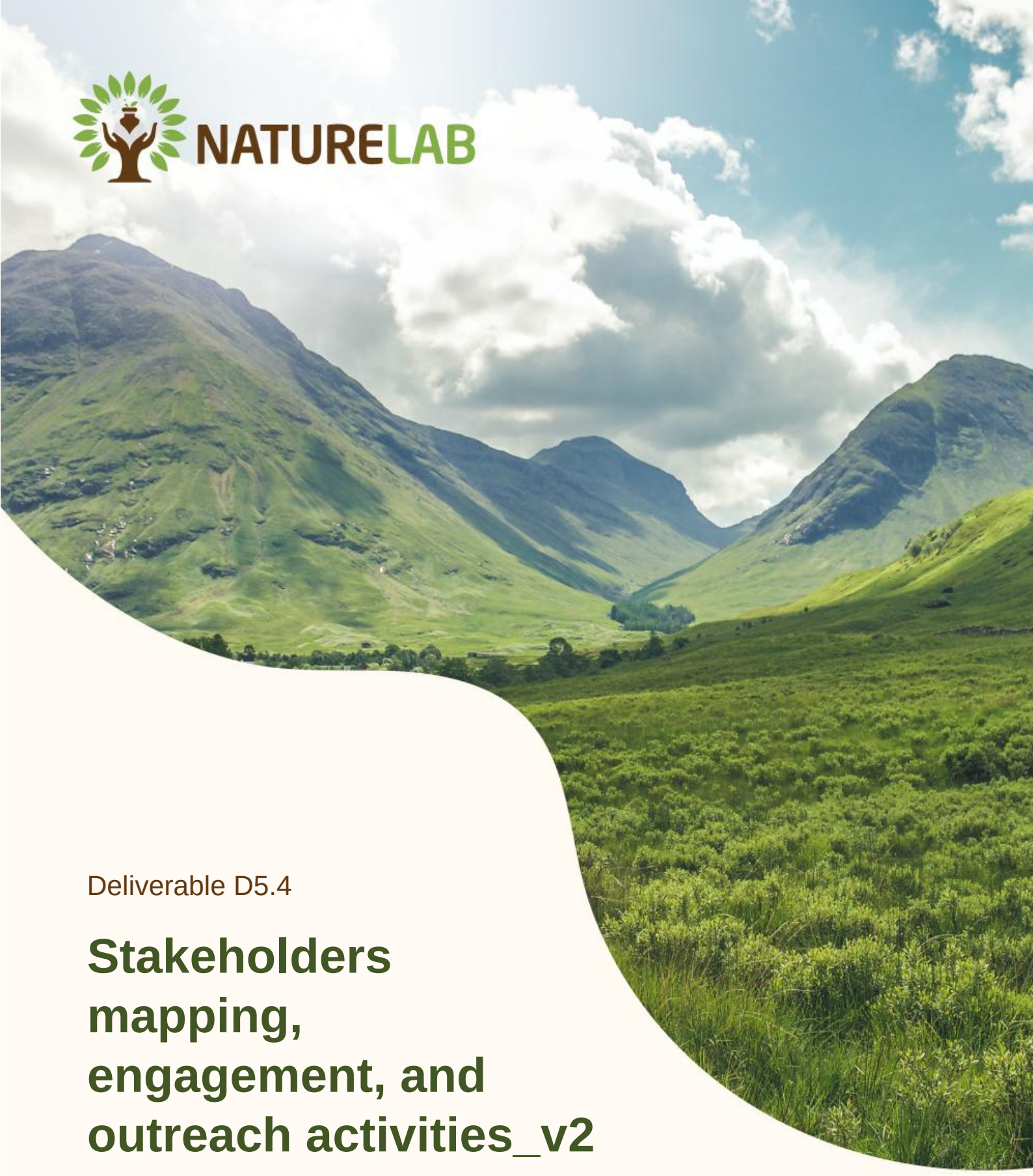
NATURELAB



Deliverable D5.4

Stakeholders mapping, engagement, and outreach activities_v2

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ABBREVIATIONS

Abbreviation	Definition
FGD	Focus Group Discussions
GA	Grant Agreement
KII	Key Informant Interviews
MSP	Multi-Stakeholder Platforms
NBT	Nature-Based Therapies
PHR	Participatory Health Research
SME	Small and medium enterprises
WHO	World Health Organisation

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Executive Summary

Executive Summary

Deliverable 5.4 corresponds to the second 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”.

Deliverable 5.4 is the second 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.

By year 1 of the project (June 2024), 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). Partners characterised these identified stakeholders according to their perceived knowledge, interest, position, and power regards to NBT (closed-ended questions), expected barriers for their engagement, and possible engagement strategies (open-ended questions). Moreover, the stakeholder mapping supported the development of 100 key informant interviews (KII) within Task T4.1. Results of this KII were published in D4.1, “Delineation of a proof-of-concept process for NBT uptake in each country” and is also serving as a base for the conduction of Focus Group Discussions (FGD) that aim to explore integration scenarios for NBT in the public and private health systems.

The first versionSPI of this document (D5.3) presented the data analysis of the stakeholder mapping database based on the characterization of the actors made by the consortium partners. This second version includes an update of the results, based on the inputs of KII.

