

Deliverable D5.3

Stakeholders mapping, engagement, and outreach activities_v1

DOCUMENT CONTROL SHEET

PROJECT INFORMATION

Project Number	101083857		
Project Acronym	NATURELAB		
Project Full title	Nature based interventions for improving health and well-being		
Project Start Date	1 June 2023		
Project Duration	54 months		
Funding Instrument	Horizon Europe	Type of action	Research and Innovation Action (RIA)
Topic	HORIZON-CL6-2022-COMMUNITIES-02-02-two-stage		
Coordinator	Laboratório Nacional de Engenharia Civil (LNEC)		

DELIVERABLE INFORMATION

Deliverable No.	D5.3						
Deliverable Title	Stakeholders mapping, engagement, and outreach activities_v1						
Work-Package No.	WP5						
Work-Package Title	Communication, dissemination & exploitation						
Lead Beneficiary	FICUS						
Main Author	Nicole Maria Heise Vigil (FICUS)						
Other Authors	Vania Isabel de Jesus Dias (FICUS), Vincenzo Viacava (FICUS)						
Due date	M12						
Deliverable Type	x	Document , Report (R)		Data management plan (DMP)		Websites, press & media action (DEC)	Other
Dissemination Level	x	Public (PU)		Sensitive (SEN)		Classified	
PU: Public, fully open SEN: Sensitive, limited under the conditions of the Grant Agreement Classified R-UE/EU-R – EU RESTRICTED under the Commission Decision No2015/444 Classified C-UE/EU-C – EU CONFIDENTIAL under the Commission Decision No2015/444 Classified S-UE/EU-S – EU SECRET under the Commission Decision No2015/444							

Legal disclaimer

This project is funded by the European Union under Grant Agreement No. 101083857 and co-funded by the UK Research and Innovation Grant Award No. 10067111. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Research Executive Agency (REA). Neither the European Union nor the granting authority can be held responsible for them.

DOCUMENT HISTORY OF CHANGES

Version	Date	Author and Short Org. Name	Description
1	Feb. 19, 2024	Heise, N – FICUS	First draft structure of D5.3
2	May 01, 2024	Heise, N., De Jesus, V., Viacava, V. - FICUS	First Draft – D5.3
3	May 19, 2024	Heise, N., De Jesus, V., Viacava, V. - FICUS	First reviewed document D5.3
4	May 23, 2024	Heise, N., De Jesus, V., Viacava, V. - FICUS	Second reviewed document D5.3
5	Feb. 25, 2025	Heise, N., De Jesus, V., Viacava, V. - FICUS	EC requested reviewed version

DOCUMENT REVIEW

Reviewer	Date	Reviewer Name (Short Organisation Name)
Aniek Woodward	May 7 and May 21	VU
João Barata	May 8 and May 21	SPI

ABBREVIATIONS

Abbreviation	Definition
FGD	Focus Group Discussions
GA	Grant Agreement
KII	Key Informant Interviews
MSF	Multi-Stakeholder Platforms
NBT	Nature-Based Therapies
PHR	Participatory Health Research
SME	Small and medium enterprises
SPI	Sociedade Portuguesa de Inovação
VU	Vrije Universiteit Amsterdam
WHO	World Health Organisation

Table of contents

Executive Summary	9
1. Introduction	12
2. Methodology	15
2.1 Conceptual framework	15
2.2 Study design and settings	19
2.3 Methods and process of data collection	22
2.3.1 Operation level of stakeholder	23
2.3.2 Perceived knowledge of NBT	23
2.3.3 Perceived interest in NBT	24
2.3.4 Perceived power	24
2.3.5 Position towards NBT	25
2.3.6 Stakeholder engagement barriers and potential strategies:	25
2.4 Data analysis	26
3. Results: Germany	29
3.1 Stakeholders identified.....	29
3.2 Relation between knowledge of NBT and the power and position towards NBT.....	30
3.3 Relation between interest in NBT and the power and position towards NBT	31
3.4 Barriers identified for the engagement of stakeholders	32
3.5 Possible engagement strategies of Key Stakeholders.....	32
4. Results: Greece	35
4.1 Stakeholders identified.....	35
4.2 Relation between knowledge of NBT and the power and position towards NBT.....	36
4.3 Relation between interest in NBT and the power and position towards NBT	37
4.4 Barriers identified for the engagement of stakeholders	37
4.5 Possible engagement strategies of Key Stakeholders.....	38
5. Results: The Netherlands	40
5.1 Stakeholders identified.....	40
5.2 Relation between knowledge of NBT and the power and position towards NBT.....	41
5.3 Relation between interest in NBT and the power and position towards NBT	42
5.4 Barriers identified for the engagement of stakeholders	42
5.5 Possible engagement strategies of Key Stakeholders.....	43
6. Results: Peru	45
6.1 Stakeholders identified.....	45
6.2 Relation between knowledge of NBT and the power and position towards NBT.....	46
6.3 Relation between interest in NBT and the power and position towards NBT	47

6.4	Barriers identified for the engagement of stakeholders	48
6.5	Possible engagement strategies of Key Stakeholders.....	48
7.	Results: Portugal	50
7.1	Stakeholders identified.....	50
7.2	Relation between knowledge of NBT and the power and position towards NBT.....	51
7.3	Relationship between interest in NBT and the power and position towards NBT....	52
7.4	Barriers identified for the engagement of stakeholders	52
7.5	Possible engagement strategies of Key Stakeholders.....	53
8.	Results: Cross-country comparison	55
8.1	Similarities and differences between stakeholders by country.....	55
8.1.1	Civil Society	55
8.1.2	Environmental Organisations	55
8.1.3	Media.....	56
8.1.4	Medical and Healthcare Community	57
8.1.5	Policy Makers and Governance	57
8.1.6	Scientific Community	58
8.1.7	SMEs.....	58
8.2	Barriers for engagement identified	59
8.3	Entry points for engagement.....	59
9.	Recommendations and next steps	63
9.1	General recommendations.....	63
9.2	Country specific recommendations	64
9.3	Next steps.....	65
10.	Appendix	68
11.	References	80

Index of figures

Figure 1: Correlation matrix of key variables for Germany.....	30
Figure 2: Correlation matrix of key variables for Greece.....	36
Figure 3: Correlation matrix of key variables for The Netherlands	41
Figure 4: Correlation matrix of key variables for Peru.....	46
Figure 5: Correlation matrix of key variables for Portugal.....	51

Index of tables

Table 1: Arnstein’s ladder for participation levels	17
Table 2: Stakeholder's categories	20
Table 3: Cases by country and category	22
Table 4: Overview of key variables for Germany Stakeholder mapping.....	29
Table 5: Overview of key variables for Greece Stakeholder mapping.....	35
Table 6: Overview of key variables for The Netherlands Stakeholder mapping	40
Table 7: Overview of key variables for Peru Stakeholder mapping.....	45
Table 8: Overview of key variables for Portugal Stakeholder mapping.....	50
Table 9: Overview of key variables for Civil Society	55
Table 10: Overview of key variables for Environmental Organisations	56
Table 11: Overview of key variables for Media.....	56
Table 12: Overview of key variables for Medical and Healthcare Community.....	57
Table 13: Overview of key variables for Policy Makers and Governance	57
Table 14: Overview of key variables for Scientific Community.....	58
Table 15: Overview of key variables for SMEs	59
Table 16: Stakeholder mapping list	68

Executive Summary

Deliverable 5.3 corresponds to the first version of the Stakeholders mapping, engagement, and outreach activities of the NATURELAB project and is developed under the framework of Work Package (WP) 5 “Communication, Dissemination & Exploitation”. Ficus Peru (FICUS) is the main responsible for this document and the implementation of the strategy. It will be supported by core contributions from Vrije Universiteit Amsterdam (VU) and Sociedade Portuguesa de Inovação (SPI), among joint efforts from all consortium partners.

Deliverable 5.3 is the first deliverable from task 5.3, that has as its main objective to map all relevant stakeholders in the NATURELAB project countries (Germany, Greece, The Netherlands, Peru and Portugal) and identify their requirements, interests, and expertise in NATURELAB research. The purpose of this document is to identify the main stakeholders to be involved in the NATURELAB project, and to better understand their knowledge, interest and power in influencing the uptake of Nature-Based Therapies (NBT) in the different countries of this project.

A total of 294 stakeholders from different categories (e.g., Civil Society, Medical and Healthcare Community, Environmental Organisations) were identified by the consortium partners in the five countries of the study (Germany, Greece, The Netherlands, Peru and Portugal). Additionally, partners characterised these identified stakeholders according to their perceived knowledge, interest, position, and power in regards to NBT (closed-ended questions), expected barriers for their engagement, and possible engagement strategies (open ended questions). The data was analysed by country and across countries by stakeholder category; closed ended questions were analysed using descriptive and multi-variate statistical analysis, and open-ended questions were codified and quantitatively analysed. Results showed that the knowledge of NBT appears limited in most project countries, except for Germany and The Netherlands. Also, in most countries, those stakeholders with extensive knowledge of NBT have little perceived power to influence NBT uptake in the country. Moreover, the following engagement strategies were identified: showcase successful NBT experiences in collaboration with the Media to reach wider audiences; develop policy briefs to communicate with Governance stakeholders; work with the Scientific Community on cost-benefit analysis on NBT, as this information is key for insurance companies and Governance organisations; develop communication materials with scientific-based evidence on NBT; and finally, offer training on NBT in order to increase NBT supply, especially in Peru and Portugal.

At the moment, the current stakeholder mapping supported the development of 100 key informant interviews (KII) within Task T4.1, and will later be complemented by Focus Group Discussions (FGD) with key stakeholders. The results of KII can be found in deliverable 4.1 “Delineation of a proof-of-

concept process for NBT uptake in each country”. The results of the KII and FGD will be integrated into the next version of this deliverable.

1. Introduction

The present document has been developed under the scope of the NATURELAB (Nature-based Interventions for improving Health and Well-Being) project, which has received funding from the European Union's Horizon Europe Research and Innovation programme, under Grant Agreement (GA) number 101083857, and from the UK Research and Innovation Grant Award No.10067111.

The NATURELAB project aims to increase the recognition, the promotion and the use of green and blue spaces as care providers, by investigating the benefits of NBT that promote well-being and support health prevention and rehabilitation and, thus, contribute to more resilient and sustainable communities. NBT involves more than a simple recommendation for being in nature. There is a recognised need to develop and establish scientifically validated programmes to encourage people to connect with nature in ways designed to respond to their specific personal needs.

NATURELAB will work in fifteen experimental sites in five countries and two continents (Europe and Latin America: Portugal, Greece, The Netherlands, Germany, and Peru) where the evaluation of NBT programmes will be assessed. In each of these countries, the consortium partners are not only supporting the development of this research, but also working on the integration of NBT in the public and private health sector in the country. In this regard, it is important to develop a stakeholder engagement strategy for working collaboratively on the uptake of NBT in the different countries.

The NATURELAB project is organised into six work packages. Work Package 5 (WP5) "Communication, Dissemination & Exploitation", has as its main target to motivate the adoption and implementation of NBT to increase health and well-being. We acknowledge that this is a collaborative effort, which needs to be supported by the creation of a network to promote NBT in each of the countries where NATURELAB is being implemented. As part of WP5, Task 5.3 "stakeholder mapping, engagement and wide outreach" aims to map all the relevant stakeholders in the different NATURELAB project countries and identify their requirements, interest and expertise in NATURELAB research in order to promote NBT uptake in each country. The results of the first stakeholder mapping exercise are presented in this deliverable, D5.3 "Stakeholders mapping, engagement, and outreach activities_v1", and will be continuously updated every six (6) months throughout the project (up to version 6, due at month 54). Moreover, the mentioned task will also include the development of a D5.6 "Development of tools and guidelines to promote the integration of nature-based care in the public health sector_V1" by month 24, and a second version of it by the end of the project (month 54).

As a first step for stakeholder engagement, an initial stakeholder mapping has been developed to analyse the current situation of NBT in the country. The first stakeholder mapping has been developed by the different consortium partners, differentiating the knowledge, interest, position towards NBT of each of the organisations mapped, as well as the power they have to influence NBT uptake in the country. This document presents the analysis of these results and includes recommendations on engagement strategies that can be applied for each project country and stakeholder category.

Results of this initial stakeholder mapping were complemented with a first round of consultations with various stakeholders. As part of Work Package 4 (WP4) “Governance, social innovation and uptake of nature-based therapies”, task 4.1 comprehends community engagement and awareness for the adoption of NBT. As part of this task, Key Informant Interviews (KIIs) were conducted, using the initial stakeholder mapping as a sampling strategy. Results from the KIIs are presented in D4.1 “Delineation of a proof-of-concept process for NBT uptake in each country” and will later be complemented by FGDs to be presented in D5.4. The present work will also be complemented by the continuous update of the stakeholder mapping in each country, with a specific focus to map NBT practitioners to increase their visibility and have a database of NBT experts which can be consulted in each country.

2. Methodology

The following section outlines the conceptual framework and methods for data collection and analysis that were used for the initial stakeholder mapping developed as part of task 5.3 “Stakeholder mapping, engagement and wide outreach”.

2.1 Conceptual framework

The World Bank defines participation as “a process through which stakeholders influence and share control over development initiatives and the decisions and resources which affect them” (The World Bank, 1996, p. xi). These processes bring together a wide range of actors, from the public and private sector, including government institutions, civil society actors, business actors, individual citizens, among others. The call for participatory approaches in development, and specifically for environmental issues, have been implemented with the promise of greater effectiveness and efficiency, as well as equitability. These calls have gained popularity since the early 1990s, with organisations such as the United Nations (United Nations, 1992) and the European Commission (Van Den Hove, 2000) calling for the use of participatory approaches for policy development.

In the case of environmental governance, a first mechanism of participation to be implemented was free, prior and informed consultation, with the idea of respecting local community rights during the implementation of environmental projects. However, the mechanisms for participation have developed to include different stakeholders in the design, implementation and evaluation phase. One of these mechanisms has been multi-stakeholder platforms (MSFs). MSFs present the opportunity for the involvement of various stakeholders for the discussion of a given topic. The implementation of MSFs for the discussion of environmental topics has been implemented at various levels, including international (for example the UN-REDD Program assembly and the Climate Investment Platform), national (e.g., Chinese National Platform on Voluntary Sustainability Standards), and regional or local platforms (e.g., The ecological-economic zoning commission in Acre). These platforms offer a space for wide stakeholder engagement and hold the promise of more inclusive decision-making.

In the health sector, calls for participatory processes have also been increasingly made in the last decade, with organisations like the World Health Organization aiming to improve participatory governance for health (World Health Organization, 2013). From this perspective, a participatory approach in health can increase citizens’ knowledge about their rights, but also as a way to identify health gaps and find collective solutions to address them (WHO Regional Office for Europe, 2015). The advances of participatory approaches in the health sector have mainly focused on Participatory Health Research (PHR) in which research is not only done “on” people, but with them, looking to

establish a partnership with the subjects to improve their quality of life. In this sense, it can be argued that participatory approaches for the development of health policies are less popular than those implemented in the environmental policy development.

Processes of collaboration between individuals, between groups, and across sectors can foster trust and social cohesion, which can build more adaptive environmental governance and strengthen democratic processes (Campbell et al., 2022; Connolly et al., 2013). Nonetheless, participation can greatly vary. Arnstein (1969) offers a framework to understand different levels of participation, ranging from non-participation to citizen control.

Table 1: Arnestein's ladder for participation levels

Citizen's power	8 - Citizen Control	Citizens have the ultimate authority and power to make decisions that affect their lives, communities, and environments. This level involves direct democracy, where citizens have the right to initiate, shape, and implement policies independently of government or other power structures.
	7 - Delegated Power	Decision-making power is delegated to citizen groups or organisations. Citizens have significant control over decisions within a defined scope, such as participatory budgeting initiatives or community-led development projects.
	6 - Partnership	Decision-makers collaborate with citizens in the decision-making process. Citizens have a more active role, working alongside decision-makers to identify issues, develop solutions, and implement policies.
	5 - Placation	Decision-makers give a semblance of participation by consulting with citizens, but ultimately decisions are made in a way that serves the interests of the powerful. This level often involves co-opting or placating potential dissent by including token representatives of marginalized groups.
Tokenism	4 - Consultation	Decision-makers seek input from citizens through surveys, focus groups, or public meetings. While citizens' input may be considered, decision-makers are not obligated to act on it. Citizens' role is limited to providing feedback rather than shaping decisions.
	3 - Informing	Decision-makers provide information to citizens about their decisions or policies. Citizens may be informed about what is happening, but they do not have the opportunity to provide feedback or influence the decision-making process.
	2 - Therapy	Citizens are given the illusion of involvement, but in reality, they have little influence over the decision-making process. Examples include public hearings where citizens' input is solicited but not seriously considered.
Non-participation	1 - Manipulation	Citizens have no meaningful involvement in decision-making processes. Power is entirely in the hands of a few decision-makers, and citizens are merely the subjects of decisions made by others. This level often involves tactics such as propaganda and manipulation.

