Operational Plan for State TOT and FLW (ANM, ASHA, AWW) Training on COVID-19 Please fill-in the boxes marked in Yellow													
State:													
State Training of Trainers													
Date:					Number of Pa	articipants:							
District/Block Training of Trainers ANMs, ASHAs and AWWs Training													
(A) District	(B) Date	No. of State Trainers						(G2)	No. of District/Block Trainers				
		(C) Names of the State Trainers who will trainng at district level	(D) Name of trainer who will facilitate training at District (out of (C))	(D2) Mode of Training- Include online platform details	(E) Number of Participants (District/Block)	(F) Name of District/Block of FLWs	(G) Date	Mode of training- include online platform details	(H) Names of District/Block trainers who will facilitate trainng of FLW	(I) Name of Trainer who will faciliatate traning (out of (H))	(I2) Mode of training. Include training mode details	(J) Number of Participants to be trained	
												ANM	ASHA
						-							
		-											
		-											