1. Introduction

The present document has been developed under the scope of the NATURELAB 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 on 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 were presented in Deliverable D5.3 "Stakeholders mapping, engagement, and outreach activities_v1". This report is continuously updated every six (6) months throughout the project (up to version 6, due at month 54). The present document presents version 2, which includes a revision of the results based on the data collected through Key Informant Interviews[1]. Moreover, the mentioned Task will also include the development of a D5.6 "Development

[1] For a full report on the KII please see D4.1 "Delineation of a proof-of-concept process for NBT uptake in each country".

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 was developed by June 2024. This first stakeholder mapping was developed by the different consortium partners, differentiating the knowledge, interest, and position towards NBT of each of the organisations mapped, as well as the power they have to influence NBT uptake in the country. 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.

Moreover, as part of task 4.1: Community engagement and awareness for the adoption of NBT, Key Informant Interviews (KIIs) were conducted, using the initial stakeholder mapping as a sampling strategy. The results of the KII further complement the initial analysis of the Stakeholder Mapping data.

Recommendations for the communication and engagement of key stakeholders were reviewed and updated in this second version of the report. For the upcoming versions, the following updates can be expected: Version 3 of this report will include an update based on the results of Focus Group Discussions currently being carried out by consortium partners; Version 4 will include an update on the recommendations for engagement based on the evaluation of the engagement strategies being implemented; as the Stakeholder Mapping Database is under constant revision and new actors are being added, a new analysis of the database will be conducted by month 45 and reflected in version 5 of this report. Version 5 will also include an update of the recommendations based on this new analysis. Finally, Version 6, the final version, will include a new chapter on the evaluation of the engagement strategies implemented throughout the project and recommendations for the sustainability and replication of these strategies.

Chapter 2

Methodology

2. Methodology

The following section outlines the conceptual framework and methods for data collection and analysis that were used for the 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, and individual citizens, among others. The call for participatory approaches in development, and specifically for environmental issues, has 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, the 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 phases. One of these mechanisms has been multi-stakeholder platforms (MSP). MSP present the opportunity for the involvement of various stakeholders in the discussion of a given topic. The implementation of MSP 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: Arnstein'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.
Tokenism	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.
	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.
Non-participation	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.
	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 MSP 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, for example, offering economical support for marginalized groups to attend group discussions or targeted strategies to increase gender equality (Larson et al., 2022; Merino, 2018; Zurba et al., 2024)

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 disadvantaged groups want to influence 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 describe the interaction that develops when a group of actors make 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 (2015) 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 the capacity to influence, and the degree to 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 has higher influence and access to resources, which can help mobilise greater support. Brokerage refers to actors who can help bridge connections, facilitating 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, enhances innovation and mobilises support from

different sectors. Other factors mentioned for the success of a network are trust and cohesion[2]. 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 who 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 their influence on policy development, previous research has shown the importance of the 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 a 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 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 the importance of adopting concrete strategies to the participation of different stakeholders, the identification of *political opportunities* to influence more powerful actors, the importance of not only creating a network but also working on cohesion, trust, and brokerage in the network in order to have greater impact; and finally the replication of innovations in a network as a way to institutionalise new practices.

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. Stakeholder mapping is a process

[2] Cohesion refers to the connectivity or integration of a network, that is, to the quantity and types of connections or links between nodes.

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 previously identified as part of NATURELAB GA, seven stakeholder categories were identified as target groups for implementing a multi-stakeholder engagement strategy. An eight category, "NBT practitioners", was later added as a result of the first stakeholder mapping[3]. In what follows (Table 2), one can find the definition of each category and an example for Portugal.

Table 2: Stakeholder 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.	e.g., the director and the board of private and public healthcare.
2. Scientific Community and Innovation Structures	Higher education institutions, research centres and technology organisations.	e.g., Research Centres: Calouste Gulbenkian 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)	e.g., Portuguese Environmental Agency, Ecotourism Portuguese Association
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)	e.g., WHO, Health Ministry, 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	e.g., Fidelidade, AGEAS, NATURTHOUGHTS, …

[3] The database used for the present analysis did not included actors under this category. Nonetheless, this category has been added to our categories of stakeholders and will be reflected in the version 5 of the present document, which will include an updated analysis of the stakeholder database.

Target Group (TG)	Definition	Examples (Portugal)
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).	e.g., Portuguese Victim Support Association (APAV), Portuguese Centre for Refugees (CPR) …
7. Media	Science journalists, mass media, online news outlet, TV program.	e.g. social/mass media channels and scientific-scope magazines and channels
8. People in the field of NBT	Nature coaches, Horticultural therapists, NBT researchers.	e.g. Alumni of FTHUB based in Portugal

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. A full description of the categories is included in the next section. This data compromises what we call the “NATURELAB’s Stakeholder Mapping Database”. The partners are constantly updating this database. This report uses the data Version A of this database (updated up to February 2024). An updated analysis can be expected for version 5 of this report (to be published in June 2026).

Moreover, consultations with the stakeholders aim to complement the analysis of this database. These consultations have already been conducted in the form of KII (reported under D4.1), and FGD are currently being conducted. Further consultations will be implemented in diverse ways, depending on the stakeholder engagement strategies implemented in each country (e.g. Participatory workshops on NBT for psychologists in Oxapampa, Peru).