Arnstein's ladder is a valuable tool for analysing the level of citizen participation in governance processes and for advocating for increased citizen empowerment and control in decision-making. It highlights the importance of moving beyond tokenistic forms of participation towards genuine citizen empowerment and democracy. Recent research of multi-stakeholder forums and participatory approaches highlight that the creation of participatory spaces is not enough to address inequalities among participants and creating conditions to foster counter power must be in place, as for example offering economical support for marginalized groups to attend to group discussions, or targeted strategies to increase gender equality.

The interest in a participatory process is usually derived from more powerful actors to include less powerful and disadvantage groups in different projects and programmes. However, another scenario can also be possible, where minority group or groups with less power want to influence in governance, and thus look for a collaboration with the government and other influential actors. In contrast, social movement theories have analysed how less powerful actors organise through means of collective actions to voice their demands. Tilly and Tarrow (2015) adopt the term “contentious politics” to the interaction that develops when a group of actors do a claim in their interest (or others), in which the government is a main objective of these claims. The groups making the claim will use a repertoire of actions, that will respond to the resources the group has, but also to the political context. For example, the repertoires of action could go from public hearings, when there is an openness from the state to discuss a topic, to mobilisations and strikes, when there is less openness. Furthermore, Tilly and Tarrow refer to “political opportunity structures”, which comprehend various opportunities identified for contentious groups to influence in politics. These include the openness to new actors to get involved in government, the availability of allies with capacity to influence, the degree in which the government facilitates or represses the formation of collective claims, among others.

A third important point to consider in social movement theory is the power of networks. Diana and McAdam (2003) highlight the impact networks have in the organisation of social movements, considering factors such as network density, centrality, brokerage, and diversity. Density refers to the connections among the network established, the higher the connection between the different organisations, the higher the density, which facilitates communication. Centrality refers to the prominence of a particular organisation in the network, which have higher influence and access to resources, which can help mobilise greater support. Brokerage refers to actors who can help bridge connections, facilitating the collaboration across different parts of the network (e.g., someone who can connect civil society actors with government actors). Finally, diversity in the network allows to

access more resources, wide range of perspectives, enhance innovation and mobilise support from different sectors. Other factors mentioned for the success of a network are trust, cohesion, and centrality. Moreover, research has highlighted the importance of a particular type of actor in activist networks: the inside activist. The inside activist is described as an actor that holds a formal position in public administration but is also engaged in civil society networks and can use their position to influence policy development (Olsson & Hysing, 2012). In summary, social movements and activists can develop and maintain strong networks to help mobilise resources for the achievement of the movements goal.

Finally, on bottom-up approaches and its influence on policy development, previous research has shown the importance of development of innovations, including the replication of innovations in networks to institutionalise new practices. This can be understood as “small wins” (Bours et al., 2022). Under the theory of small wins it is argued that for transformative policy changes to happen it is necessary to have continuous in-depth changes that are reinforced over time by the repetition and accumulation of these changes. The changes should be concrete, of moderate importance, and judged positively (although not without resistance, as the absence of resistance would mean the absence of a transformative change). In the process of making a transformational change, the first “small wins” will offer inspiration for other actors, demonstrating innovation pathways that other organisations can adopt. Then there will be replication of the innovation and its increase in credibility. Next, there will be “coupling”, in which the small wins are combined, being able to influence at policy domains and finally “robustness”, when the small wins result in newly institutionalised practices.

The theories outlined highlight the importance of network building for the implementation of transformational change, in this case, the adoption of NBT in health and social care systems. In summary, it can be highlighted that the inclusion of different actors will not only promote sustainability and equity, but is deemed necessary to promote new policy developments.

2.2 Study design and settings

Given a particular action, event, organisation or business, a stakeholder is a group or individual who can affect it or be affected by it (Freeman, 2010). In the case of NATURELAB, it would be any individual or organisation that can affect the fulfilment of the goals of the project (positive and negative). For example, organisations that can contribute to the knowledge base about NBT or organisations that might refuse to recognise the validity of NBT. The stakeholder mapping is a process that implies the identification of the stakeholders around a particular topic/event/organisation and their characterisation. In the case of NATURELAB, we want to map all the stakeholders within the participant countries that can affect the accomplishment of the goal of the project: “Recognition,

promotion and use of green and blue spaces as health care providers, by investigating the benefits of NBT to promote well-being and support health prevention & rehabilitation.” (NATURELAB Grant Agreement 2023: 3)

As priorly identified as part of NATURELAB GA, seven stakeholder categories were identified as target groups to implement a multi-stakeholder engagement strategy. In what follows (Table 2), one can find the definition of each category and an example for Portugal.

Table 2: Stakeholder's categories

Target Group (TG)	Definition	Examples (Portugal)
1. Medical and Healthcare Community	Medical doctors, nurses, hospital and clinics' staff, medical students, psychologists, healthcare professionals, NB therapists, social workers, complementary and alternative Medicine.	→ Professional Orders – Physicians, Nurses, Psychologists, Psychiatrists, social workers) → Director/Board of Hospitals and other healthcare groups (public/private)
2. Scientific Community and Innovation Structures	Higher education institutions, research centres and technology organisations.	→ Portuguese Universities (especially, those with degrees in Medicine, social/pedagogical, ...) → Research Centres: Calouste Gulbekian Foundation, Champalimaud foundation, Francisco Manuel dos Santos Foundation.
3. Environmental Organisations	Environmental organisations that promote best practices for the protection and management of green spaces (Greenpeace, International Union for Conservation of Nature, World Agroforestry Centre, World Wildlife Fund, as well as national and regional ENONG related to the ES and DS contexts)	→ International: Greenpeace, IUCN, WWF → National level: Portuguese Environmental Agency – APA, Quercus, RNAE (Association of Energy and Environment Agencies), Ecotourism Portuguese Association, Portuguese society for the development of environmental education and tourism (SETA). → Regional – Municipality level Energy and Environment agencies

4. Policymakers and Governance	National and European policymakers on health and nature protection (municipalities, intergovernmental bodies, EU agencies, etc.), particularly those related to public health and green space management sectors with an impact on people/patients' health and well-being (WHO)	→International – WHO, European Environment Agency (EEA), ... →National level – Ministries (Health, Environment, Social Security ,...) → Regional Level – Regional Health Administration (ARS), ...
5. Small and medium enterprises (SMEs)	SMEs that are part of the health value chain, including health insurances and actors in the tourism sector	→ Health insurances – Fidelidade, AGEAS, MetLife,... → Travel agencies/Tourism animation – BOREALIS, NATURTHOUGHTS, ...
6. Civil Society	Civil society as a whole, including: community groups, NGOs active in natural areas, professional associations, schools and educational centres; patient associations, patients and their families (including patients with distinct physical and mental health conditions, women and children who have been victims of domestic violence, refugee communities, inhabitants from deprived urban neighbourhoods, and the elderly).	→Social care Associations: Portuguese Victim Support Association (APAV), Support Association for Depressive and Bipolar Patients (ADEB); Portuguese Society of Psychiatry and Mental Health (SPPSM); Elderly support Associations (e.g., Coração Amarelo). → NGO – United Nations High Commissioner for Migration (UNHCM), Portuguese Centre for Refugees (CPR) ,.. →Schools, Summer Nature Camps, ...
7. Media	Science journalists, mass media, online news outlet, TV program.	→ All different social/mass media channels → Scientific scope magazines and channels: Euromedice group, ... →Reports/programs to be included a at the international conference...

Moreover, the stakeholder mapping, other than containing a list of organisations or individuals relevant to the project, also includes some characteristics that have been analysed to develop recommendations for approaching and involving the stakeholders. For each stakeholder, the following characteristics were evaluated:

1. Operational level
2. Knowledge of NBT
3. Interest in NBT

4. Power over the uptake of NBT
5. Position towards NBT

Furthermore, this characterisation was followed by open-ended questions about the barriers for their engagement and possible engagement actions that could be implemented. In what follows, each of these categories will be described. The next section will explain each of these variables.

2.3 Methods and process of data collection

For the stakeholder mapping exercise, each of the consortium partners was asked to map at least three stakeholders under each category based on their previous knowledge as well as internet searches, including information on key variables: operational level, knowledge, interest, power, and position. All partners were offered a guide for the evaluation of each of these categories, and an excel sheet sample to complete the stakeholder mapping (Table 3). At this point of the stakeholder mapping, actors have not been interviewed or surveyed on their knowledge, interest and position. Instead this evaluation was based on the perceptions of NATURELAB partners derived from their searches of publicly available data on relevant stakeholders or on their personal knowledge and experience with identified stakeholders. In this sense, we evaluate the *perceived* knowledge, interest, power and position. The definition of these variables are based in a previous study by Balane et al. (2020), which uses the same variables for the categorization of stakeholders.

The information was collected between August 2023 and September 2023, and a second update in February 2024, following the KIIs. A total of 294 stakeholders were mapped across all countries (Table 3).

Table 3: Cases by country and category

Type	Germany	Greece	The Netherlands	Peru	Portugal	Total
Civil Society	4	9	11	26	31	81
Environmental Organisations	3	2	7	8	10	30
Media	2	4	5	3	12	26
Medical and Healthcare Community	3	5	8	13	11	40
Policy makers and Governance	5	7	9	7	18	46
Scientific community and	2	4	6	9	11	32

Type	Germany	Greece	The Netherlands	Peru	Portugal	Total
innovation structures						
SMEs	6	2	7	14	6	35
Other	0	0	1	0	3	4
Total	25	33	54	80	102	294

In what follows, the description of the key variables is presented. The following description was also presented as part of the guide for stakeholder mapping shared with the partners.

2.3.1 Operation level of stakeholder

Stakeholders can act at different levels: international, national, regional, or local. It is important in a stakeholder mapping to identify the level of influence of each stakeholder. For the NATURELAB project, according to the GA, one of the main stakeholders to be targeted is the national level health sector. However, the regional and local level also need to be targeted. For example, national organisations can be involved in the development of national policies and guidelines on NBT, while local organisations requirement involvement in the implementation of these policies within local communities.

1. International organisation: Acting beyond the national-level boundaries, targets more than one country. For example: World Health Organization.
2. Regional: Acting in a particular region that comprehends a group of nations. For example: European Union
3. National: Acts at the level of a whole country, in various cities in the country. For example: Ministry of Health
4. Local: Acts at the level of a city, district, or even smaller locality. For example, a particular hospital or a local municipality.

2.3.2 Perceived knowledge of NBT

The perceived knowledge refers to the researcher's perception of a stakeholder's levels of knowledge or understanding about NBT. Perceived knowledge can be assessed by looking if they mention NBT and synonyms in their webpage, if they have done conferences including this topic, existing publications, among others. The scale to rate the perceived knowledge of each stakeholder goes from 0, no knowledge, to 3, extensive knowledge.

- 0 – No knowledge (stakeholder is not aware of NBT)
- 1 – Limited knowledge (stakeholder is aware but has minimal knowledge about NBT)
- 2 – General knowledge (stakeholder has knowledge about or experience with NBT)
- 3 – Extensive knowledge (stakeholder understands and/or has extensive experience of NBT)

2.3.3 Perceived interest in NBT

Perceived interest refers to the researchers' perceptions of the interest of a specific stakeholder in NBT. As well as the knowledge, at this stage of the stakeholder mapping, this must be evaluated by the researcher against existing evidence such as their previous work on nature, holistic health issues, among others. Interest is also rated from 0, no interest in NBT, to 3, high interest in NBT. The full scale is the following:

- 0 – No interest (NBT is not considered a priority nor perceived to impact stakeholder)
- 1 – Limited interest (NBT not considered a priority and has minimal impact on stakeholder)
- 2 – General interest (addressing NBT is a priority and has moderate impact on stakeholder)
- 3 – High interest (addressing NBT is part of the stakeholder's core mission and has a high perceived impact on stakeholder)

2.3.4 Perceived power

Power is a complex criterion to evaluate but can be defined as the control one stakeholder has over a topic, in this case, following NATURELAB goal, it will be the control over the recognition, promotion, and use of green and blue spaces as health care providers by investigating the benefits of NBT. Power comes from different sources. For instance, an organisation might have power because it has good connections and might influence various organisations (referent power) or it may have power because it has the ability to apply sanctions, for example the government when applying fines (coercive power). In this sense, different types of power need to be considered when evaluating the overall power of a stakeholder. The following list of power sources (French & Raven, 1959) with guiding questions aims to help the evaluation of each stakeholder:

- Legitimate power: What is the hierarchy of the stakeholder? High hierarchy positions might be a national ministry, directors, ...
- Expert power: Does it has expertise in a particular area? Is it a respected institution/individual to share expert information?
- Referent power: Is the stakeholder well connected? Does it have good interpersonal relationships and the ability to influence others?
- Reward power: Can it offer incentives or influence them?
- Coercive power: Does the stakeholder have the power to apply some form of punishment. (e.g., Taxes, fines, remove medical license)

For the evaluation of perceived power, we used a scale from 0 to 3, being 0 no power and 3 high power, considering different sources of power for this evaluation. It is also important to note that each stakeholder power was evaluated with regards to NATURELAB's goal.

- 0 – No power (stakeholders do not possess or control any of the sources of power, do not have the potential to affect policy).
- 1 – Low power (stakeholder possesses and has control over use of one to two sources of power, low potential to affect policy)
- 2 – Medium power (stakeholder possesses and has control over use of two to three sources of power, has moderate potential to affect policy)
- 3 – High power (stakeholder possesses and has control over use of three to four sources of power, has high potential to affect policy)

2.3.5 Position towards NBT

Position refers to whether the stakeholder supports, opposes or is neutral about NBT. Based on the evaluation of position from secondary sources, a hospital where NBT is already offered would be considered as a driver. In contrast, a group of doctors that advocates against NBT given the lack of evidence will be considered a limiter. In reality, more nuances are found, thus, the following rating has been developed to evaluate each of the stakeholders:

- 1 – Strong limiter (stakeholder uses potential power to strongly act against addressing NBT)
- 2 – Moderate limiter (stakeholder can use potential power to moderately act against addressing NBT)
- 3 – Neutral (stakeholder does not use potential power and does not act for or against addressing NBT)
- 4 – Moderate driver (stakeholder uses potential power to moderately act in support of addressing NBT)
- 5 – Strong driver (stakeholder uses potential power to act strongly in support of addressing NBT)

2.3.6 Stakeholder engagement barriers and potential strategies:

To start planning the engagement plans for each stakeholder, the stakeholder mapping included a series of open-ended questions to better understand how to engage various stakeholders, as well as potential barriers to their engagement and possible engagement strategies. The following open questions were included in the stakeholder mapping:

- **Goal of engagement:** Why is this stakeholder important to be included in the NATURELAB project? What can it be accomplished when working together with this stakeholder?
- **Potential barriers to engagement:** What difficulties may appear when trying to first contact this stakeholder? What difficulties may appear when presenting information about NBT? Does the stakeholder have the interest and resources to be involved?

- **Previous contact with the stakeholder:** Does your organisation have already collaborated with this stakeholder? If yes, in which projects and what was the communication channel used?
- **Entry point:** What you think can spark their interest in collaboration?
- **Ideas for potential role/engagement plan for addressing NBT:** Which approach would it be best to engage this stakeholder? What type of activities could be done with them? (e.g., forums, sharing online information, personal meetings). What frequency would these activities have?

2.4 Data analysis

Data analysis was carried out by Ficus Peru, using a quantitative and qualitative approach. In first place, the responses per country were merged into a single database. Then the data was cleaned by removing incomplete answers from the analysis. A total of 294 stakeholders were identified as part of the initial stakeholder mapping (Stakeholder List in Appendix).

The key variables were registered as closed questions (knowledge, interest, power and position). For these variables, first, a descriptive analysis was conducted, including the standard deviation and number of respondents who answered correctly. Then an analysis of correlations between the variables was carried out in order to determine patterns that would allow identification of relationships between the variables. This analysis was carried out at the general level for each country and for the category to which they belonged. The results and recommendations derived from the closed-questions analysis are reported for each country in the first two sub-chapters of each country, and in the cross-country comparison by stakeholder group.

In the case of the open-ended questions, related to the main barriers and strategies for engagement, a codification of the variables was undertaken. Using a deep-learning model in Python, most repeated words were identified. These words were then grouped into different categories. Ten categories were identified for each of the open-ended questions analysed (goal of engagement, potential barriers to engagement, entry point and potential role/engagement plan). The open-ended responses were then filtered using the key words identified to do the codification of variables. The results and recommendations derived from the open-ended questions are presented in the fourth (barriers) and fifth (engagement strategies) sub-chapter per country, and on the last two sub-chapters of the cross-country comparison.

