.500	756	Store refill material in Philim for pickup
f	Banner	Banner print for local project awareness	6	Banner	1.500	9.000	72	1x Gorkha, 1x Philim, 4x Villages
2	Total					299.000	2.392	Total cost for material
3 Other								
a	Orientation meeting cost	Refreshments and snacks for attendees	15	Catering	400	6.000	48	Project members + officials / government
b	Orientation meeting cost	Room rent (meeting room)	1	Days	1.500	1.500	12	Not allowed to use DHO rooms
c	Midwife Training	Room rent (meeting room)	6	Days	1.500	9.000	72	Initial training for midwives (room rent)
d	Midwife Training	Accommodation / food / refreshments	5	People	9.600	48.000	384	Initial training for midwives and supervisor
e	FCHV* training cost	Travel cost, refreshments, snacks	63	FCHV	1.000	63.000	504	*FCHV = Female Child Health Volunteer
f	FCHV* training cost	Refreshments for health-post staff	15	People	100	1.500	12	Initial meeting, together with FCHV
g	Field training cost	Refreshments and snacks for attendees	63	Catering	3.000	189.000	1.512	63 villages, avg. 30 attendees x 100 NRs.
h	Material transportation	Transportation cost	25	Days	2.000	50.000	400	5 carriers, 5 days each (to local health posts)
i	Final approval meeting cost	Refreshments and snacks for attendees	15	People	100	1.500	12	Final onsite meeting / approval meeting
j	Communication cost	Fees for phone and letters	31	Month	1.000	31.000	248	4x4 month, 3x5 month, 1.000 per month
k	Insurance	Insurance for field staff	6	People	3.000	18.000	144	Health insurance including rescue
l	Monitoring by RM/Health-P.	Monthly monitoring by local responsible	5	Month	12.000	60.000	480	Monitoring RM Gov Office DHO SWC
m	Travel cost	Menschen im Dialog e.V. association	2	n.a.	0	0	0	Travel exp. are payed by members themselves
n	Uterus prolapse treatment	Degree 1-2 = health post; 3-4 = hospital	Unknown	People	0	0	0	Treatment payed by DHO / Nepal Government
o	Uterus prolapse treatment	Transportation cost for affected women	116	People	9.600	1.113.600	8.909	8 travel days / 4 treatment days / 800 NRs. per day
3	Total					1.592.100	12.737	Total other cost
	Total 1-3					2.812.100	22.497	Total
	Buffer 10% - necessary to be planned due to difficult project area, see description in chapter "Project Mgmt."					281.210	2.250	Buffer
	Total project effort estimate					3.093.310	24.746	Effort estimate
4 Optional - depending on the available budget, the effectiveness and sustainability of the planned measures can be further increased								
a	Office materials	Flip charts, board markers, pencils etc.	n.a.	n.a.	10.000	10.000	80	
b	Training materials	Flyer, hand-outs	n.a.	n.a.	5.000	5.000	40	
c	Oral hygiene set	Toothbrush, toothpaste	7500	Set	100	750.000	6.000	7.417 people + buffer
d	Basic medication	Medications to treat minor illness	63	Packing unit	4.000	252.000	2.016	Asprins/Parac., diarrhoea, cough tablets etc.
e	First aid kits - field usage	First aid material used during visiting villages	12	Bag	4.500	54.000	432	Used by midwives during field visits
f	Contraception material	Condoms, the pill, 3-month implants	5000	n.a.	0	0	0	Available for free in health post (payed by DHO)
g	Sanitary pad material	Sanitary pads or equivalent material	2500	n.a.	250	625.000	5.000	63 villages, avg. 10 women
4	Total					1.696.000	13.568	Total optional cost



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Annex A – Introduction of “Manaslu Rural Development Society – Nepal”

Manaslu Rural Development Society – Nepal (MRDS) has been legally registered at the District Administrative Office in September 2017. MRDS is a non-profit, non-governmental social organization. As of February 2019, this organization consists of 9 members in the acting board committee and 19 members in general. During the first general meeting, MRDS defined the district of Gorkha as its primary working area and set itself the goal of serving the people living there through a sustainable development strategy. In the last 19 months, MRDS worked on capacity development and awareness raising programs in Chumnuhari Rural Municipality. At the last board meeting, it was decided to become more engaged in supporting and developing people in need in the coming years. According to its vision, MRDS Nepal fights against poverty in the community and tries to avert any kind of harassment of women, children, disabled and Dalit people (lower cast of Nepal). Negative concepts of the society must be changed and replaced by more equitable concepts by conducting awareness-raising campaigns and providing education to all disadvantaged groups. MRDS is ready to work with any organization and people to achieve the goals described above.