In summary, the current version of this document uses two main sources of data:

1. Stakeholder mapping database (primary data)
2. Key Informant Interviews (secondary data, based on the results published under D4.1)

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 based on their knowledge, interests, and positions. 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 is based on a previous study by Balane et al. (2020), which uses the same variables for the categorisation 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: Number of stakeholders 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 innovation structures	2	4	6	9	11	**32**
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 levels 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

Perceived knowledge refers to the researcher's perception of a stakeholder's level of knowledge or understanding of NBT. Perceived knowledge can be assessed by looking at whether 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 stakeholders)

- 1 – Limited interest (NBT not considered a priority and has minimal impact on stakeholders)
- 2 – General interest (addressing NBT is a priority and has moderate impact on stakeholders)
- 3 – High interest (addressing NBT is part of the stakeholder's core mission and has a high perceived impact on stakeholders)

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's 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 the position from secondary sources, a hospital where NBT is already offered would be considered as a drive. 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 it important for this stakeholder to be included in the NATURELAB project? What can 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:*** Has your organisation already collaborated with this stakeholder? If yes, in which projects and what communication channel was used?
- ***Entry point:*** What do 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 of NATURELAB's Stakeholder Mapping Database was carried out using a quantitative and qualitative approach. In the 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 (List of Stakeholder 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 to determine patterns that would allow the 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 Phyton, most repeated words were identified. These words where 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 keywords identified to codify the 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 in the last two sub-chapters of the cross-country comparison. Finally, a short description was also included for each stakeholder. This data was also used to comment on the experience of the organisation in NBT or their main field of work.

As previously stated, this analysis has been complemented by a comparison with the results of the Key Informant Interviews published under D4.1. For this, a comparison of the results under D5.3 (Version 1 of this document) and D4.1 was conducted for each country. First, contradictions and communalities between the two reports were identified. Second, we identify new findings included in D4.1 that have not yet been included in D5.3 and acknowledge them in this second version in order to reflect the new inputs and data collected through the KII. An internal report was developed with this information and a summary of this comparison is included in this report.

Chapter 3

Results: Germany

3. Results: Germany

Key findings:

- Actors with extensive knowledge of NBT come from a wide range of stakeholder categories.
- Despite the high environmental awareness in Germany and it is common to do nature-based activities, KII interviews reveal that NBT can still be considered a novel concept/terminology.
- There is already a network of NBT in Germany, a key stakeholder to be involved in NATURELAB project.
- The dissemination of strong scientific evidence on NBT is fundamental to approach the medical community.
- 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 from different types of stakeholder categories were mapped in Germany. 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 to be 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, there is great diversity in the levels of perceived power that the different stakeholders have to influence the recognition, promotion and use of green and blue spaces as health care providers and NBT. Those perceived to have more power are from the category Policy Makers and Governance, and KII revealed that insurance companies are also powerful actors in this regard.

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
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

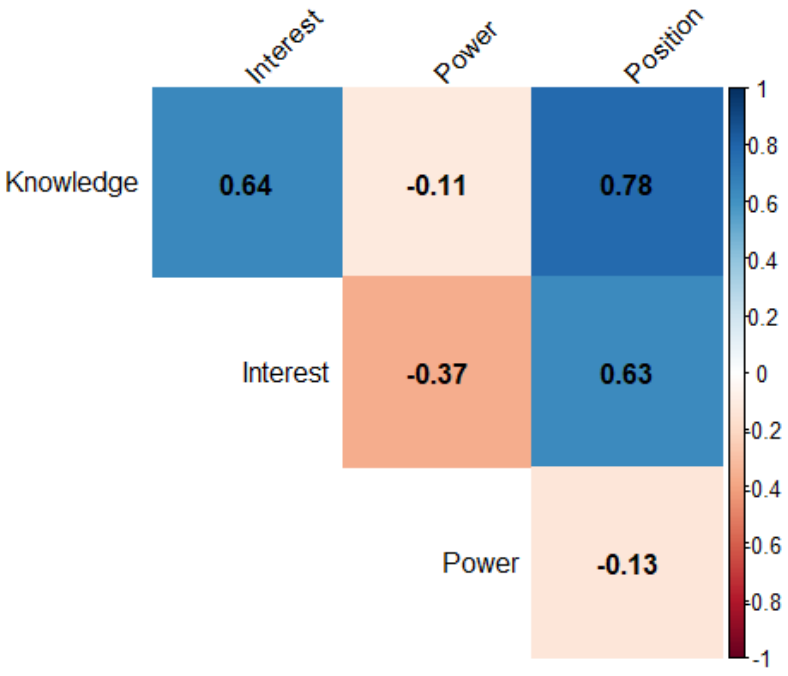

Figure 1: Correlation matrix of key variables for Germany

In general, there seems to be a positive correlation between knowledge and the position towards NBT. Given the low correlation coefficient between the variables knowledge and power, it is suggested that there is no association between these two variables.

In terms of the position towards NBT, it was 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. This notes that extensive knowledge comes from a plurality of types of stakeholders, which is also backed up by the evidence from the KII. Moreover, all strong drivers were considered to have *extensive knowledge* of NBT but "low power, which is an important aspect to take into account for the engagement strategies.

For *moderate drivers*, 14 stakeholders were identified from various stakeholder categories. These moderate drivers were mostly categorised as having 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.

Stakeholders from the media and insurance companies were particularly considered to have low knowledge on NBT and also a neutral position towards it. Nonetheless, these actors have power to influence the integration of NBT to health systems. Additionally, KII also revealed that the knowledge on NBT is diverse across the medical community, not very well-known and scepticism towards NBT can be commonly found. It is important to note that the stakeholders mapped for Germany under the medical community were considered to have low power; however, KII highlights their power to actually implement and recommend NBT in the formal medical health systems.