Finally, for each stakeholder also a short description was included. This data was also used to comment on the experience of the organisation in NBT or their main field of work.

The results of the data analysis are presented for each country and by category of stakeholder comparing all the countries in this study. Moreover, general recommendations, derived from the analysis of the closed- and open-ended questions are reported in chapter 9.

3. Results: Germany

Key findings:

- Actors with extensive knowledge of NBT come from a wide range of stakeholder categories.
- NBT is not a novel topic for government actors, who have some general knowledge of NBT, especially government organisations from the environmental sector.
- There is already a network of NBT in Germany, a key stakeholder to be involved in NATURELAB project.
- A cost-benefit analysis of NBT is perceived as fundamental for the engagement of government actors and insurance companies.

3.1 Stakeholders identified

A total of 25 stakeholders were mapped in Germany, from different types of stakeholder category. In general, there seems a positive outlook towards NBT, with most identified stakeholders rated as moderate to strong drivers (with exception of the media). In terms of knowledge, there appears some understanding of what NBT is, however, extensive knowledge of NBT is limited to some organisations from the Civil Society and the Scientific Community. Moreover, the interest of most organisations in NBT was identified to be mostly general. Finally, on the power that the different organisations have to influence the recognition, promotion and use of green and blue spaces as health care providers and NBT, there seems to be more variety. Those perceived to have more power are from the category Policy Makers and Governance.

Table 4: Overview of key variables for Germany Stakeholder mapping

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)
Civil Society	4	4.5 Strong driver	2.8 Extensive	2.8 High	0.8 Low
Environmental Organisations	3	4.3 Moderate driver	2.0* General	2.0 General	0.7 Low
Media	2	3.0 Neutral	1.5 Limited /General	2.0 General	0.5 Low
Medical and Healthcare Community	3	4.3 Moderate driver	2.3 General	2.3 General	1.0 Low

Type	Cases (n)	Position (average)		Knowledge (average)		Interest (average)		Power (average)	
Policy makers and Governance	5	4.0	Moderate driver	2.2	General	2.0	General	2.6*	Medium /High
Scientific community and innovation structures	2	4.5	Strong driver	2.5	General /Extensive	2.5	General /High	1.5	Medium
SMEs	6	3.8	Moderate driver	1.8	Limited /General	2.2	General	1.7*	Medium

* High variation

3.2 Relation between knowledge of NBT and the power and position towards NBT

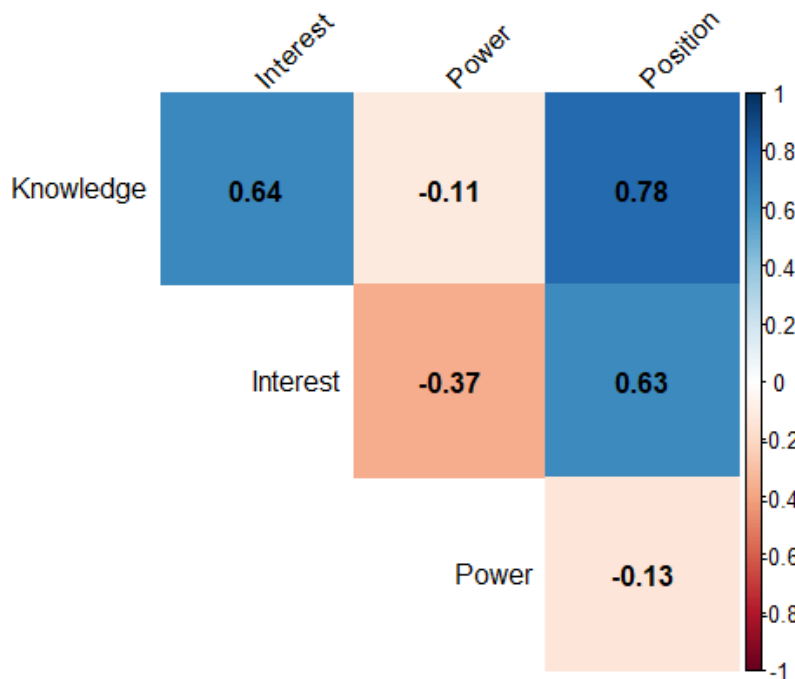


Figure 1: Correlation matrix of key variables for Germany

In general, there seems to be a positive correlation between knowledge and the position towards NBT. Nonetheless, the correlation between knowledge and power is low and negative, meaning that those actors with higher reported power have less perceived knowledge of NBT.

In terms of the position towards NBT, it is found that in all seven stakeholders' categories those with more extensive knowledge were categorised as moderate to strong drivers of NBT. A total of 5 stakeholders were categorised to be "strong drivers" and these were from a range of different stakeholder categories: Civil Society, Environmental Organisations, Medical and Healthcare

Community and the Scientific Community. All strong drivers were considered to have “extensive knowledge” on NBT but “low power”. In this sense, these strong drivers might be useful partners in the organisation of relevant events and in the dissemination material on NBT. On the other hand NATURELAB could offer these strong drivers a platform to connect with more powerful actors to influence the integration of NBT into the national health system.

For moderate drivers, 14 stakeholders were identified from various stakeholder’ categories. These moderate drivers were mostly categorised to have general knowledge about NBT. Although the majority was also considered to have low power, three organisations with high power, from the Policy Makers and Governance category, were in this group. In this sense, there is a positive scenario to integrate NBT in the country as powerful actors can act as moderate drivers. NATURELAB can offer a platform for these moderate drivers with general knowledge to learn more about NBT, and an opportunity for Policy Makers and Governance actors to integrate a participatory approach for the strengthening of NBT in the country.

Stakeholders considered to have low knowledge of NBT were the media and insurance companies, with also a neutral position towards NBT, however very high power for the insurance companies. For the media, their involvement in covering events of NATURELAB and the work of organisations can help create communication material that can be easily shared with other actors, it would be recommendable contacting smaller and local organisations first to showcase the regional offer of NBT. In the case of insurance companies, they are a key but challenging actor to engage in NATURELAB, their knowledge of NBT is limited but they are also more interested in cost-effectiveness evidence of the therapy, which would be further explored in the next sections.

3.3 Relation between interest in NBT and the power and position towards NBT

There is a positive correlation between interest and position towards NBT, meaning that stakeholders deemed most favourable to the promotion of NBT were also reported to have a higher interest in NBT. However, in the case of power, there seems to be a weak negative correlation, meaning that those actors with higher power are also those with a lower interest in NBT. Interestingly, almost no actors were considered to have “limited interest”, which suggests a positive starting scenario in Germany, where most actors have already some knowledge and interest in NBT.

The Civil Society and Scientific Community and Innovation Structures were the two stakeholder groups reported to have the highest interest and most favourable position towards NBT. Nonetheless, their power was perceived as limited. These actors can be engaged as allies in the conduction of research and dissemination, and platforms for policy dialogues might be a good option

for their engagement. For the other actors, it is important to raise their interest in NBT. Taking into consideration that these are actors with some knowledge and interest in NBT, this raising of interest can be done by sharing more extensive information on NBT, including available scientific findings on NBT, opportunities for NBT training, and economical analysis of NBT; as well as NATURELAB project' research. In section 3.5 it will be further discussed what strategies could be used for sparking an interest in NBT.

3.4 Barriers identified for the engagement of stakeholders

One of the main barriers identified was the lack of interest, which contradicts part of the previous findings, where the interest on NBT is high. This might relate to the fact that although the interest in NBT is high, their interest on collaborating with NATURELAB project or influencing the public health system might be low. Moreover, for the health insurance and governmental bodies, the main reported constraints were lack of time, the bureaucracy involved, and concerns on profitability of investing in NBT. The lack of resources (including financial, human and time) was also a barrier identified for the civil society and environmental organisations.

3.5 Possible engagement strategies of Key Stakeholders

From the analysis of open-ended questions, it was identified that stakeholders need to be mainly engaged for dissemination purposes and for the construction of networks to influence the uptake of NBT. The most powerful actors identified (some of the political institutions and health insurers) were considered to have little knowledge of NBT and require information on its economic benefits.

Existing civil society networks, especially within the health sector (e.g., patients' associations), could be utilised as platforms for sharing about the NATURELAB project. Interestingly, listed stakeholders from the Medical and Health Community and SMEs were already reported as having experience with NBT, with SMEs readily offering nature-related programmes. Nonetheless, while Environmental Organisations were perceived as being currently limitedly aware of NBT, they have done important actions on the protection and management of forest and biodiversity. Moreover, Germany already has an association for NBT; it would be important to involve this association to gain a better understanding of the barriers they have faced in the upscaling of NBT. Moreover, this association can share its experiences with NBT with other identified stakeholders. As an entry point to engage with stakeholders with general/extensive knowledge of NBT, it is recommended to offer spaces for dialogue, where actors can also share their research and projects.

Another entry point directed to actors with less knowledge about NBT would be the delivery of workshops on NBT. Such workshops could also provide information of ways for integrating NBT

programmes as part of their own organisations. For these group of actors, who already have an interest in NBT or nature conservation, the dissemination of printed/virtual material can also be integrated into the workshops and also as communication strategy by itself especially on directives on the implementation of NBT. Finally, the Media was seen as an actor that can help with dissemination. Although not having much knowledge of NBT, the media can showcase examples of NBT and can be asked to cover events promoted as part of NATURELAB project.

In the case of Policy Makers, a few organisations with experience with healing forests were identified. Moreover, the Federal Environmental Agency (Umweltbundesamt) has carried out a report on the natural capital of Germany, highlighting the costs of environmental damage to health, even though it does not include NBT in their reports. This highlights the lack of consideration of health benefits as part of Germany's natural capital in official government documents. The report includes a synthesis of previous existing research in the country; it is recommendable for existing evidence on NBT research in Germany to be considered for inclusion in the next reports. Moreover, it is advisable to develop a policy brief document where clear roles and responsibilities of the different government agencies are stated.

Another key actor identified for the upscaling of NBT were health insurance companies, as these could cover future NBT treatments. For these companies, it was deemed important to have evidence on the health and cost-benefits of NBT. For health insurance companies a personal approach was suggested, such as engaging them in FGDs to identify their main interests and the required procedures for the integration of NBT in the insurance system.

4. Results: Greece

Key findings:

- There is very limited knowledge of NBT in the country in the medical healthcare sector; however, environmental organisations and local enterprises have some experience on NBT.
- It is important to raise awareness on NBT among policy makers and governance actors, providing clear steps on their involvement.
- There is a perceived need to include scientific evidence in future communications with the Medical and Healthcare Community, Policy Makers and Governance stakeholders.

4.1 Stakeholders identified

A total of 33 stakeholders were mapped in Greece, from different stakeholder categories. In general, there seems to be a neutral outlook towards NBT, except for Civil Society and Environmental Organisations, where perceived strong drivers were found. Nonetheless, no perceived opposers were identified at this stage.

In terms of knowledge, Environmental Organisations and SMEs were perceived to have extensive knowledge about NBT. Nonetheless, most other stakeholder groups were considered to have limited NBT knowledge. Moreover, a positive correlation is found between knowledge about and interest in NBT. Stakeholders perceived to have higher knowledge of NBT, were also considered to have a higher interest in it. On the other hand, most of the stakeholders were considered to have general to low interest in NBT. In terms of power, most of the actors identified had low power to influence on the uptake of NBT in the country, except for governmental bodies.

Table 5: Overview of key variables for Greece Stakeholder mapping

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)	
Civil Society	9	4.3*	Moderate /Strong driver	2.3* General	2.7 High	0.8* Low
Environmental Organisations	2	5.0	Strong driver	3.0 Extensive	3.0 High	1.0 Low
Media	4	3.0	Neutral	1.3* Limited	2.3 General	1.0* Low
Medical and Healthcare Community	5	3.8	Neutral /Moderate driver	2.0 General	2.2 General	1.8 Low

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)				
Policy makers and Governance	7	4.1*	Moderate driver	1.1	Limited	2.0	General	2.6	Medium /High
Scientific community and innovation structures	4	3.8	Neutral /Moderate driver	1.5	Limited /General	1.8	Low /General	2.0	Medium
SMEs	2	3.0	Neutral	3.0	Extensive	2.0	General	0.0	Low

* High variation

4.2 Relation between knowledge of NBT and the power and position towards NBT

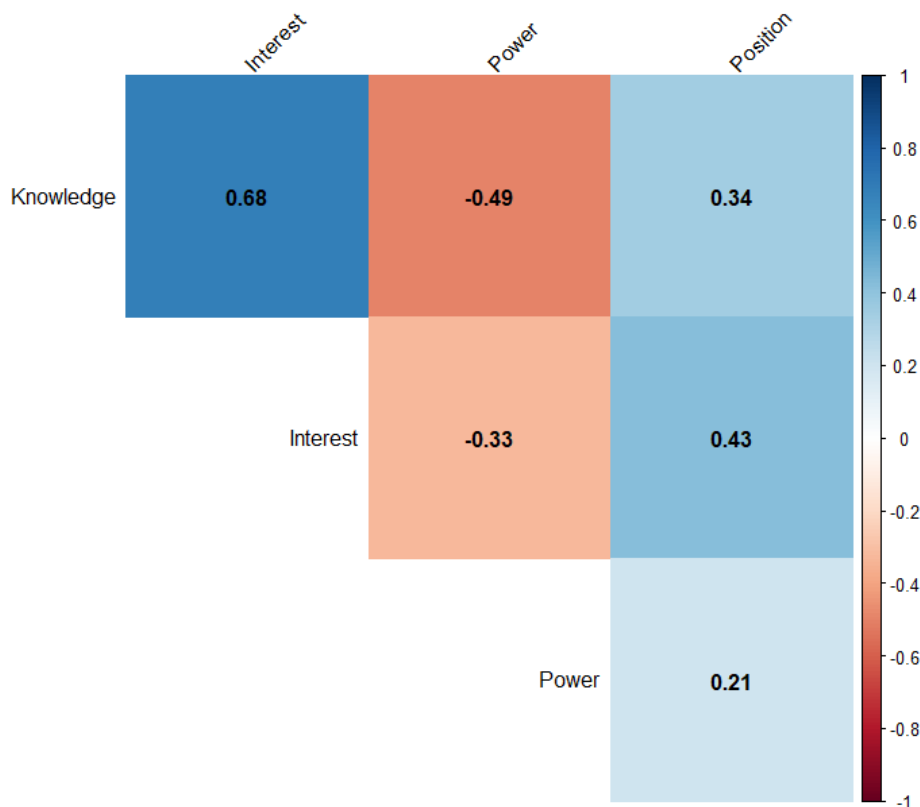


Figure 2: Correlation matrix of key variables for Greece

The analysis shows a weak correlation between knowledge and position towards NBT (see Figure 2). Although most of the perceived strong drivers were also regarded as having extensive knowledge of NBT (Environmental Organisations, Civil Society), some of the stakeholders with extensive knowledge were considered to be neutral. This was especially the case for SMEs, who have already established a market for their services and might not have an interest in upscaling or influencing on a political level. In the case of Policy Makers and Governance, even though they appear to have limited knowledge of NBT, all of them were considered to be moderate drivers on NBT. This suggests that rather than convincing them on the benefits of NBT, instructions on how to adopt NBT should

be developed and promoted. In the case of the Media, they appear to have a neutral position towards NBT, despite having a general knowledge. For this group, it would be important to collaborate with the media in developing awareness raising campaigns about the benefits of NBT and showcase successful examples of the implementation of NBT in Greece.

This analysis also shows that the correlation between knowledge and power is medium and negative, meaning that those actors with higher power seem to have less knowledge of NBT. The actors identified to have higher power were governmental bodies, at the regional and national scale, all of them regarded as having limited knowledge of NBT. Raising their awareness about NBT would be a first step to approach these actors. Those actors with extensive knowledge but limited power can be allies in the production of knowledge that can be shared with the most powerful actors. Offering a space for networking and influencing at a political level can be attractive for those organisations.

4.3 Relation between interest in NBT and the power and position towards NBT

The relationship between interest and power is low and negative, and between interest and position is also low but positive. The organisations identified to have a high interest represent 30% of the sample (10/33), and are mostly from the Civil Society. Only one stakeholder from the Medical and Healthcare community was identified to have a high interest, highlighting the need to not only work on raising awareness, but also to identify and address the needs of the Medical and Healthcare Community. The KIs conducted with various stakeholders, including those from the Medical and Healthcare Community, as part of Deliverable 4.1 provide an important starting point here.

