Table 1 Summary of results of all the steps given in Figure 1.

Step	1	2	3	4	5	6
Quantitative results	Weighted average waste generation rate of 0.667 Kg/bed per day.	Average communication path lengths of 3.07 and 1.02 at the large and small hospitals respectively.	Ratio of trained sanitary workers at public and private hospitals was 31.5% and 37.8% respectively.	13.6% of the subjects tested positive for HCV. Needle pricking identified as a significant factor.	Hypotheses validated through EFA-CFA cross verification.	Integrated waste management system resulted in minimum net emissions i.e. 35.98 Kg CO_2 equivalent per tonne of waste.
Qualitative results	Poor waste storage, segregation and storage practices observed.	Feedback gaps between waste collectors and hospital management were observed.	Hospital waste management efficiency and performance grew in tandem with staff trainings.	Variations existed across hospitals in different towns of the city pointing towards differences in HWM plan adoption and execution.	Concerns about hospital reputation, fear of liability and expenses act as motivational factors for sound HWM.	Waste minimization and source segregation are essential to realize an integrated and efficient hospital waste disposal plan.