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

The stakeholder mapping shows that there is a substantial 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. In the case of power, there seems to be no association with the interest in NBT. Interestingly, almost no actors were considered to have "limited interest", which suggests a positive starting scenario in Germany, where most actors already have some knowledge and interest in NBT. This is backed up by the evidence collected from the KII, which also highlights the need to deepen the knowledge of NBT. KII in Germany point out that it is common to have close-to-nature experiences, such as frequently visiting parks or going hiking, and this is commonly associated to good health. Nonetheless, the concept of "NBT" can be new for most.

The two stakeholder groups reported to have the highest interest and most favourable position towards NBT were the Civil Society and Scientific Community and Innovation Structures. Nonetheless, their power was perceived as limited. In relation to this, the KII highlights that there is

a need to develop more robust evidence around NBT but also better communicate and disseminate the existing evidence to a wide variety of audiences.

3.4 Barriers identified for the engagement of stakeholders

One of the main barriers identified in the stakeholder mapping exercise was the lack of interest that some actors, especially those with higher power, might have in NBT. Moreover, for the health insurance and governmental bodies, the main reported constraints were lack of time, the bureaucracy involved, and concerns about the profitability of investing in NBT. The lack of resources (including financial, human and time) was also a barrier identified for civil society and environmental organisations.

The KII also point out that for the medical community, there might be scepticism on NBT, being important to work on creating robust evidence on NBT and better disseminating existing evidence. In this same line, another barrier can be the lack of credibility and respect for NBT therapists. Moreover, KII also noted that there is a stigma around the concept of “therapy”, which might reduce the acceptability of NBT among the general public.

3.5 Possible engagement strategies of Key Stakeholders

According to the analysis from the stakeholder mapping and the evidence collected from the KII, the following engagement strategies have been identified for Germany:

- Build in the experience and knowledge of strong drivers to organize the dissemination of NBT. This dissemination strategies need to be tailored to different audiences and can be done in different formats. NATURELAB should also provide spaces for networking for these stakeholders, in order to build a stronger network that can better influence the health system.
- Stakeholders on the scientific community were consider having high interest and knowledge on NBT. It is recommended to approach these actors as allies and possible co-authors of the research conducted in NATURELAB in order to closer engage them. Knowledge-sharing platforms are recommended to be implemented to better engage with these stakeholders.
- Given that it is common for many German citizens to do nature-based-activities (e.g. jogging in the park, hiking in the forest or doing water sports), it is important to connect with that practical experience. The NBT concept can be new for the society, but connecting to previous experience and knowledge it is an important first step.
- Stakeholders with higher power to influence the uptake of NBT are also the less knowledgeable about it. For insurance companies and policy makers, it is important to create communication material highlighting the economic benefits of NBT. For health insurance companies, a personal approach is 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.

- 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 its reports. It is advisable to develop close relationship with these stakeholders, given their experience, in order to approach the government. Moreover, it is advisable to develop a policy brief document where clear roles and responsibilities of the different government agencies around nature and health are stated.
- The medical community needs to be targeted very strategically. This is a community that values robust scientific evidence, so the communication with them must be done in those terms. It is important to ensure NATURELAB research meets their standards, thus close consultation with them is recommended. Moreover, there is already high-quality existing evidence on NBT, which needs to be better disseminated among the medical community.
- SMEs were already reported as having experience with NBT, with SMEs readily offering nature-related programmes. It is important to continue mapping these actors and organise workshops with them in order to build a common understanding of what NBT is.
- 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. It is important to acknowledge their contribution to NBT despite being indirect, as healthy environments are essential for NBT.
- 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 on ways to integrate NBT programmes as part of their own organisations.
- The media was seen as a type of 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 the NATURELAB project.

Chapter 4

Results: Greece

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 from different stakeholder categories were mapped in Greece. In general, there seems to be a neutral outlook towards NBT, except for Civil Society and Environmental Organisations, where perceived strong drivers were found. No perceived opposers were identified in the stakeholder mapping at this stage. Nonetheless, KII revealed that among the medical healthcare community, many doctors have a conservative medical approach, which could eventually oppose “novel” treatments such as NBT.

In terms of knowledge, Environmental Organisations and SMEs were perceived to have extensive knowledge of 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 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
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