Most of the stakeholders with high interest were also categorised as strong or moderate drivers and considered to have extensive knowledge. With these group of stakeholders it will be recommendable to have discussion sessions on how to influence on NBT uptake, rather than focusing on NBT knowledge. Besides, these actors could also be invited as speakers to dissemination activities on NBT to wider audiences. All other stakeholders, except one, were categorised to have general interest, however, the lack of interest is also mentioned as a main barrier (see next section). In this regard, it is important to consider that perhaps an event on NBT would not attract most of other stakeholders, but they should be framed as part of other subjects which organizations have more interest on, for example preventive medicine or conservation.

4.4 Barriers identified for the engagement of stakeholders

The main barrier identified is the lack of interest (18/33), especially for actors on the Policy Makers and Governance and the Media. On the Medical and Healthcare Community, the main barrier identified was the lack of trust in NBT, and to be reluctant about NBT effectiveness given the lack of

evidence and knowledge in the topic. For those stakeholders with more knowledge of and a higher interest in NBT, specifically Civil Society and Environmental Organisations, the main barrier identified was the lack of time availability of their personnel.

4.5 Possible engagement strategies of Key Stakeholders

From the open-ended questions, several engagement strategies were identified. Given the limited knowledge of NBT, especially among those most influential actors, it was deemed necessary to start raising awareness about NBT, which could be done through workshops and health forums. The Media was considered an important stakeholder to approach for increasing the dissemination of NATURELAB activities and raising awareness about NBT. As stakeholders already implementing NBT activities were identified, especially from the Civil Society and Environmental Organisations, another recommended activity would be to showcase their experience through workshops, health forums and their appearance in the media. This would also help offering networking opportunities to these organisations that have low power already working on NBT.

Moreover, given the lack of time and availability among some stakeholders, offering additional information through newsletters with information on NBT would be another option to reach stakeholders who could not attend to workshops. As the need for validated scientific evidence is high, especially among those most influential actors, it is recommended to include the publication of scientific papers, which can be further referenced in the newsletter.

Offering training in NBT is another strategy identified to engage stakeholders. It was identified that some stakeholders offer services related to NBT, but are not necessarily NBT. For example, an organization dedicated to Ecopsychology, a Forest School and a SME offering therapies with animals. These stakeholders work in relation to NBT, but do not refer to their activities as NBT. Given the close relation of their activities with NBT, these actors could benefit from NBT training that can be integrated in their services. In contrast, in the Medical and Healthcare Community, there were no stakeholders offering NBT (or any related service). In this regard, in the health sector more people could also be trained as NBT facilitators or therapists to increase the supply of NBT.

5. Results: The Netherlands

Key findings:

- Despite the existence of organisations with extensive knowledge of NBT in the country, there is a perceived need for more information on NBT and NBT specialists' training, particularly amongst the Medical and Healthcare Community.
- Stakeholders from the Scientific Community were perceived to have extensive knowledge of NBT. Such knowledge could be disseminated among the Medical and Healthcare community to increase their trust in NBT.
- Insurance companies and policy makers were considered to be more concerned about the profitability of NBT programmes. This suggests it is important to disseminate information about the cost-benefits of NBT amongst these stakeholders.
- At the government level, the interest and knowledge of NBT was perceived to be higher at the national level than the provincial and local levels. In this sense, it is crucial to work towards a multi-level collaboration.

5.1 Stakeholders identified

A total of 54 stakeholders were identified for The Netherlands, covering all stakeholder categories identified at the start of the project. In terms of position towards NBT, 22% were considered to be strong drivers, in terms of knowledge of NBT, 17% were considered to have extensive knowledge, and 26% were considered to have a high interest. The actors identified as strong drivers of NBT were mostly from the Civil Society group and the Scientific Community, together with one organisation categorised as "other" who offers nature sessions. In terms of knowledge, mostly the Civil Society groups were considered to have extensive knowledge, together with the Scientific Community and Innovation Structures. In terms of interest, the same pattern repeats. Finally, in terms of power, Policy Makers and Governance were considered the category of stakeholder with higher power to influence the uptake of NBT in the country compared to the other stakeholder categories.

Table 6: Overview of key variables for The Netherlands Stakeholder mapping

Type	Cases (n)	Position (average)		Knowledge (average)		Interest (average)		Power (average)	
Civil Society	11	4.3*	Moderate	2.0*	General	2.5	General	1.4	Low
Environmental Organisations	7	3.1*	Neutral	1.3	Limited	2.0	General	1.7	Low /Medium

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)
Media	5	3.0	Neutral	1.0	Limited
Medical and Healthcare Community	8	3.5*	Neutral /Moderate driver	1.6*	Limited /General
Policy makers and Governance	9	3.9	Moderate driver	1.8	General
Scientific community and innovation structures	6	4.2*	Moderate driver	2.2*	General
SMEs	7	3.3	Neutral	1.3*	Limited
Other	1	5.0	Strong driver	3.0	Extensive

* High variation

5.2 Relation between knowledge of NBT and the power and position towards NBT

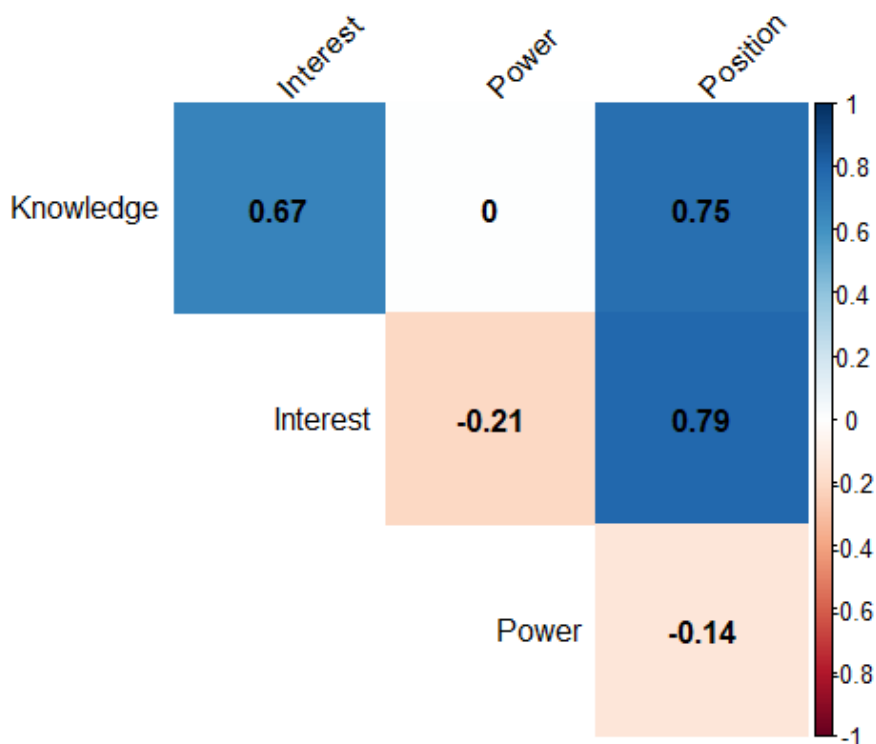


Figure 3: Correlation matrix of key variables for The Netherlands

No correlation was found between perceived knowledge of NBT and perceived power, and a positive and strong correlation was found between knowledge and position towards NBT. Most of the stakeholders considered to have an extensive knowledge of NBT were also categorised to have low power, with the exception of two organisations. One of them from the Scientific Community, related to the Ministry of Health, who counts with expert, legitimate and referent power. The second organisation belongs to the Civil Society, which offers NBT, and is very well connected, being, thus,

another key actor who can help showcasing NBT experiences. Moreover, all those stakeholders considered to have extensive knowledge were also considered to be strong drivers of NBT, nonetheless with low power. Thus, it would be important to organise forums where these actors can share their knowledge with more powerful actors that can influence in a political level.

Among stakeholders with perceived high power were categorised as having general knowledge of NBT, with the exception of medical doctors. Therefore, it seems important to provide training opportunities to the Medical and Healthcare Community. Other stakeholders identified to have high power were from national government bodies, which were also generally considered to be moderate drivers, presenting a positive outlook for the uptake of NBT. Additionally, the provincial and local municipalities were considered to have limited knowledge of NBT and medium power. Thus, it is recommended to work towards a multi-level collaboration with the government bodies to assure that the national level interest and knowledge of NBT is applied at the local levels.

5.3 Relation between interest in NBT and the power and position towards NBT

In terms of interest, there seems to be a strong positive correlation with position towards NBT, however, a negative weak correlation with power. The stakeholders with higher interest were mainly from the Civil Society, followed by the Scientific Community. Nonetheless, most of these actors were considered to have low power. None of the stakeholders considered to have a high interest were also regarded to have high power. Moreover, most of the stakeholders considered to have limited interest in NBT were also mostly considered to have a neutral position towards NBT. To engage these stakeholders it is necessary to identify the main points of interests of these organisations, and present NBT in relation to these interests and in events directed to these stakeholders.

5.4 Barriers identified for the engagement of stakeholders

From the open-ended questions, the main barrier identified was the lack of interest in NBT (25/54). An explanation might be a mismatch between the needs and visions of different organisations. It would be important to identify their needs and discuss how NBT could help attend those needs. In the case of the Medical and Healthcare Community the main barrier identified was the lack of trust in NBT, being important to provide scientific evidence on NBT to these stakeholders. On the other hand, insurance companies and Policy Makers were considered to be more concerned about the profitability of NBT programmes, being important to disseminate information about the cost-benefits of NBT. Finally, another barrier identified was the lack of time (9/54), especially for Policy Makers and Governance, and the Medical and Healthcare Community. In this sense, it would be important to use electronic communication to inform them about NBT, given the lack of time most stakeholders face, to later engage them in discussions, as well as to identify their main interests and needs, so

the workshops on NBT can respond to the existing interests and programmes from those stakeholders.

5.5 Possible engagement strategies of Key Stakeholders

Based on the open-ended responses, among the goals of engagement of different stakeholders, it was identified that they could help with dissemination (especially Media), to share knowledge and experience from stakeholders with experience in NBT, to integrate NBT in the existing medical health system (especially for Policy Makers and Governance) and to work with insurances for their coverage.

Based on the open-ended responses, it was identified that knowledge platforms are a main focus point given the lack of knowledge of NBT in the country. Sharing knowledge, in the form of workshops and meetings, was seen as a possible engagement strategy among different categories of stakeholders. Such knowledge platforms could also serve as a space for networking, especially for those stakeholders with extensive knowledge but low power.

In the case of Policy Makers and Governance, and health insurers, it was suggested to develop and disseminate of a policy brief first, before inviting them to participate in such knowledge platforms or workshops. Moreover, as a main concern for these actors was the profitability of NBT, in communication with Policy Makers and Governance it is important to include information on the cost-benefits of NBT.

Also, it was identified that stakeholders from the Medical and Healthcare Community have a low interest in and limited knowledge of NBT. In this sense, it is important to work closely in raising awareness about NBT and its benefits. Collaboration with the Scientific Community to present scientific-based evidence to other stakeholders is recommendable. Moreover, the training of therapists would also be important among the Medical and Healthcare Community.

6. Results: Peru

Key findings:

- There was an overall perceived lack of extensive knowledge of NBT in the country. Increasing the training of NBT therapists was considered important to broaden the knowledge base.
- The offer of NBT is limited in the country, but some SMEs offer activities NBT-related (e.g. Bioacoustic tour) nonetheless, it is not offered as therapy.
- The lack of resources (financial and time) present main barriers for the upscaling of NBT in the country.
- Stakeholders from the Medical and Healthcare Community and the Government have been identified to have a high interest in NBT. This should be exploited as they were also identified to be actors with high levels of power.

6.1 Stakeholders identified

A total of 80 stakeholders were mapped for Peru, distributed according to the different stakeholder categories. In general terms, the position toward NBT could be characterised as moderate, with the exception of the Policy Makers and Governance and the Media. The perceived knowledge of NBT among the different stakeholders' categories was viewed as limited, with the exception of the Scientific Community and SMEs (mostly offering NBT-related experiences), and some Civil Society and Environmental Organisations. Regarding the perceived interest in NBT, that is, the willingness to get involved in projects related to them, the set of stakeholders presents a positive openness. Finally, in terms of power, Policy Makers and Governance was perceived as the stakeholder category with the highest power.

Table 7: Overview of key variables for Peru Stakeholder mapping

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)
Civil Society	26	4.1 Moderate driver	1.6 Limited /General	2.4* General	1.7 Low /Medium
Environmental Organisations	8	3.9 Moderate driver	1.8* Limited /General	2.4 General	2.0 Medium
Media	3	3.3 Neutral	1.3 Limited	2.0* General	2.0 Medium
Medical and Healthcare Community	13	3.5* Moderate driver	1.5 Limited	1.9 General	2.0 Medium
Policy makers and Governance	7	3.4* Neutral	1.1 Limited	1.7 General	2.3* Medium
Scientific community and	9	3.8 Moderate driver	2.1 General	2.3 General	1.9 Low/Medium

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)				
innovation structures									
SMEs	14	3.9	Moderate driver	2.1	General	2.3	General	1.3	Low

* High variation

6.2 Relation between knowledge of NBT and the power and position towards NBT

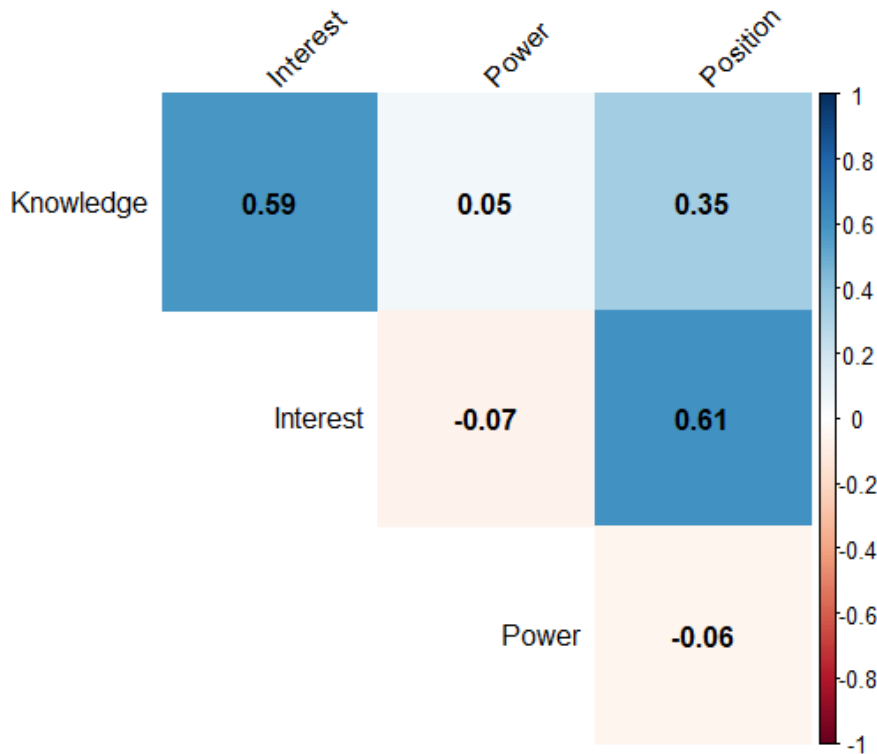


Figure 4: Correlation matrix of key variables for Peru

In general, there was a positive correlation between knowledge of and the position towards NBT. However, the strength of this association was low. However, there is no correlation between knowledge and power. This means that actors with more extensive knowledge of NBT not necessarily have more or less power.

In terms of the position towards NBT, it was found that, in most groups of actors, the average position was categorised as *moderate driver*. Civil Society’s stakeholders were regarded as the strongest drivers, with 8 out of 25 Civil Society stakeholders perceived as strong drivers. In addition, Civil Society stakeholders were reported to combine different kinds of knowledge (both general and limited) and different levels of power (both low and medium). The same pattern repeats for other stakeholder categories, where moderate drivers being regarded as having limited knowledge of NBT. Hence,

these few strong drivers should be treated carefully, recognising that their willingness to support may not be aligned with their actual capacity to act. Therefore, it is recommended to focus on increasing the currently limited knowledge of NBT amongst Civil Society actors.

Lastly, Media and Policy Makers were actors generally categorised as having an average neutral position, with limited knowledge, and medium power. In fact, one of the main actors, the Health Ministry, was considered to have no knowledge about NBT, highlighting the need for increasing awareness about NBT at this higher level.

The stakeholder with the highest medium power average is the Government, while the Civil Society stakeholders holds the lowest power average. This is a practical problem, since the Government is characterised to have the most conservative position (neutral) of the sample, while the Civil society is defined for its aligned position (higher moderate driver) with NBT. In fact, actors with high power (n=9) come typically from the Medical and Healthcare Community (n=4) and the Government (n=3). However, the kind of knowledge between them is mostly limited.