The board members of MRDS Nepal already have more than 10 years of experience in the implementation of such projects as well as in cooperation with national and international organizations. Therefore, MRDS has the ability and knowledge to ensure that the programs conducted by this organization are effective and sustainable.



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Objective of MRDS – Nepal

- Implementation of free awareness-raising programs and health improvement projects after prior approval by the Nepalese government and its relevant offices
- Commitment to environmental protection
- Protection in the event of natural disasters through preparatory measures such as training and information (behavior in the event of a disaster)
- Support for people affected by natural disasters, procurement and provision of relief supplies
- Implementation of measures against the oppression and disadvantage of minorities, Dalits (low caste in Nepal), women and children
- Promotion and implementation of human rights
- Improving the quality of life and preventing poverty through education
- Provision of teaching material
- Support for the creation of infrastructure
- Motivation of people to help shape their living conditions

Sources of income

- Membership charge
- Donations / Sponsorship
- Interest from the bank balances

Post address

Chumsubri Rural municipality -3
Philim Gorkha
Nepal

Contact Person

Dil Bahadur Gurung (Chairman)
Phone: +977-9846984160
Email: mrdsnepal017@gmail.com



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MRDS – Overview

Name of Organization	Manaslu Rural Development Society Nepal (MRDS Nepal)
Date of establishment	2017
Registration no.	1610, District Administration Office, Gorkha Nepal
SWC Registration no.	46881
PAN no.	607386264 Regional Revenue Office Pokhara
Address	Chumnubri Rural Municipality – 3, Philim Gorkha

MRDS – Board Members

No.	Position	Name	Address	Phone no.	e-Mail
1	Chairman	Dil Bdr Gurung “Ridam”	Chumnubri R.M-3	9846984160	ridamnk@gmail.com
2	Vice-Chairman	Alina Gurung	Chumnubri R.M-3	974608280	
3	Secretary	Luna Gurung	Chumnubri R.M-7	9846271191	
4	Treasures	Santamaya Ghale	Ajirkot R.M -1	9849914633	
5	Member	Damodar Ghimire	Siranchok R.M -7	9802775022	
6	Member	Chhabilal Kumal	Gorkha Municipality 3	9846312414	
7	Member	Sujata Gurung	Chumnubri R.M -3	9806670339	
8	Member	Devendra Gurung	Chumnubri R.M -3	9860356437	
9	Member	Raju sunar	Dharche R.M -3	9864006975	



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Annex B – Introduction of “Menschen im Dialog e.V.”

We are committed to improving the living conditions of needy people in poor countries. The direct dialogue with these people enables us to understand which means and measures are particularly important and effective for creating additional perspectives. In this way, the non-profit association provides help for self-help for those who only need a helping hand to stand up and walk on their own feet. The promotion of education, health and international understanding are the focus of our voluntary commitment.

Objective of “Menschen im Dialog e.V.”

- Educational support
- Health support
- International understanding

Sources of income

- Membership charge
- Donations / Sponsorship

Post address

Dominikus Zimmermann Strasse 5
73450 Neresheim / GERMANY

Contact Person

Ralf Ledl (Chairman)

Phone: +49 (0) 7326-3560293

Email: menschenimdialog@outlook.de



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Menschen im Dialog e.V. – Overview

Name of Organization	Menschen im Dialog e.V.
Date of establishment	2017
Registration no.	VR721166, Amtsgericht Ulm, GERMANY
Tax ID.	50074/80229
Address	Dominikus Zimmermann-Str. 5, 73450 Neresheim / GERMANY

Menschen im Dialog e.V. – Board Members

Executive Board Members:

- Michael Flum
- Ralf Ledl