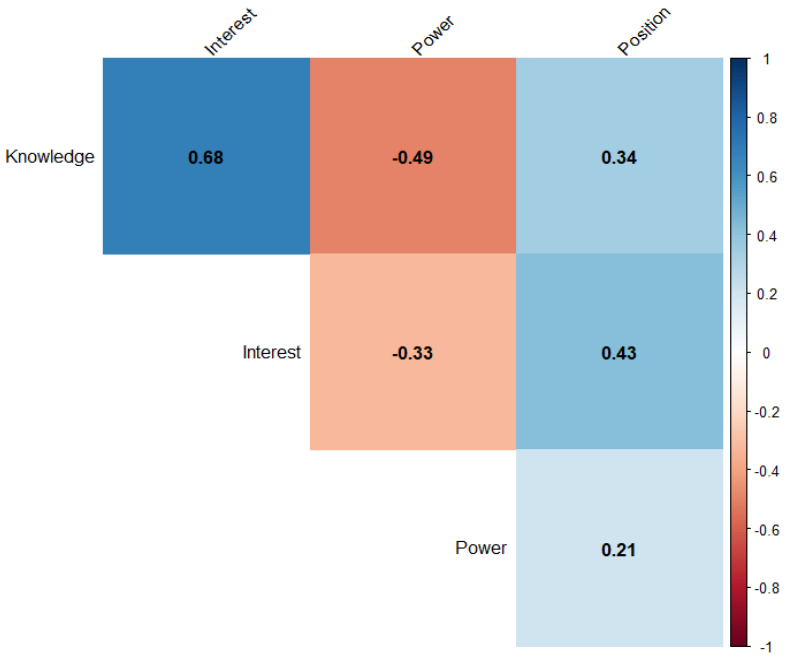

Figure 2: Correlation matrix of key variables for Greece

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 of NBT on the stakeholder mapping. Nonetheless, the KII revealed that the political system might not be prepared neither oriented towards the development of NBT In the case of the Media, they appear to have a neutral position towards NBT despite having a general knowledge. Again, KII revealed a less promising approach, with perceived limited knowledge among the media.

The analysis based on the stakeholder mapping for Greece 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.

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

According to the Stakeholder Mapping, 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. KII also highlight that currently there are no government entities directly administering or promoting NBT initiatives. The entities closest to such tasks would be the Ministry of Health, the Ministry of Social Cohesion and the Family, and the Ministry of Education, Religious Affairs, and Sports. Finally, most of the stakeholders with high interest were also categorised as strong or moderate drivers and considered to have extensive knowledge.

4.4 Barriers identified for the engagement of stakeholders

From the stakeholder mapping, the main barrier identified is the lack of interest (18/33), especially for actors on the Policy Makers and Governance and the Media. In 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 on 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. These results are consistent with the findings of the KII. Additionally, KII highlighted the need to address inequalities in Greek society in order to make NBT accessible to many backgrounds (socioeconomic, educational, and cultural).

4.5 Possible engagement strategies of Key Stakeholders

According to the analysis from the stakeholder mapping and the evidence collected from the KII, the following engagement strategies have been identified for Greece:

- Given the limited knowledge of NBT, especially among the most influential actors, it was deemed necessary to start raising awareness about NBT, which could be done through workshops and health forums.
- The Media is 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 storytelling and promoting their appearance in the media.
- 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. Given the close relation of their activities with NBT, these actors could benefit from NBT training that can be integrated in their services.
- In the Medical and Healthcare Community, there were no stakeholders identified as 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.
- KII highlight the key-role of education in mainstreaming NBT. In this sense, it is advisable to engage the Ministry of Education, universities and patient associations as partners to promote the integration of NBT into their curricula. To avoid the self-client funding for NBT and integrate it in the health system at a full coverage scale, it's necessary to bring health insurance companies on board. For that purpose, it is important to develop dissemination material that clearly communicates NBT's scientific evidence (medical value), health policy protocol validation (health policy value), and cost-effectiveness analysis.
- KII highlighted that there is no consensus about target populations for NBT treatments due to a lack of evidence and lack of knowledge about NBT. However, there are three main proposals: 1. The lack of primary health care is perceived as an opportunity for NBT to contribute to all types of prevention (primary, secondary and tertiary) of many mental and physical illnesses; 2. Groups with potential receptiveness to nature activities (children and their parents) were well considered; 3. Finally, rural and semi-urban (small) communities were also suggested as target audiences since they are more reachable and can incur lower costs.

Chapter 5

Results: The Netherlands

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

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, with one organisation categorised as "other" offering 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 stakeholders 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
Media	5	3.0	Neutral	1.0	Limited	1.0	Limited	2.0	Medium
Medical and Healthcare Community	8	3.5*	Neutral/ Moderate driver	1.6*	Limited/ General	1.5*	Limited/ General	1.6*	Low/ Medium
Policy makers and Governance	9	3.9	Moderate driver	1.8	General	1.7	General	2.4	Medium/ High
Scientific community and innovation structures	6	4.2*	Moderate driver	2.2*	General	2.3*	General	1.8*	Low/ Medium
SMEs	7	3.3	Neutral	1.3*	Limited	1.4*	Limited	1.3	Low
Other	1	5.0	Strong driver	3.0	Extensive	3.0	High	1.0	Low