6.3 Relation between interest in NBT and the power and position towards NBT

There exists a positive correlation, characterised by a medium strength, between interest and position towards NBT. However, there is no correlation between interest and power. Actors with a high interest in NBT are mostly from the Civil Society stakeholder category. SMEs related with alternative medicine or environmental concerns share a similar profile, as well as independent scientific researchers positioned at universities or research centres. Despite their high interest in NBT and willingness to drive the uptake of NBT, all these actors do not tend to exercise high levels of power.

From the stakeholders considered to have high power (n=9), half of them were perceived to have a neutral position towards NBT, with limited to general interest. These included stakeholders from the Policy Makers and Governance, the Medical and Healthcare Community and the Scientific Community categories. The other half were considered to be moderate drivers, with high interest in NBT. This also included stakeholders from the Medical and Healthcare Community, Policy Makers and Governance and the Civil Society. The existence of high interest among some powerful stakeholders presents a good opportunity for their engagement and the uptake of NBT in the country.

6.4 Barriers identified for the engagement of stakeholders

Lack of time appears as the main barrier, regardless of the type of stakeholder. Among the Scientific Community and Medical and Health Care Community a key identified barrier was distrust in NBT. Another important barrier, shared by a diversity of stakeholders, was related to deficiencies in economic resources and organisational capabilities.

6.5 Possible engagement strategies of Key Stakeholders

From the open-ended responses, various engagement strategies were identified. First, given the limited knowledge about NBT in the country, it was recommended to start offering opportunities learn about NBT and receive NBT training. Another proposed strategy was the organisation of networking spaces, especially for the engagement of organisations already working on NBT-related topics, including Environmental Organisations and SMEs. Academic/scientific activities were recommended for the Scientific Community and Innovation Structures as well for some sectors of Medical and Healthcare Community and Environmental Organisations. Finally, sharing information about the economic viability of NBT and scientific evidence of their benefits was considered necessary for the Ministry of Health and insurance companies.

7. Results: Portugal

Key findings:

- There was perceived to be a lack of knowledge of NBT in the country, which can be increased through close collaboration with educational institutes in training NBT therapists.
- NBT can be presented as a new field for Environmental Organisations and SMEs to engage with.
- Engagement with Policy makers and governance actors could be started with an awareness raising campaign, connecting the information presented in these campaigns to prevailing needs of local communities.

7.1 Stakeholders identified

A total of 102 stakeholders were included in the initial stakeholder mapping for Portugal, from different types of stakeholder categories. In general, there is a neutral outlook toward NBT, with most of the actors identified to be neutral to moderate drivers. However, Environmental Organisations were perceived as having a more moderate outlook on NBT. In terms of knowledge, overall there seems to be a limited understanding of what NBT entails. Environmental Organisations, Medical and Healthcare Community and Scientific Community were considered to have more knowledge of NBT compared to other stakeholder groups. Moreover, the interest of most organisations in NBT was identified to be general. Finally, in terms of power, most identified actors were perceived to have low power to influence the uptake of NBT in the country. However, findings indicate it may be possible to get some support from Environmental Organisations, Medical and Healthcare Community, Policy makers and Governance, and Scientific Community.

Table 8: Overview of key variables for Portugal Stakeholder mapping

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)
Civil Society	31	3.6 Neutral /Moderate driver	0.5 No Knowledge /Limited	2 General	1.4 Low
Environmental Organisations	10	4.1* Moderate driver	1.3* Limited	2 General	1.9* Medium
Media	12	3.5* Neutral /Moderate driver	0.7 No Knowledge /Limited	2. 2 General	1.7* Low /Medium
Medical and Healthcare Community	11	3.5 Neutral /Moderate driver	1.2 Limited	2. 4 General	2.2* Medium

Type	Cases (n)	Position (average)		Knowledge (average)		Interest (average)		Power (average)	
Policy makers and Governance	18	3.5	Neutral /Moderate driver	0.9	No Knowledge /Limited	1.8	Limited/General	2*	Medium
Scientific community and innovation structures	11	3.8*	Neutral /Moderate	1.3*	Limited	2.2	General	2*	Medium
SMEs	6	3.7*	Neutral /Moderate driver	1	Limited	2**	General	1.5*	Low
Other	3	2.7	Moderate limiter /Neutral	0.7	No Knowledge /Limited	1.7	Limited /General	1.3	Low

* High variation

7.2 Relation between knowledge of NBT and the power and position towards NBT

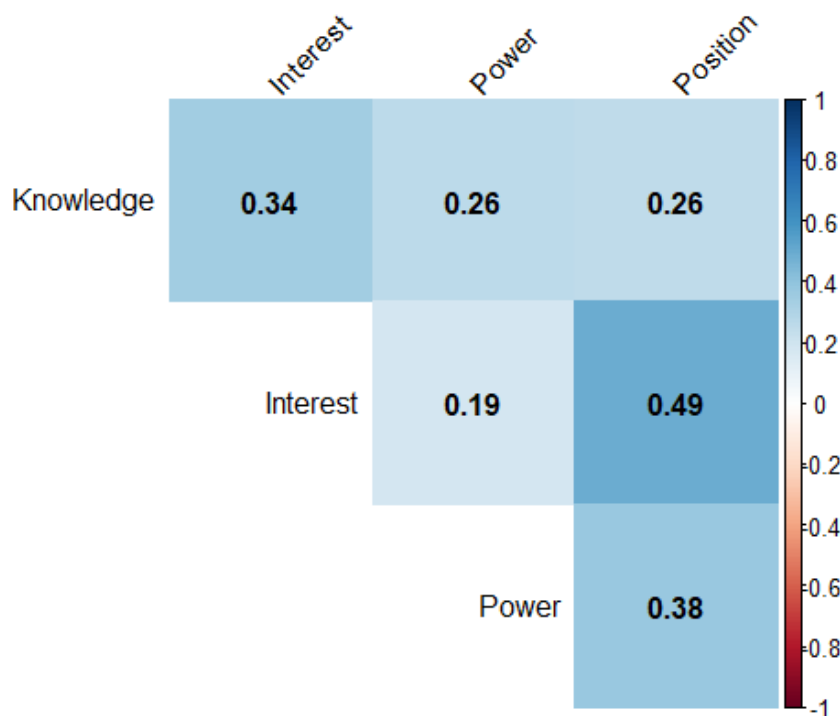


Figure 5: Correlation matrix of key variables for Portugal

A positive correlation between knowledge and power and position towards NBT is found, although with a weak strength, suggesting that actors with higher levels of knowledge of NBT do not necessarily act as strong drivers for the adoption of NBT, neither have the power to influence on its uptake.

Even though stakeholders, in general, were rated as having limited knowledge about NBT, 14% was considered to have general knowledge. These stakeholders belong to Civil society, Media, Medical and Healthcare Community, Scientific Community, Policy makers and Governance, and Environmental Organisation, which offer a breadth of opportunities regarding the recognition and promotion of NBT (see section 7.5). Only three stakeholders were considered to have extensive knowledge, two of them were Environmental Organisations (one considered to have high power) and one belonged to the Scientific Community (a university).

7.3 Relationship between interest in NBT and the power and position towards NBT

The relationship between interest and power is low. This suggests that some actors with interest on NBT have high levels of power in order to influence NBT uptake in the country. Moreover, the relationship between interest and position is medium, suggesting that actors with higher interest can be considered drivers of NBT.

Most identified stakeholders were rated as having a general interest in NBT, which can be seen as favourable for the promotion of NBT in the organisations these stakeholders are working in and their broader fields of influence. However, 17% of stakeholders, across all the categories, were considered to have a high interest. These organisations were considered as having a relatively high power and moderate to strong drivers. As they belong to the Medical and Healthcare community, Environmental Organisations, Scientific Community, and Media, it could be very effective to develop forums and workshops with these organisations to increase their awareness about NBT and engagement with the NATURELAB project.

7.4 Barriers identified for the engagement of stakeholders

The main barrier identified was the lack of knowledge of NBT, so all the strategies that promote the diffusion of NBT in the country will be helpful to increase awareness on this subject (with the media being a good ally). Barriers identified for actors in the Policy Makers and Governance category include high bureaucracy or a low understanding how their organisations might integrate NBT in their ways of working or how they can contribute to the dissemination of information about NBT in the country. For the Medical and Healthcare Community category, the main barrier identified was the lack of trust in NBT. Some health professionals were viewed as being likely reluctant about the incorporation of NBT, mainly due to their lack of knowledge of the existing scientific evidence.

7.5 Possible engagement strategies of Key Stakeholders

According to the open-ended questions, one of the identified strategies to engage stakeholders is to develop awareness raising campaigns by the dissemination of information related to NBT. This can be targeted to all groups, as the knowledge about NBT in the country is generally limited. It was identified that the Media could be one actor to raise awareness in the general public, and that some of the identified stakeholders on this category had already interest in NBT.

It is also recommendable to work with education institutions, especially those linked to the Medical and Healthcare Community, to increase the knowledge of NBT. For this, it would be important to also ally with the Scientific Community to disseminate the current existing evidence on the benefits of NBT for health and well-being, while also promoting future research. For the Medical and Healthcare Community, and for the Policy Makers and Governance stakeholders, it would be important that the information disseminated has a strong scientific evidence background. Moreover, for the Medical and Healthcare community, it is important to work on the training of new therapists.

In the category of Policy Makers and Governance, it would be recommendable to align the project with the necessities and projects already ongoing at the government level. Moreover, it would be recommendable to have multidisciplinary forums to increase the knowledge about NBT among the public sector, and develop policy briefs, highlighting the roles and mandates different government organisations have regarding NBT.

In the case of Environmental Organisations, Civil Society Organisations, and SMEs (specifically, the tourism sector), NBT can be presented to them as a new activity to be incorporate into their programs. For this, it would be important to not only raise awareness about NBT, but also offer opportunities for adequate training. Their interest can be raised by showcasing experiences of NBT, and give information about the current options for training.

8. Results: Cross-country comparison

8.1 Similarities and differences between stakeholders by country

In this section, comparative results are displayed for each stakeholder category, reporting similarities and differences between the five different countries of the study (Germany, Greece, The Netherlands, Peru and Portugal) and according to the key variables: position, knowledge, interest, and power.

8.1.1 Civil Society

Reported civil society actors in all countries (except Portugal) were considered strong to moderate drivers with general knowledge of NBT. For Portugal knowledge was considered limited and therefore in this country it may be particularly vital to implement awareness raising campaigns. As for the other four countries, some of civil society actors might be able to share their knowledge and expertise on NBT with those less familiar on the topic. While civil society stakeholders were generally rated as having “low power”, they may be strong allies in the promotion of NBT given their interest and some experience on it.

Table 9: Overview of key variables for Civil Society

Type	Cases (n)	Position (average)		Knowledge (average)		Interest (average)		Power (average)	
Germany	4	4.5	Strong driver	2.8	Extensive	2.8	High	0.8	Low
Greece	9	4.3*	Moderate /Strong driver	2.3*	General	2.7	High	0.8*	Low
The Netherlands	11	4.3*	Moderate driver	2.0*	General	2.5	General	1.4	Low
Peru	26	4.1*	Moderate driver	1.6	General	2.4*	General	1.7	Low/Medium
Portugal	31	3.6	Neutral /Moderate driver	0.5	No Knowledge /Limited	2	General	1.4	Low

8.1.2 Environmental Organisations

Most Environmental Organisations were reported to only having limited or general knowledge of NBT. However, in each of the study countries at least one environmental organisation was listed and rated as having extensive knowledge about NBT. In this regard, it would be important to ally with the Environmental Organisations that have already experience and knowledge to share their experiences among other Environmental Organisations. Moreover, they all share general to high

interest, thus, organising workshops on NBT directed to this group can be expected to have high turnover. Nonetheless, as their power in general was considered low to medium, it is suggestable to have multi-stakeholder forums with other actors once their knowledge of NBT is strengthened.

Table 10: Overview of key variables for Environmental Organisations

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)
Germany	3	4.3 Moderate driver	2.0* General	2 General	0.7 Low
Greece	2	5 Strong driver	3 Extensive	3 High	1 Low
The Netherlands	7	3.1* Neutral	1.3 Limited	2 General	1.7 Low /Medium
Peru	8	3.9 Moderate driver	1.8* General	2.4 General	2 Medium
Portugal	10	4.1* Moderate driver	1.3* Limited	2 General	1.9* Low /Medium

8.1.3 Media

In all countries the Media was generally considered to hold a neutral position towards NBT and have limited knowledge of NBT. However, the perceived power of the media varied among countries; this may be explained by the particular media actors mapped, as in some countries (e.g., Germany) it included local newsletters, while in other countries (e.g., Peru) it included national TV programmes. Nonetheless, it was generally recommended that the media in all countries can help increase awareness and bring knowledge of NBT to the general public, and create dissemination materials that can be used by project partners to communicate the benefits of NBT. It would be important to connect with Media stakeholders to cover at least one successful experience of NBT in the country, as well as to invite them to NATURELAB project events to foster awareness of NBT.

Table 11: Overview of key variables for Media

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)
Germany	2	3 Neutral	1.5 Limited /General	2 General	0.5 Low
Greece	4	3 Neutral	1.3* Limited	2.3 General	1.0* Low
The Netherlands	5	3 Neutral	1 Limited	1 Limited	2 Medium
Peru	3	3.3 Neutral	1.3 Limited	2* General	2 Medium
Portugal	12	3.5* Neutral /Moderate	0.7 No Knowledge /Limited	2.2 General	1.7* Low /Medium

8.1.4 Medical and Healthcare Community

In the case of the Medical and Healthcare Community, no actors with extensive knowledge of NBT were mapped. In this sense, it is pivotal to offer more scientific evidence on the benefits of NBT, but also training. The level of power for stakeholders from the Medical Community to influence the adoption of NBT in the country varied from low to medium. In the case of Germany, it was highlighted that this is due to the strong medical regulations that doctors have to follow, and have little control over. This is a common scenario also in other countries, where NBT is not recognised officially as a therapy, thus doctors are not able to prescribe it. In this sense, it is important to work with the government to put the necessary regulations in place first.

Table 12: Overview of key variables for Medical and Healthcare Community

Type	Cases (n)	Position (average)		Knowledge (average)		Interest (average)		Power (average)	
Germany	3	4.3	Moderate driver	2.3	General	2.3	General	1	Low
Greece	5	3.8	Neutral /Moderate driver	2	General	2.2	General	1.8	Low /Medium
The Netherlands	8	3.5*	Neutral /Moderate driver	1.6*	Limited/ General	1.5*	Limited /General	1.6*	Low
Peru	13	3.5*	Moderate driver	1.5	General	1.9	General	2*	Medium
Portugal	11	3.5	Neutral /Moderate driver	1.2	Limited	2.4	General	2.2*	Medium

8.1.5 Policy Makers and Governance

In all countries, government bodies were considered those with the high power to promote NBT, with higher levels of power at the ministerial levels as compared to local or provincial levels. Moreover, the level of knowledge amongst governmental stakeholders was rated predominantly as limited. That said, in Germany and The Netherlands some environmental governmental agencies were considered to have general knowledge of NBT. Additionally, it is perceived that they have limited to general interest in NBT. Therefore, it is recommendable to present NBT as an approach that can be included in other projects or can help attend other necessities that are priority for that institution.

Table 13: Overview of key variables for Policy Makers and Governance

Type	Cases (n)	Position (average)		Knowledge (average)		Interest (average)		Power (average)	
Germany	5	4	Moderate driver	2.2	General	2	General	2.6*	Medium /High
Greece	7	4.1*	Moderate driver	1.1	Limited	2	General	2.6	Medium/ High

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)
The Netherlands	9	3.9 Moderate driver	1.8 General	1.7 General	2.4 Medium/High
Peru	7	3.4 Neutral	1.1 Limited	1.7 General	2.3* Medium
Portugal	18	3.5 Neutral/Moderate driver	0.9 No Knowledge/Limited	1.8 Limited/General	2* Medium

8.1.6 Scientific Community

In all countries it was considered that the Scientific Community had low to medium power, with mostly limited to general knowledge, with the exception of some organisations of the Scientific Community in Germany where there are organisations with extensive knowledge. Although their perceived power is low to medium, it is important to create alliances with the Scientific Community to increase the scientific-based evidence on NBT, as this is found crucial to generate interest and support within the Government and Healthcare sector. Most of the Scientific Community stakeholders have a general interest in NBT, presenting a positive scenario to introduce NBT to these organisations. It would be important to highlight the research nature of the NATURELAB project and propose different organisations at the Scientific Community to join the Social Innovation Hub organised by NATURELAB.

Table 14: Overview of key variables for Scientific Community

Type	Cases (n)	Position (average)	Knowledge (average)	Interest (average)	Power (average)
Germany	2	4.5 Strong driver	2.5 General/Extensive	2.5 General/High	1.5 Low/Medium
Greece	4	3.8 Neutral/Moderate	1.5 Limited/General	1.8 Low/General	2 Medium
The Netherlands	6	4.2* Moderate driver	2.2* General	2.3* General	1.8* Low/Medium
Peru	9	3.8 Moderate driver	2.1 General	2.3 General	1.9 Low/Medium
Portugal	11	3.8* Neutral/Moderate driver	1.3* Limited	2.2 General	2* Medium

8.1.7 SMEs

In the case of the SMEs there are two types of actors mapped. First, insurance companies, with higher power towards the integration of NBT but also limited knowledge. Second, businesses mainly from the tourism industry. In the case of Germany and Greece, the actors with extensive knowledge were coming from this sub-sector, as they have offered NBT as a service. Among them, the interest in NBT is general to high, however, they usually offer short-term services and have no medical

training, being important to work closely with these organisations to regulate the offering of NBT by the non-medical sector.

Table 15: Overview of key variables for SMEs

Type	Cases (n)	Position (average)		Knowledge (average)		Interest (average)		Power (average)	
Germany	6	3.8	Moderate driver	1.8	Limited /General	2.2	General	1.7*	Medium
Greece	2	3	Neutral	3	Extensive	2	General	0	Low
The Netherlands	7	3.3	Neutral	1.3*	Limited	1.4*	Limited	1.3	Low
Peru	14	3.9	Moderate driver	2.1	General	2.3	General	1.3	Low
Portugal	6	3.7*	Neutral /Moderate driver	1	Limited	2*	General	1.5*	Low

8.2 Barriers for engagement identified

A common barrier identified across countries is the lack of trust in NBT, which was considered particularly an obstacle for the Medical and Healthcare Community. A lack of interest in NBT was a key barrier identified in Germany, Greece and The Netherlands, particularly among those actors with higher level of power. Similarly, in Portugal, the main barrier identified was the lack of knowledge, a scenario that was also true in Peru, where knowledge of NBT was perceived as limited for most stakeholders (despite not reported as a barrier per se).

It was also identified that the profitability on investing in NBT might also be a main concern for governmental bodies in different countries. In the case of Peru, the lack of resources (mostly economic) was reported as the main barrier, which also affects the willingness to invest in NBT.

Finally, for the categories of Civil Society and Environmental Organisations the lack of resources (financial and time) was considered one of the main barriers in Germany, Greece and Peru.

8.3 Entry points for engagement

Six main strategies for engagement were identified in the analysis of the open-ended questions: i) showcase NBT experiences in the country, ii) share information about NBT, iii) organise workshops on NBT, iv) deepen the research on cost-benefit analysis for NBT, v) offer NBT training for therapists, and vi) develop policy briefs for the engagement of the government.

As knowledge was considered mostly limited to general, it is important to raise awareness about the benefits of NBT. In this regard, it is recommendable to work first on showcasing successful experiences of NBT in each country. In all of the countries, at least one organisation with experience in NBT was found. As a first engagement strategy, it is recommendable for all countries to collect information on these successful experiences to serve as examples when raising awareness about NBT to other actors. This can be done in collaboration with the Media.

For the Medical and Healthcare Community there were no organisations with extensive knowledge, and they also did not offer NBT services (NBT was mainly offered by SMEs). For this stakeholder category, it was identified that scientific-based evidence on the benefits of NBT is necessary to increase trust in NBT. Moreover, there are few (or none) trained NBT therapists on the Medical Healthcare Community, highlighting the need to develop NBT training opportunities. Another alternative would be to raise awareness on NBT in the Medical and Healthcare Community, in order to refer patients to this type of therapy offered by other stakeholders.

For government actors and insurance companies it was identified across the whole sample that these stakeholders need evidence of the cost-benefits of NBT. It would be important in this regard to work closely with the Scientific Community to develop research in this field. Finally, the development of a policy brief for each country is also recommendable to engage and inform government actors of their potential roles (e.g. In The Netherlands, the Nature Conservation Act (2017) states that is the provincial authorities – not the national — that set the rules and regulations on nature protection in their provinces) and mandates (e.g. The Climate Change Law in Peru (Law 30754, 2018) mandates the Environmental Government to implement ecosystem based approach – including the protection of ecosystems-- to assure the deliverer of ecosystem services), in relation to NBT.

Among the main differences between countries, it can be highlighted that in Germany there seems to exist more stakeholders with knowledge of NBT, with a network on NBT already established in the country. In the case of Greece, stakeholders from Environmental Organisations were identified to have more knowledge of NBT in comparison with the other stakeholders' categories, being important to focus first on this stakeholder category to showcase their experiences. For The Netherlands the Scientific Community has a higher level of knowledge of NBT. Therefore, it would be recommendable to work closely with the Scientific Community to develop cost-benefit analysis that can be used as evidence for engaging the government and insurance companies. As in The Netherlands the research partners also belong to the Scientific Community, their work on cost-benefit analysis of NBT could be the focus of their stakeholder engagement strategy. For Peru, the lack of

NBT therapists is a main barrier, being important to focus on this point to increase the offer of NBT in the country. Finally, for Portugal, the main barrier identified was also the lack of knowledge of NBT throughout all stakeholder categories. Nonetheless, institutions that offer educational training, especially in the health sector, have been identified as an entry point to expand knowledge about NBT, with the possibility of also extending this training to the private sector (e.g., tourism industry).

9. Recommendations and next steps

Previous chapters focused on the analysis of the stakeholder mapping by country and by stakeholder category, based on 294 stakeholders mapped across the five different countries. This chapter presents a timeline of possible engagement strategies to be developed in each country, as well as next steps for Task 5.2.

9.1 General recommendations

Based on the analysis of closed and open-ended questions outlined in the previous chapters, the following schedule of activities is recommended to take place in each country, for the following project's months (M13: June 2024):

Strategy	Country					Project's month											
	Germany	Greece	The Netherlands	Portugal	Peru	13	14	15	16	17	18	19	20	21	22	23	24
Showcase successful NBT experiences	X	X	X	X	X												
Offer training on NBT				X	X												
Develop policy brief	X	X	X	X	X												
Work with the scientific community on cost-benefit analysis on NBT	X		X														
Develop communication materials with scientific-based evidence on NBT	X	X	X	X	X												

It is important to highlight that most of the actors with high knowledge of NBT have low power. In this sense, it is recommendable to follow the “small wins” approach outlined in the conceptual framework

on this document. This strategy is based on making transformational change through the continuous and accumulative small changes. In this regard, it is recommendable to start with the recognition of those organisations already implementing NBT, which can help as an example for other organisations to replicate similar initiatives. Moreover, in countries where there is already more experience with NBT (such as Germany and The Netherlands) it is important to focus on the cost-effectiveness evidence required by the government institutions in order to institutionalise NBT, while in countries with less experience in NBT (Portugal and Peru) is important to first expand the availability of NBT and increase the number of NBT therapists by offering training opportunities.

9.2 Country specific recommendations

The following section includes country-specific recommendations complementary to the general recommendations described above.

Germany:

- Bring together “moderate drivers” and “strong drivers” to plan events on NBT together
- Propose government institutions interested in NBT to work on NBT with a participatory approach, meaning to collaborate with stakeholders from different categories.;
- Work together with the Scientific Community to develop and disseminate information about the existing evidence on NBT;
- Organise policy dialogues between government institutions and the scientific community
- Integrate NBT in the “German’s Natural Capital” report.

Greece:

- Identify main priorities, needs, and interests of the different stakeholders’ categories and integrate these in dissemination messages of how NBT could address these;
- Use printed/electronic material to inform about NBT as time availability is a main constraint to attend to face-to-face events (e.g., Workshops).
- As knowledge of NBT was generally considered limited in the country, basic information about NBT should be disseminated first;

The Netherlands:

- Organise multi-disciplinary forums to develop network opportunities for stakeholders with extensive knowledge of NBT to connect with stakeholders with higher power (e.g., government stakeholders);
- Strengthen NBT knowledge at provincial/local government levels;
- Direct awareness raising campaigns on NBT to Medical doctors, emphasising available scientific evidence on NBT;

Peru:

- Inform SMEs offering NBT-related services about NBT, including the differences between nature-connection experiences and NBT;
- Offer support to participate in NBT trainings and events, as a lack of resources may be a key barrier for stakeholders with low levels of power to participate;
- Direct awareness raising campaigns about NBT to government actors and insurance companies, emphasising available scientific evidence.

Portugal:

- Disseminate basic information about NBT first, as knowledge of NBT was regarded limited;
- Organise multi-disciplinary forums around NBT, bringing together different sectors to be informed about NBT;
- Collaborate with educational institutions in the health sector in offering NBT training;
- Present NBT to SMEs, Civil Society and Environmental Organisations NBT as a new activity that could be incorporated into their existing programmes/projects.

9.3 Next steps

This first stakeholder mapping has shown that there are clear differences in the perceived level of knowledge of NBT between stakeholders based in the five project countries. A common struggle will likely be that policy and governance actors have the least knowledge of NBT, however, the highest power to influence NBT uptake. The next steps will require the implementation of training opportunities in the countries with limited experience with NBT (i.e. Peru and Portugal) and generation of cost-benefit analyses for the three countries with more NBT experience.

As another next step, the current database elaborated will continuously be updated, with the aggregation of new actors. Contact details (publicly available) will be included for identified actors to allow inviting them to the different events planned and share information with them. Moreover, it is proposed to conduct a stakeholder mapping specifically for NBT practitioners. This database can be used to refer to NBT practitioners in the different NATURELAB project countries, as well as establishing a network for NBT promotion. This can be done by directly contacting organisations working on NBT and asking for further referrals, following a snowball strategy. Moreover, the stakeholders working in the field of NBT will be asked to answer an online questionnaire, where they can share information about the NBT programmes they implement.

Finally, the next version of this deliverable will also incorporate the results of the KIIs and FGDs being conducted under WP4. The results of the KII have been reported under D4.1 (“Delineation of

a proof-of-concept process for NBT uptake in each country”), which will be used as a source of secondary analysis. Moreover, primary data from the KIIs will be used to analyse the use of NBT terminology, which although a new concept for many, it can be related to other popular concepts such as forest bathing, connection with nature, or healing forests in different contexts. In summary, the next deliverable will incorporate insights from stakeholder consultations (KII and FGDs) to further develop and refine the engagement strategies for each of the five NATURELAB’s project countries.

10. Appendix

We present the preliminary list of the 294 stakeholders mapped by the NATURELAB project in this report, grouped according to their country of origin, the categorized stakeholder type, and a reference link to their main website.

It is important to clarify that in cases recorded as "NA," we have not identified a representative website for the mentioned stakeholder (in most of these cases, due to the generic abstraction of the stakeholder). Meanwhile, in cases labeled as "Personal data protected under Ethics guidelines," we cannot disclose the collected information about the individual due to identity protection reasons.

For the 294 recorded cases, we have handled the publicly available information in a confidential and responsible manner, reserving the right to classify and internally evaluate stakeholders based on the parameters of the NATURELAB project. The research process has been rigorously guided by the principles outlined in D6.2 "NATURELAB Ethic Guidelines."

Table 16: Stakeholder mapping list

Country	Stakeholder name	Type of stakeholder	Hyperlink
Germany	JoinUs4Health	Civil Society	https://platform.joinus4health.eu/ju4htopic/gardening-for-health/
Germany	AG Ökologie Greifswald	Civil Society	https://nova-campus.de/angebote/ag-oekologie/
Germany	KLUG (Deutsche Allianz für Klima und Gesundheit)	Civil Society	https://www.klimawandel-gesundheit.de/
Germany	NABU - projects like "Bunte Flora"	Environmental Organisations	https://mecklenburg-vorpommern.nabu.de/natur-und-landschaft/aktionen-und-projekte/artenvielfalt-in-greifswald/30209.html
Germany	Nationalpark Schwarzwald	Environmental Organisations	https://www.nationalpark-schwarzwald.de/de
Germany	Verband deutscher Naturparke	Environmental Organisations	https://www.naturparke.de/
Germany	Katapult Magazin	Media	https://katapult-magazin.de/de
Germany	NDR Regional Studio	Media	https://www.ndr.de/radiomv/wir_ueber_uns/Vorpommernstudio-Greifswald-,studiogreifswald101.html
Germany	KLIMEG - Kompetenzzentrum für klimaresiliente Medizin und Gesundheitseinrichtungen	Medical and Healthcare Community	https://klimeg.de/
Germany	Klinik Moorbach Bad Doberan	Medical and Healthcare Community	https://www.kur-und-heilwaelder.de/Unsere-Heilwaelder-und-Kurwaelder2/Bad-Doberan-Heilwald-Umsetzungsphase
Germany	Müritzklinik in Klink	Medical and Healthcare Community	https://www.mueritz-klinik.de/mueritz-klinik/heilwald
Germany	Landesforstverwaltung Mecklenburg-Vorpommern	Policy makers and Governance	https://www.wald-mv.de/
Germany	Ministerium für Wirtschaft, Infrastruktur, Tourismus und Arbeit Mecklenburg-Vorpommern, 230	Policy makers and Governance	https://www.regierung-mv.de/Landesregierung/wm/Aktuell/?id=194115&processor=processor.sa.pressemitteilung

Country	Stakeholder name	Type of stakeholder	Hyperlink
Germany	Umweltbundesamt (APUG)	Policy makers and Governance	https://www.umweltbundesamt.de/publikationen/manual-on-methodologies-criteria-for-modelling-0
Germany	IKEM – Institute for Climate Protection, Energy and Mobility e.V.	Scientific community and innovation structures	https://www.ikem.de/en/projekt/one-health-research-centre/
Germany	One Health Greifswald	Scientific community and innovation structures	https://onehealth-greifswald.de/
Germany	Bäder Verband Mecklenburg Vorpommern	Small/medium/large enterprises	https://www.mv-baederverband.de/de/kur-und-erholungsorte#top
Germany	Therme One Health GmbH	Small/medium/large enterprises	https://www.thermegroup.com/
Germany	AOK	Small/medium/large enterprises	https://www.aok.de/fm/en-uk/
Germany	Therme One Health GmbH	Small/medium/large enterprises	https://www.thermegroup.com/
Germany	TK	Small/medium/large enterprises	https://www.tk.de/techniker
Germany	The German Ministry of Health	Policy makers and Governance	https://www.bundesgesundheitsministerium.de
Germany	The German Ministry of Environment, Nature Conservation etc	Policy makers and Governance	https://www.bmuv.de/en/
Germany	German association for nature based therapy	Civil Society	https://www.eag-fpi.com/deutsche-gesellschaft-fuer-naturtherapie-waldtherapie-waldmedizin-und-green-care-dgn-e-v/
Germany	Insurance companies in Germany	Small/medium/large enterprises	https://www.vdek.com
Greece	Medical Association of Athens	Medical and Healthcare Community	https://www.isathens.gr/
Greece	POSOPSI	Medical and Healthcare Community	https://www.posopsi.gr/
Greece	PADA	Scientific community and innovation structures	https://www.uniwa.gr/en/
Greece	EKPA	Scientific community and innovation structures	https://en.phed.uoa.gr/
Greece	Agricultural University of Athens	Scientific community and innovation structures	https://www2.aua.gr/en
Greece	EKKE	Scientific community and innovation structures	https://www.ekke.gr/en/
Greece	Ministry of Health	Policy makers and Governance	https://www.moh.gov.gr/
Greece	Ministry of Education, Religions and Sport	Policy makers and Governance	https://www.minedu.gov.gr/
Greece	DYPE	Policy makers and Governance	NA
Greece	KEDE	Policy makers and Governance	https://kede.gr/
Greece	Municipality of Chalandri	Policy makers and Governance	https://www.chalandri.gr/
Greece	Municipality of Kifisia	Policy makers and Governance	https://www.kifissia.gr/
Greece	Municipality of Piraeus	Policy makers and Governance	https://www.kifissia.gr/
Greece	Organisation Earth	Environmental Organisations	https://www.organizationearth.org/eng
Greece	All for Blue	Environmental Organisations	https://allforblue.org/h-all-for-blue/
Greece	Ecopsychology	Civil Society	https://www.ecopsychology.gr/#
Greece	KETHEA	Civil Society	https://www.kethea.gr/en/kethea/
Greece	Pefkites	Civil Society	http://pefkites.gr/
Greece	KAPI Kifisias	Civil Society	https://www.kifissia.gr/el/koinonikesypiresiesKapi
Greece	KAPI Chalandri	Civil Society	https://www.chalandri.gr/yphresies/koinoniki-merimna/kapi/
Greece	Exercise is Medicine Greece	Civil Society	https://exerciseismedicine.gr/#