* High variation

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

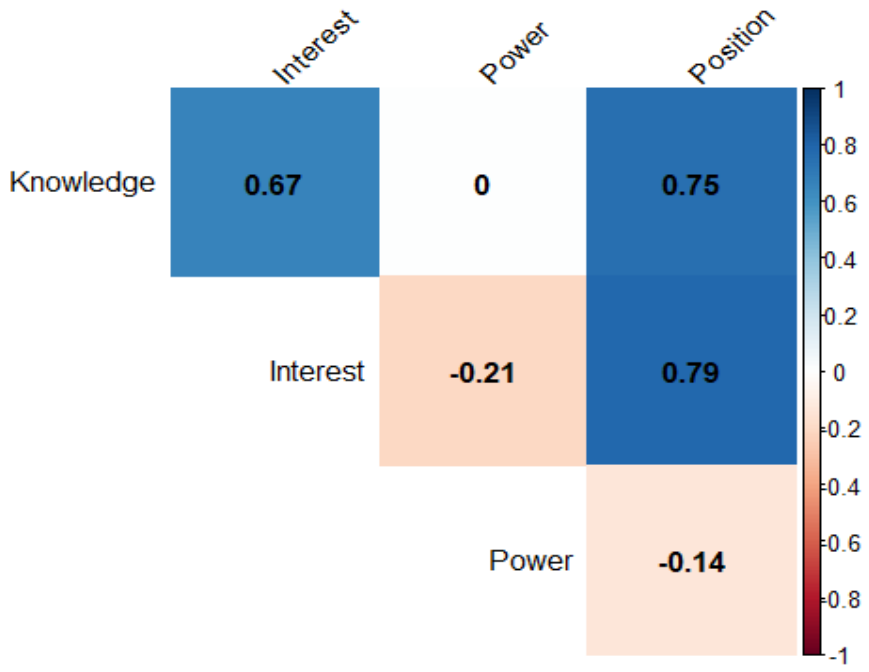

Figure 3: Correlation matrix of key variables for The Netherlands

The stakeholder mapping showed no correlation between perceived knowledge of NBT and perceived power, and a positive and strong correlation 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, which counts with expert, legitimate and referent power. The second organisation belongs to the Civil Society, which offers NBT and is very well connected. Moreover, all those stakeholders considered to have extensive knowledge were also considered to be strong drivers of NBT, nonetheless with low power.

Among stakeholders with perceived high power, most of them (specific stakeholders from the scientific community and national government bodies) were categorised as having general knowledge of NBT. However, medical doctors (also considered to have high power), were considered to have limited knowledge in NBT. Besides, it is perceived that the State at the national level has better knowledge about NBT and greater power vis-à-vis local and provincial municipalities (characterized by medium power and limited knowledge towards NBT).

According to the KII, two opposing trends are developing in the Netherlands, which refer to contradictory positions regarding the sustainability paradigm: those in favour of sustainable lifestyles ('climate-friendly policies') and those critical of sustainability (a negative connotation reading of nature as 'quackery'). Although the stakeholder mapping did not include actors on those second group at this stage, it is important to acknowledge that there might be powerful stakeholders in this group who might have a critical stance towards NBT.

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

In terms of interest, there is a strong positive correlation with position towards NBT, however, a weak negative 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 stakeholders considered to have limited interest in NBT were also mostly considered to have a neutral position towards NBT.

According to the KII, although NBT might be novel for Dutch society, and thus interest is still limited, there is general interest in sustainable solutions. For example, many citizens using environmentally friendly transportation or the application of Nature Based Solutions is generally seen as an effective measure across various sectors of society.

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 to 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. These findings are consistent with the KII.

Another barrier identified was the lack of time (9/54), especially for Policy Makers and Governance and the Medical and Healthcare Community. In relation to this, KII also highlights the incidence of burn-out and work overload across society. Finally, KII also highlighted that a main barrier for the integration of NBT to the health system is the lack of funding and lack of green spaces[4].

5.5 Possible engagement strategies of Key Stakeholders

According to the analysis from the stakeholder mapping and the evidence collected from the KII, the following engagement strategies have been identified for the Netherlands:

- The establishment of knowledge platforms can be a starting point to increase the knowledge of NBT: 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.
- As a main concern for policy makers and insurance companies is the profitability of NBT, it is important to include in the communication materials target to this audience cost-benefit analysis of NBT.
- Design dialogue spaces where NBT experts can share relevant information (scientific foundations, economic viability, etc.) with policymakers. For this, is important to consider the power dimension and the normative capacity (ability to generate effects in reality) of each dialogue space, both as part of a broader dialogue strategy. For this, we suggest two types of dialogue spaces:
    - Informative spaces, where there are no normative or contractual implications (formal-legal decision-making), and whose results will not be subject to institutional evaluation.
    - Normative spaces for decision-making, and thus as spaces that involve political-economic commitments to the institutional-scale implementation of NBT.
- Further, identify environmental movements with experience and favourable positions on applying nature-based solutions and approach them more closely to get their insights on their achievements and challenges regarding financing and negotiations with political-economic institutions

[4] KII highlighted that the pandemic caused (and revealed) a supply-demand problem regarding green space services, while also demonstrating that there is a latent public predisposed to use these spaces and adopt or explore sustainable lifestyles (D4.1).

- As it was identified that stakeholders from the Medical and Healthcare Community have a low interest in and limited knowledge of NBT, it is important to work closely in raising awareness about NBT and its benefits among this audience. 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.
- Given the existence of two opposing trends towards sustainability movements, it is recommended to have communication materials tailored to both audiences:
  - Persuade political trends that hold a neutral or ambiguous position on sustainability.
  - Identify within the conservative-oppositional sectors those political trends with some favourable inclination toward the sustainability paradigm and approach these stakeholders.
  - Determine (according to context analysis and circumstances) whether—and to what extent—it will be necessary to link NBT with green movements or moderate environmental sectors.
- 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 ensure that the national level interest and knowledge of NBT is applied at the local levels.

Chapter 6

Results: Peru

6. Results: Peru

Key findings:

- As NBT is relatively new in Peru, it is important to have wide dissemination targeted at different audiences. Relating NBT with previous local and traditional knowledge might be an entry point.
- In order to promote NBT, it is important to first increasing the training of NBT therapists
- 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, thus special attention should be given to the discussion of funding mechanisms.