Country	Stakeholder name	Type of stakeholder	Hyperlink
Greece	SNFCC - Stavros Niarchos Foundation Cultural Centre	Civil Society	https://www.snfcc.org/en
Greece	Regeneration & Progress	Civil Society	https://www.randp.gr/en/
Greece	Hellenic Donkey Centre	Small/medium/large enterprises	https://gaidourohora.gr/
Greece	Ktima Fokaeon-Cherryland	Small/medium/large enterprises	http://cherrylandeng.weebly.com/
Greece	Athens News Agency	Media	https://www.amna.gr/en
Greece	iEidiseis	Media	https://www.ieidiseis.gr/
Greece	Ow	Media	https://www.ow.gr/
Greece	Iatronet	Media	https://www.iatronet.gr/
Greece	Argo	Medical and Healthcare Community	http://argo.org.gr/
Greece	Greek Patients' Association	Civil Society	https://greekpatient.gr/en/
Greece	Medical Association of Greece	Medical and Healthcare Community	https://pis.gr/
Greece	Hellenic Society of Cardiology	Medical and Healthcare Community	https://www.hcs.gr/en/home/
Peru	Hermilio Valdizan hospital healthcare professional staff	Medical and Healthcare Community	http://www.hhv.gob.pe/
Peru	Hermilio Valdizan hospital patients (direct beneficiaries)	Civil Society	NA
Peru	Hermilio Valdizan hospital administration	Medical and Healthcare Community	http://www.hhv.gob.pe/
Peru	Ministry of Health Perú (Minsa)	Policy makers and Governance	https://www.gob.pe/minsa
Peru	Hermilio Valdizan hospital patients' family members	Civil Society	NA
Peru	Hermilio Valdizan hospital social workers	Medical and Healthcare Community	NA
Peru	<i>Personal data protected under Ethics guidelines</i>	Medical and Healthcare Community	NA
Peru	The population of Ciudad de Dios, Nuevo San Pedro, and Buenos Aires	Civil Society	NA
Peru	Rotary Club Castilla	Civil Society	https://www.facebook.com/Rotaryclubcastilla/
Peru	Interact Club Castilla	Civil Society	https://www.facebook.com/interactcastilla/
Peru	Sociocultural Association Suyay	Civil Society	NA
Peru	<i>Personal data protected under Ethics guidelines</i>	Civil Society	NA
Peru	Institutionalized boys and girls	Civil Society	NA
Peru	External boys and girls from Magdalena district	Civil Society	NA
Peru	Caregivers	Medical and Healthcare Community	NA
Peru	Psychologists	Medical and Healthcare Community	NA
Peru	Social worker	Medical and Healthcare Community	NA
Peru	Operation Mato Grosso Staff	Civil Society	https://www.donbosco3a.it/operazione-mato-grosso-2/
Peru	Administration / Director of the Foster Home	Policy makers and Governance	https://www.fundacioncanevaro.org.pe/ins-tituciones-beneficiarias/puericultorio-perez-aranibar.html
Peru	"Beneficencia de Lima"	Civil Society	https://beneficiadelima.org/public/
Peru	Ministry of Women and Vulnerable Population	Policy makers and Governance	https://www.gob.pe/mimp

Country	Stakeholder name	Type of stakeholder	Hyperlink
Peru	<i>Personal data protected under Ethics guidelines</i>	Civil Society	NA
Peru	<i>Personal data protected under Ethics guidelines</i>	Civil Society	NA
Peru	<i>Personal data protected under Ethics guidelines</i>	Civil Society	NA
Peru	WSP Peru	Small/medium/large enterprises	https://www.wsp.com/es-pe/
Peru	Libelula	Small/medium/large enterprises	https://libelula.com.pe/
Peru	Mongabay	Media	https://es.mongabay.com/
Peru	Sociedad Peruana de Derecho Ambiental (SPDA)	Environmental Organisations	https://www.actualidadambiental.pe/
Peru	Conservamos por Naturaleza (Bruno Monteferri)	Environmental Organisations	https://www.conservamospornaturaleza.org
Peru	<i>Personal data protected under Ethics guidelines</i>	Scientific community and innovation structures	NA
Peru	<i>Personal data protected under Ethics guidelines</i>	Scientific community and innovation structures	NA
Peru	National Council for Science, Technology and Technological Innovation (Concytec)	Environmental Organisations	https://en.ania.org.pe/
Peru	<i>Personal data protected under Ethics guidelines</i>	Medical and Healthcare Community	NA
Peru	<i>Personal data protected under Ethics guidelines</i>	Scientific community and innovation structures	NA
Peru	Colegio Médico del Perú	Medical and Healthcare Community	https://www.cmp.org.pe/
Peru	Colegios de Psicólogos del Perú (School of psychologist of Peru)	Medical and Healthcare Community	NA
Peru	Instituto de Medicina Tradicional (Part of ESSALUD)	Medical and Healthcare Community	http://www.essalud.gob.pe/instituto-de-medicina-tradicional/
Peru	SIS - Seguro Integral de Salud	Medical and Healthcare Community	http://www.sis.gob.pe/
Peru	Universidad Peruana de Ciencias Aplicadas	Scientific community and innovation structures	https://www.upc.edu.pe/
Peru	Sociedad Peruana de Derecho Ambiental	Scientific community and innovation structures	https://spda.org.pe/
Peru	Instituto de la Naturaleza, Tierra y Energía (INTE-PUCP)	Scientific community and innovation structures	https://inte.pucp.edu.pe/
Peru	IPES - Promoción del desarrollo sostenible	Environmental Organisations	https://www.ipes.org/
Peru	Pronaturaleza	Environmental Organisations	https://pronaturaleza.org/
Peru	MOCICC - Movimiento Ciudadano Frente al Cambio Climático	Environmental Organisations	https://mocicc.org/
Peru	Municipalidad de San Juan de Miraflores	Policy makers and Governance	https://www.munisjm.gob.pe/
Peru	Servicio Nacional Forestal y de Fauna Silvestre	Policy makers and Governance	https://www.gob.pe/serfor
Peru	Programa Integral Nacional para el Bienestar Familiar	Policy makers and Governance	https://www.gob.pe/institucion/inabif/organizacion
Peru	Instituciones Administradoras de Fondos de Aseguramiento en Salud (IFAS) Ejercito	Small/medium/large enterprises	https://iafasep.gob.pe/
Peru	Amazon Birding Fest	Small/medium/large enterprises	https://birdingfest.net/amazon2022/
Peru	La positiva	Small/medium/large enterprises	https://www.lapositiva.com.pe/

Country	Stakeholder name	Type of stakeholder	Hyperlink
Peru	Lomas de Pamplona	Civil Society	https://www.facebook.com/lomadepamplona
Peru	Círculo de investigación en el Ámbito forestal (CICAF)	Civil Society	https://www.facebook.com/CICAFUNALM/?locale=es_LA
Peru	ESPERANTRA	Civil Society	https://www.esperantra.org/
Peru	Pura Camiseta	Media	https://www.tvperu.gob.pe/programas/pura-camiseta
Peru	El Comercio	Media	https://elcomercio.pe/
Peru	Ayahuasca Ayllu	Small/medium/large enterprises	https://www.ayahuasca-ayllu.com/
Peru	La Chacrita arte medicina	Small/medium/large enterprises	https://www.instagram.com/la_chacrita_medicinal/
Peru	Asociación de Agricultores Ecológicos	Civil Society	https://www.facebook.com/profile.php?id=100064059521197
Peru	Escuela de la nueva medicina germanica	Other	NA
Peru	Servicio de parques de Lima (SERPAR)	Policy makers and Governance	https://www.serpar.gob.pe/
Peru	Jardín botánico del parque de las leyendas	Scientific community and innovation structures	https://leyendas.gob.pe/botanica/jardin-botanico/
Peru	Jardín botánico Octavio Velarde Nuñez	Scientific community and innovation structures	https://es-la.facebook.com/UNALMonline/photos/a.449397948429176/1623533331015626/?type=3
Peru	Asociación Pro Jardín Botánico Nacional	Civil Society	https://portal.concytec.gob.pe/images/noticias/Coloquio-CS-Jard%C3%ADn_bot%C3%A1nicoprograma-compressed.pdf
Peru	Facultad de Ciencias forestales UNALM	Scientific community and innovation structures	https://forestales.lamolina.edu.pe/facultad/
Peru	PROA	Civil Society	https://proa.pe/
Peru	COAP (Club de Observadores de Aves de Perú-Lima)	Small/medium/large enterprises	https://www.facebook.com/groups/coaplima/
Peru	MAITRIPERU	Civil Society	https://maitriperu.blogspot.com/2014/09/talleres-de-desarrollo-personal-y.html?m=1
Peru	Tangara music	Small/medium/large enterprises	https://www.facebook.com/100053486471257/posts/pfbid0b1gADghNjsEGmZNN4jtM2kgvcpLsMLUGZAYDTsR6LFNBzPsfqoFCTrhJWzwbZuo8l/?d=w&mibextid=qC1gEa
Peru	Yopayopanc	Small/medium/large enterprises	https://www.facebook.com/Yopayopanc?mibextid=ZbWKwL
Peru	Burro de barro	Small/medium/large enterprises	https://www.facebook.com/buhodebarro?mibextid=ZbWKwL
Peru	La Escuela declara	Small/medium/large enterprises	https://www.facebook.com/profile.php?id=100057660391474&mibextid=ZbWKwL
Peru	Tierra de Bosques	Small/medium/large enterprises	https://www.facebook.com/TierradeBosquesOxapampa?mibextid=ZbWKwL
Peru	RED RIACO	Environmental Organisations	https://www.facebook.com/p/RIACO-PER%C3%9A-100087774942820/?paipv=0&eav=AfZNN7qlbDIFB82f0y_8PwgJq0gQx90j_HUvBK yX1ikk_929bm-aZ98mT1b3l_eAZSQ&_rdr
Peru	Parque Nacional Yanachaga Chemillén	Environmental Organisations	https://www.gob.pe/institucion/sermanp/informes-publicaciones/1949459-parque-nacional-yanachaga-chemillen
Peru	ONG CNE PERU	Civil Society	https://www.facebook.com/Consejacionaldeeducacion/?locale=es_LA
Peru	Ulcumano Ecolodge	Small/medium/large enterprises	https://www.ulcumanoecolodge.com/
Peru	ACP El Palmeral	Civil Society	https://www.facebook.com/acpelpalmeral/?locale=es_LA

Country	Stakeholder name	Type of stakeholder	Hyperlink
Peru	CEARE	Civil Society	https://www.ceareperu.org/
Peru	ONG ConservAcción (Trujillo)	Civil Society	NA
Peru	Subdirección de Medicinas Complementarias (Instituto Nacional de Salud)	Medical and Healthcare Community	https://www.gob.pe/44927-instituto-nacional-de-salud-medicina-alternativa-complementaria
Portugal	ACES Sintra	Medical and Healthcare Community	https://www.arslvt.min-saude.pt/cuidados-de-saude-primarios/aces-sintra/
Portugal	Santa Casa da Misericórdia Sintra SCMS	Other	https://misericordiasintra.pt/a-instituicao/
Portugal	APADP	Civil Society	http://apadp.pt/wordpress/
Portugal	Ass. Foge com Elas	Civil Society	https://fogecomelas.pt/
Portugal	ARPIsabuguense	Civil Society	NA
Portugal	Youthcoop	Civil Society	https://youthcoop.pt/sobre-nos-2/
Portugal	Actis(USi)	Civil Society	https://actisuniversidadesintra.pt/
Portugal	Coração Amarelo	Civil Society	https://coracaoamarelo.pt/delegacao-agualva-cacem/
Portugal	Associação Partilhar Vida	Civil Society	http://www.partilharvida.org/partilhar_vida.html
Portugal	Ser Alternativa	Civil Society	https://seralternativa.pt/
Portugal	Programa Escolhas	Civil Society	http://www.programaescolhas.pt/
Portugal	Rede nacional eco escola Agrupamento escolas Francisco Santos Rio de Mouro	Civil Society	https://ecoescolas.abae.pt/ ; https://ecoescolas.abae.pt/escola/escola-escultor-francisco-dos-santos/
Portugal	ICNF	Environmental Organisations	https://www.icnf.pt/quemsomos
Portugal	Olho Vivo	Civil Society	https://www.olho-vivo.org/
Portugal	Associação QE	Civil Society	https://www.quintaessencia.pt/
Portugal	Fundação Aga Khan	Small/medium/large enterprises	https://www.facebook.com/AKFPortugal/?locale=pt_PT
Portugal	SeaCoop	Civil Society	https://www.seagency.org/
Portugal	Inature	Environmental Organisations	https://www.inature.pt/
Portugal	Instituto de Saúde Pública da Universidade do Porto (ISPUP)	Civil Society	https://ispup.up.pt/pessoas/carina-santos-silva/
Portugal	School of health polytechnic of Porto	Scientific community and innovation structures	https://www.ess.ipp.pt/
Portugal	National Health Council (Conselho Nacional de Saúde)	Policy makers and Governance	https://www.cns.min-saude.pt/?lang=en
Portugal	Portuguese Association of Physiotherapists (APFISIO)	Civil Society	http://www.apfisio.pt/
Portugal	SOS Children's Villages	Civil Society	https://www.sos-childrensvillages.org/
Portugal	SOS Children's Villages	Civil Society	https://www.aldeias-sos.org/
Portugal	<i>Personal data protected under Ethics guidelines</i>	Media	NA
Portugal	Institute for Nature Conservation and Forests (Instituto da Conservação da Natureza e das Florestas, ICNF)	Policy makers and Governance	https://www.icnf.pt/
Portugal	Lisboa E-Nova – Energy and Environment Agency of Lisbon	Policy makers and Governance	https://lisboaenova.org/en/lisboa-e-nova-2/
Portugal	Vila Franca de Xira Municipality	Policy makers and Governance	https://www.cm-vfxira.pt/
Portugal	Lisbon Metropolitan Area	Policy makers and Governance	https://www.aml.pt/index.php

Country	Stakeholder name	Type of stakeholder	Hyperlink
Portugal	School of Health (Polytechnic Institute of Porto)	Scientific community and innovation structures	https://www.ess.ipp.pt/?set_language=en
Portugal	Ordem dos Psicólogos (Portuguese Psychologist Order)	Medical and Healthcare Community	https://www.ordemdospsicologos.pt/en
Portugal	ZERO	Environmental Organisations	https://zero.org/
Portugal	<i>Personal data protected under Ethics guidelines</i>	Media	NA
Portugal	CUF Hospitals and clinics	Medical and Healthcare Community	https://www.cuf.pt/
Portugal	Liga para a Proteção da Natureza (LPN)	Environmental Organisations	https://www.lpn.pt/pt
Portugal	University of Évora	Scientific community and innovation structures	https://www.uevora.pt/unidades/organicas/ect/dpao
Portugal	Associação Portuguesa de Musicoterapia (APMT)	Medical and Healthcare Community	https://www.apmtmusicoterapia.com/
Portugal	CLAS Esposende - Local Council for Social Action of 107 institutions	Civil Society	NA
Portugal	CLAS Viana do Castelo - Local Council for Social Action	Civil Society	NA
Portugal	Municipality of Esposende	Policy makers and Governance	https://www.municipio.esposende.pt/
Portugal	Parish of S.P. Antas	Policy makers and Governance	https://www.jfantas.pt/
Portugal	AssoBIO - Environmental Association	Environmental Organisations	www.facebook.com/AssociacaoAssoBio
Portugal	Group of 100 National (PT) Environmental NGOs	Environmental Organisations	https://onga.apambiente.pt/
Portugal	Northern Litoral Natural Park / ICNF National Institute for Nature and Forests Conservation	Policy makers and Governance	https://natural.pt/protected-areas/parque-natural-litoral-norte?locale=pt
Portugal	School Group António Rodrigues Sampaio	Civil Society	https://www.aears.pt/
Portugal	IPVC - Polytechnical Institute of Viana do Castelo	Scientific community and innovation structures	https://www.ipvc.pt/en/estudar/estudar-no-ipvc/cursos/licenciaturas/
Portugal	IPCA - Polytechnical Institute of Cávado and Ave	Scientific community and innovation structures	https://ipca.pt/oferta/licenciaturas/
Portugal	BPI la Caixa Awards	Other	https://www.bancobpi.pt/sustentabilidade/compromisso-social/premios-bpi-fundacao-la-caixa
Portugal	APA - Portuguese Agency for the Environment	Policy makers and Governance	https://apambiente.pt/
Portugal	ACICE - Business and Industry Association of Esposende	Civil Society	https://acice.pt/
Portugal	Proriver - Touristic Activities	Small/medium/large enterprises	https://www.proriver.pt/
Portugal	Dunar - Tourism and Leisure	Small/medium/large enterprises	https://dunar.pt/por/
Portugal	EPE Professional School of Esposende	Civil Society	https://www.epe.edu.pt/nws/
Portugal	School Group António Correia de Oliveira	Civil Society	https://www.acoliveira.pt/escolas-do-agrupamento/
Portugal	School Henrique Medina	Civil Society	https://www.escolahenriquemedina.org/
Portugal	PT Blue Schools Label - Organisation	Policy makers and Governance	https://escolaazul.pt/
Portugal	Eco School - PT Labeling Organisation	Civil Society	https://ecoescolas.abae.pt/
Portugal	ACES Cávado III - Barcelos/Esposende	Medical and Healthcare Community	https://bicsp.min-saude.pt/pt/biufs/1/10007/Pages/default.aspx