6.1 Stakeholders identified

A total of 80 stakeholders were mapped for Peru, distributed evenly among 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), as well as 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 Health-care 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 innovation structures	9	3.8	Moderate driver	2.1	General	2.3	General	1.9	Low/ Medium
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

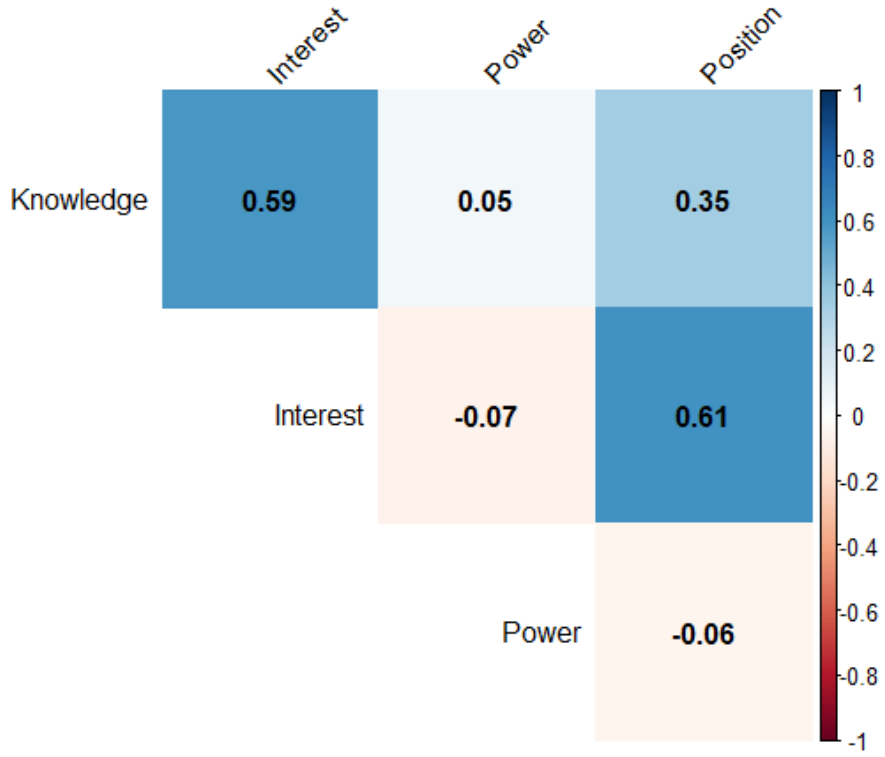

Figure 4: Correlation matrix of key variables for Peru

In general, there was a positive correlation between knowledge of and the position towards NBT. However, the strength of this association was low. Moreover, no correlation was found between knowledge and power. This means that actors with more extensive knowledge of NBT not necessarily have more or less power. In this regard, KII also reveals that the unstable political situation in Peru and a weak State mean that government actors are usually not perceived as powerful. In this regard, it is explained that actors at different sectors and levels are usually considered to have moderate power, as they can navigate through this complex political context and even have more stability that traditionally considered powerful actors.

In terms of the position towards NBT, it was found that, in most stakeholder categories, the average position was categorised as a *moderate driver*. Civil Society's stakeholders were regarded as the strongest drivers, with 8 out 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 are regarded as having limited knowledge of NBT. KII results suggest that local and indigenous communities have a closer relation with nature, and

this cultural heritage is widely spread in the Peruvian population. In this regard, the interest and knowledge of nature and its relation to health is widespread. Nonetheless, precise knowledge and interest in NBT are limited.

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. The stakeholder category with the highest power average is the Government, while the Civil Society stakeholders hold the lowest power average.

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

There exists a positive correlation 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 to 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.

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 main barrier identified was the lack of financial resources and organisational capabilities. Moreover, KII also highlights the unstable political situation of Peru as a possible barrier for NBT integration at the health system.

6.5 Possible engagement strategies of Key Stakeholders

According to the analysis from the stakeholder mapping and the evidence collected from the KII, the following engagement strategies have been identified for Peru:

- Given the limited knowledge about NBT in the country, it is recommended to start offering opportunities to learn about NBT and receive NBT training directed and tailored to different audiences (e.g. doctors, government officials, general public).
- Organisation of networking spaces, especially for the engagement of organisations already working on NBT-related topics, including Environmental Organisations and SMEs. These spaces need to take into account the construction of a common understanding of NBT in the country.
- Implement NBT at different levels: Given the political instability of the country, it is recommended to also work with local governmental actors and non-governmental actors in order to mainstream NBT. For example, directly with the regional directions for education and health or private companies in the tourism sector.
- Share information about the economic viability of NBT and scientific evidence of their benefits, and deliver this information to the Ministry of Health and insurance companies. Moreover, offers spaces to discuss –among various stakeholders—the funding mechanisms available for the uptake of NBT, as financial barriers are an important constraint.
- Relate the knowledge of NBT with traditional and indigenous knowledge on health and nature in order to create a dialogue between existing traditional knowledge and NBT. As the concept of NBT is unfamiliar to the local context, it is recommended to be disseminated through a language close to existing natural medicine knowledge and practices, both in indigenous communities and local therapist ventures, as well as in the everyday valuation of users (and potential users) of natural medicine, expanding their connections with NBT.