Country	Stakeholder name	Type of stakeholder	Hyperlink
Portugal	E24	Media	https://e24.pt/
Portugal	Rádio Alto Minho	Media	https://radioaltominho.pt/
Portugal	O Forjanense	Media	https://www.facebook.com/jornal.oforjanense
Portugal	European Environment Agency	Policy makers and Governance	https://www.eea.europa.eu/en/about/who-we-are
Portugal	Greensavers SAPO	Media	https://greensavers.sapo.pt/
Portugal	National Rural Network - Rede Rural Nacional	Media	https://www.rederural.gov.pt/rede-rural-nacional/quem-somos/introducao
Portugal	National Environment Agency - Agência Portuguesa do Ambiente	Policy makers and Governance	https://apambiente.pt/
Portugal	Police Environmental and Nature Protection SEPNA	Other	https://www.gnr.pt/atrib_SEPNA.aspx
Portugal	Business Council for Sustainable Development (BCSD) Portugal	Civil Society	https://bcsdportugal.org/
Portugal	Portuguese Federation of Local Development Associations	Civil Society	https://www.minhaterra.pt/
Portugal	Portuguese Ecology Society - SPECO	Civil Society	https://www.speco.pt/
Portugal	MyPlanet - The Navigator Company	Media	https://myplanet.pt/revista-myplanet-by-the-navigator-company/
Portugal	A Cientista Agrícola	Media	https://acientistaagricola.pt/
Portugal	Esposende Red Cross	Medical and Healthcare Community	https://esposende.cruzvermelha.pt/
Portugal	Alto Minho Humanitarian Centre - Red Cross	Medical and Healthcare Community	https://ch.altominho.cruzvermelha.pt/
Portugal	University of Minho	Scientific community and innovation structures	https://www.uminho.pt/EN/Pages/default.aspx
Portugal	Ordem dos Médicos (Portuguese Physicians Order)	Medical and Healthcare Community	https://ordemdosmedicos.pt/
Portugal	Fundação Calouste Gulbenkian (Calouste Gulbenkain Foundation)	Scientific community and innovation structures	https://gulbenkian.pt/en/
Portugal	Quercus	Environmental Organisations	https://quercus.pt/
Portugal	Administração Regional de Saúde de Lisboa e Vale do Tejo (Lisbon and Tagus Valley Regional Health Administration)	Policy makers and Governance	https://www.arslvt.min-saude.pt/
Portugal	Borealis	Small/medium/large enterprises	https://borealis.pt/
Portugal	Sociedade Portuguesa de Psiquiatria e Saúde Mental (Portuguese Society of Psychiatry and Mental Health)	Civil Society	https://www.sppsm.org/en/
Portugal	Grupo Euromedice	Media	https://www.euromedice.pt/
Portugal	Ordem dos Psicólogos (Portuguese Psychologists Order)	Medical and Healthcare Community	https://www.ordemdospsicologos.pt/en
Portugal	Ordem dos Enfermeiros (Portuguese Nurses Order)	Medical and Healthcare Community	https://www.ordemenfermeiros.pt/
Portugal	Ordem dos Assistentes Sociais (Portuguese Social workers Order)	Medical and Healthcare Community	https://www.ordemassistentessociais.pt/
Portugal	Fundação Francisco Manuel dos Santos (Francisco Manuel dos Santos Foundation)	Scientific community and innovation structures	https://ffms.pt/pt-pt

Country	Stakeholder name	Type of stakeholder	Hyperlink
Portugal	Faculdade de Psicologia da Universidade de Lisboa (Psychology Faculty of Lisbon)	Scientific community and innovation structures	https://www.psicologia.ulisboa.pt/en/
Portugal	Naturelink	Environmental Organisations	https://naturlink.pt/
Portugal	Liga para a Proteção da Natureza (league for the protection of nature)	Environmental Organisations	https://www.lpn.pt/
Portugal	Ministério da Saúde (Health Ministry)	Policy makers and Governance	https://www.sns.gov.pt/institucional/ministerio-da-saude/
Portugal	Associação Nacional de Municípios Portugueses (Portuguese Municipalities National Association)	Policy makers and Governance	https://anmp.pt/
Portugal	PORTUGALNTN - Naturthoughts - Turismo de Natureza, Lda	Small/medium/large enterprises	https://www.portugalntn.com/
Portugal	Fidelidade (Insurance Company)	Small/medium/large enterprises	https://www.fidelidade.pt/EN/fidelidade/Paginas/Homepage.aspx
Portugal	Santa Casa da Misericórdia de Lisboa - SCML	Civil Society	https://scml.pt/
Portugal	Associação Coração Amarelo (Yellow Heart Association)	Civil Society	https://coracaoamarelo.pt/
Portugal	Psychology Now (virtual magazine)	Media	https://psicologianaactualidade.com/index.php?route=site/home
Portugal	"Minuto Verde" ["Green Minute"] TV show on RTP channel	Media	https://www.rtp.pt/play/p55/minuto-verde
Portugal	Câmara Municipal de Vila Franca de Xira (Vila Franca de Xira Municipality)	Policy makers and Governance	https://www.cm-vfxira.pt/
Portugal	Câmara Municipal de Oliveira de Frades (Oliveira de Frades Municipality)	Policy makers and Governance	https://cm-ofrades.pt/
Portugal	Universidade Nova ed Lisboa (Prof. José Ferreira)	Scientific community and innovation structures	https://www.fct.unl.pt/
Portugal	Instituto das Florestas e Conservação da Natureza IP-RAM (Institute of Forests and Nature Conservation of the Madeira region)	Policy makers and Governance	https://ifcn.madeira.gov.pt/
Portugal	Escola Superior de Hotelaria e Turismo do Estoril (Higher Institute for Tourism and Hotel Studies)	Scientific community and innovation structures	https://www.eshte.pt/
Portugal	Associação ZERO (ZERO Environment association)	Environmental Organisations	https://zero.org/
The Netherlands	The Dutch governmental bodies, such as the Ministry of Health, Welfare and Sports, or the Ministry of Agriculture, Nature and Food Quality	Policy makers and Governance	https://www.rivm.nl/duurzamezorg/praktijk/natuur#:~:text=Natuur%20heeft%20positief%20effect%20op%20gezondheid%20een%20welzijn&text=Dit%20kan%20bijdragen%20aan%20het,de%20gezondheid%20in%20een%20zorgomgeving.
The Netherlands	Medical doctors (GPs, psychiatrists, psychologists, endocrinologists, cardiologists, occupational physician etc.)	Medical and Healthcare Community	NA
The Netherlands	People/organisations who do not necessarily have a standard (medical) background, but who offer/organize nature sessions (e.g. nature coaches, walking-coaches,	Other	NA

Country	Stakeholder name	Type of stakeholder	Hyperlink
	nature therapists, gardening therapists, career coaches etc.)		
The Netherlands	Outdoor Psychologists (buitenpsychologen)	Medical and Healthcare Community	https://therapiebuiten.nl/ https://www.debuitenpsychologen.nl/#onsverhaal
The Netherlands	Medical supporting staff ('praktijkondersteuners') /nurses/social workers etc.	Medical and Healthcare Community	NA
The Netherlands	Alternative medicine/ homeopathic field (e.g. homeopathic doctors & medicine brands like VSM & Vogel)	Medical and Healthcare Community	Beroepsvereniging en platform voor integratieve gezondheidszorg https://vbag.nl/
The Netherlands	Pharmaceutical industry	Small/medium/large enterprises	NA
The Netherlands	Universities/research centres (VU, WUR, CHE etc.)	Scientific community and innovation structures	NA
The Netherlands	Nature/environmental organisations	Environmental Organisations	NA
The Netherlands	Nature/environmental organisations	Environmental Organisations	NA
The Netherlands	Nature/environmental organisations	Environmental Organisations	NA
The Netherlands	Insurance companies	Small/medium/large enterprises	NA
The Netherlands	Provinces	Policy makers and Governance	NA
The Netherlands	Local Municipalities	Policy makers and Governance	NA
The Netherlands	Possible organizations/ locations where NTB's can be provided.	Environmental Organisations	NA
The Netherlands	Health and safety services ('arbodienst) & labor unions, and their connected companies/employers	Small/medium/large enterprises	NA
The Netherlands	Healthcare institutions/ sector (hospitals, care-homes/providers etc.)	Small/medium/large enterprises	NA
The Netherlands	End-user/patients	Civil Society	NA
The Netherlands	Patient organisations	Civil Society	NA
The Netherlands	(S)GGZ	Medical and Healthcare Community	https://www.denederlandseggz.nl/
The Netherlands	European Union/European Commission	Policy makers and Governance	https://rea.ec.europa.eu/funding-and-grants/horizon-europe-cluster-6-food-bioeconomy-natural-resources-agriculture-and-environment/nature-based-solutions_en
The Netherlands	Sensa Zorg Foundation	Civil Society	https://sensazorg.nl/
The Netherlands	EBM advocates, including scientific journal etc.	Scientific community and innovation structures	https://ebm.bmj.com/
The Netherlands	Educational sector	Civil Society	https://www.icm.nl/opleidingen-en-trainingen/coachen-als-beroep/wandelcoaching/?gclid=Cj0KCCQjwI8anBhCFARIsAKbbpyR9US_or6p6GDfXL4AdJBqfIKPNby1NFx5Wa26ujfNbm-VuJx1OphoaAI2MEALw_wcB
The Netherlands	All types of media	Media	NA
The Netherlands	Green Care - community of practice - framing for health	Scientific community and innovation structures	https://www.greencare.at/
The Netherlands	Nature and health related foundations and collectives.	Civil Society	https://www.nahf.nl/
The Netherlands	Natuur op recept	Civil Society	https://www.natuuroprecept.nl/

Country	Stakeholder name	Type of stakeholder	Hyperlink
The Netherlands	Natuur op recept	Civil Society	https://www.natuuroprecept.nl/
The Netherlands	Statistics Netherlands (CBS)	Policy makers and Governance	https://www.cbs.nl/
The Netherlands	Rijnstate Hospital Arnhem	Medical and Healthcare Community	https://www.rijnstate.nl/
The Netherlands	GGD Gelderland	Medical and Healthcare Community	https://www.ggd.nl/
The Netherlands	Royal Dutch Medical Association (RDMA)	Medical and Healthcare Community	https://www.knmg.nl/
The Netherlands	IVN Natuureducatie (= IVN Nature Education) Gelderland	Small/medium/large enterprises	https://www.ivn.nl/aanbod/groen-doen-zorg/groene-activiteiten/
The Netherlands	Gelderse Sport Federatie (Sport Federation Gelderland)	Small/medium/large enterprises	NA
The Netherlands	Nederlandse Vereniging van Makelaars (Dutch association of real estate agents)	Small/medium/large enterprises	https://www.nvm.nl/
The Netherlands	Geldersch Landschap & Kasteelen	Environmental Organisations	https://www.glk.nl/
The Netherlands	Natuurmonumenten	Environmental Organisations	https://www.natuurmonumenten.nl/natuur-gezond
The Netherlands	Foundation 'De Hoge Veluwe National Park'	Environmental Organisations	https://www.hogeveluwe.nl/
The Netherlands	Omroep Gelderland	Media	NA
The Netherlands	Gelderland province	Policy makers and Governance	https://www.gelderland.nl/en
The Netherlands	de Gelderlander	Media	NA
The Netherlands	De Telegraaf	Media	NA
The Netherlands	Algemeen Dagblad	Media	NA
The Netherlands	Green Mental Health initiative (Groene GGZ)	Civil Society	https://www.ivn.nl/aanbod/groene-ggz/about-green-mental-health-initiative-groene-ggz/
The Netherlands	Foundation Gezond Natuur Wandelen Nederland	Civil Society	https://www.gezondnatuurwandelen.nl/
The Netherlands	All About Health (Alles is Gezondheid)	Civil Society	https://www.allesisgezondheid.nl/
The Netherlands	Citizens	Civil Society	NA
The Netherlands	Ministry of Health, Welfare and Sport	Policy makers and Governance	https://www.government.nl/ministries/mini-stry-of-health-welfare-and-sport
The Netherlands	Ministry of Agriculture, Nature and Food Quality	Policy makers and Governance	https://www.government.nl/ministries/mini-stry-of-agriculture-nature-and-food-quality
The Netherlands	Staatsbosbeheer	Policy makers and Governance	https://www.staatsbosbeheer.nl/
The Netherlands	National Institute for Public Health and the Environment (RIVM)	Scientific community and innovation structures	https://www.rivm.nl/en
The Netherlands	PBL Netherlands Environmental Assessment Agency	Scientific community and innovation structures	https://www.pbl.nl/en
The Netherlands	Radboudumc University Medical Center	Scientific community and innovation structures	https://www.radboudumc.nl/en/

11. References

- Arnstein, S. R. (1969). A Ladder Of Citizen Participation. *Journal of the American Institute of Planners*, 35(4), 216–224. <https://doi.org/10.1080/01944366908977225>
- Balane, M. A., Palafox, B., Palileo-Villanueva, L. M., McKee, M., & Balabanova, D. (2020). Enhancing the use of stakeholder analysis for policy implementation research: Towards a novel framing and operationalised measures. *BMJ Global Health*, 5(11), e002661. <https://doi.org/10.1136/bmjgh-2020-002661>
- Bours, S. A. M. J. V., Wanzenböck, I., & Frenken, K. (2022). Small wins for grand challenges. A bottom-up governance approach to regional innovation policy. *European Planning Studies*, 30(11), 2245–2272. <https://doi.org/10.1080/09654313.2021.1980502>
- Campbell, L. K., Svendsen, E., Johnson, M., & Landau, L. (2022). Activating urban environments as social infrastructure through civic stewardship. *Urban Geography*, 43(5), 713–734. <https://doi.org/10.1080/02723638.2021.1920129>
- Connolly, J. J., Svendsen, E. S., Fisher, D. R., & Campbell, L. K. (2013). Organizing urban ecosystem services through environmental stewardship governance in New York City. *Landscape and Urban Planning*, 109(1), 76–84. <https://doi.org/10.1016/j.landurbplan.2012.07.001>
- Diani, M., & McAdam, D. (Eds.). (2003). *Social movements and networks: Relational approaches to collective action*. Oxford University Press.
- Freeman, R. E. (2010). *Strategic Management: A Stakeholder Approach* (1st ed.). Cambridge University Press. <https://doi.org/10.1017/CBO9781139192675>
- French, J., & Raven, B. (1959). The Bases of Social Power. In Studies. In D. Cartwright (Ed.), *Social Power* (pp. 150–167). MI: Institute for Social Research.
- Olsson, J., & Hysing, E. (2012). Theorizing Inside Activism: Understanding Policymaking and Policy Change from Below. *Planning Theory & Practice*, 13(2), 257–273. <https://doi.org/10.1080/14649357.2012.677123>
- The World Bank. (1996). *The World Bank participation sourcebook*. The World Bank. <https://doi.org/10.1596/0-8213-3558-8>
- Tilly, C., & Tarrow, S. G. (2015). *Contentious politics* (Second edition, fully revised and updated). Oxford University Press.
- United Nations. (1992). *Rio Declaration on Environment and Development*. https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_CONF.151_26_Vol.I_Declaration.pdf

Van Den Hove, S. (2000). Participatory approaches to environmental policy-making: The European Commission Climate Policy Process as a case study. *Ecological Economics*, 33(3), 457–472. [https://doi.org/10.1016/S0921-8009\(99\)00165-2](https://doi.org/10.1016/S0921-8009(99)00165-2)

WHO Regional Office for Europe. (2015). *Taking a participatory approach to development and better health: Examples from the Regions for Health Network*. World Health Organization, Regional Office for Europe.

World Health Organization. (2013). *Health 2020: A European policy framework and strategy for the 21st century*. World Health Organization, Regional Office for Europe.



NATURELAB



www.naturelab-project.eu