Chapter 7

Results: Portugal

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
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

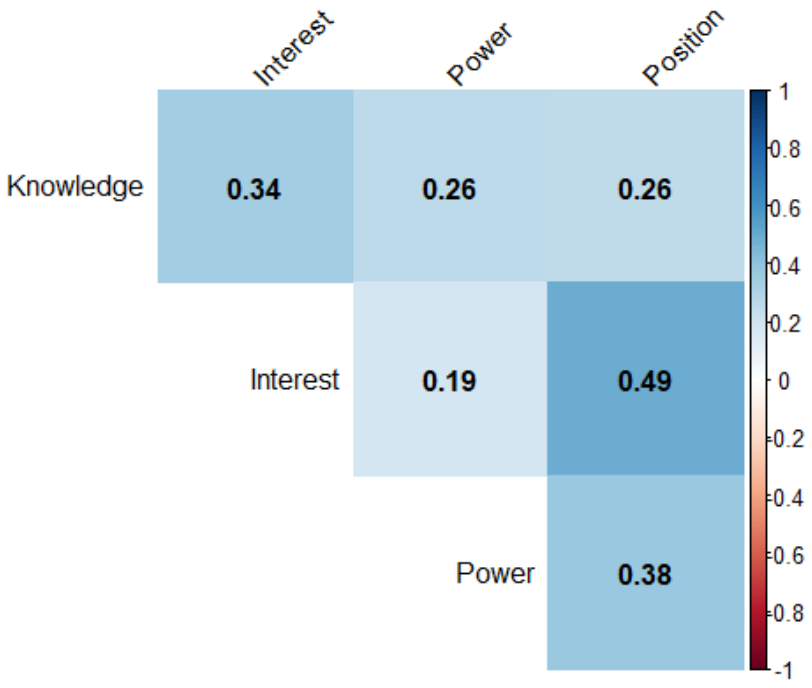

Figure 5: Correlation matrix of key variables for Portugal

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, nor have the power to influence on its uptake.

Even though stakeholders, in general, were rated as having limited knowledge about NBT, 14% of them were 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 of the identified stakeholders were rated as having a general interest in NBT, while 17% of stakeholders across all the categories were considered to have a high interest. These organisations were considered to have relatively high power and moderate to strong drivers.

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 in increasing 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 of 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 likely reluctant to incorporate NBT, mainly due to their lack of knowledge of the existing scientific evidence.

Additionally, the KII point out other important barriers, including: 1. Lack of funding for the upscaling of NBT; 2. Lack of knowledge on how to integrate NBT into existing policies and programs; 3. Possible negative impacts on nature given the intensive use of natural spaces if NBT is promoted unsustainably; and 4. Opposition from the medical-pharmaceutical community given conflicting interests.

7.5 Possible engagement strategies of Key Stakeholders

According to the analysis from the stakeholder mapping and the evidence collected from the KII, the following engagement strategies have been identified for Portugal:

- Develop awareness raising campaigns. This can be targeted to all groups, as the knowledge about NBT in the country is generally limited.
- Work together with education institutions, especially those linked to the Medical and Healthcare Community, to deliver knowledge about 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.
- Include strong scientific evidence in the communication material targeted to the Medical and Healthcare Community, and for the Policy Makers and Governance stakeholders.
- Promote and disseminate information about opportunities to be trained as NBT therapists in order to increase the offer of NBT in the country, especially among the medical community.
- Organize multidisciplinary forums to develop integration scenarios for NBT, as it was identified that most stakeholders might have unclarity on how to integrate NBT into existing policies or programmes. In this regard, it is also recommended that policy briefs be developed 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 incorporated into their programs. For this, it would be important to not only raise awareness about NBT but also offer opportunities for adequate training.

Chapter 8

Results: Cross-country comparison

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, it may be particularly vital to implement awareness-raising campaigns in this country. As for the other four countries, some civil society actors might be able to share their knowledge and expertise on NBT with those less familiar with 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 with 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 have 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 of NBT. In this regard, it would be important to ally with the Environmental Organisations that already have 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. Finally, as the power of the majority of stakeholders under this category was considered

low, special attention should be given to power imbalances when integrating these actors in participatory approaches.

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 had 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 a 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 to other necessities that are priorities 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
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[5].

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 SMEs, two types of actors are mapped. First, insurance companies, with higher power towards the integration of NBT but also limited knowledge. Second, businesses are mainly from the tourism industry. In the case of Germany and Greece, the actors with extensive knowledge came from this sub-sector, as they 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, making it important to work closely with these organisations to regulate the offering of NBT by the non-medical sector.

[5] The NATURELAB Social Innovation Hub is a platform under development at the time of this version. It seeks to cultivate collaboration around NBT and support health and well-being, creating an inclusive online space for innovation and exchange. By promoting an active dialogue between partners and participants with distinct knowledge and experienced backgrounds, it will establish cross-learnings and a transdisciplinary knowledge co-production environment

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

Nine different barriers were identified for the engagement of the stakeholders from the open-ended questions: i) Lack of interest on NBT, ii) Lack of time, iii) Difficult to contact and/or bureaucratic barriers, iv) Possible rivalry due to similar projects or different views, v) Lack of resources or capabilities, vi) Distrust on the scientific evidence of NBT, vii) Lack of information on NBT, viii) NBT is seen as not profitable, ix) no barriers identified (explicitly saying no barriers were identified at this stage) and an eleventh category x) no barriers specified (no response). It is important to note that project partners were giving the information on the "possible barriers for engagement"; thus, this might not be a comprehensive list of all the barriers. Nonetheless, it serves as a starting point to comprehend possible barriers to the engagement of the stakeholders we are interested in engaging. Figure 6 shows the frequency of mentions of the different barriers.

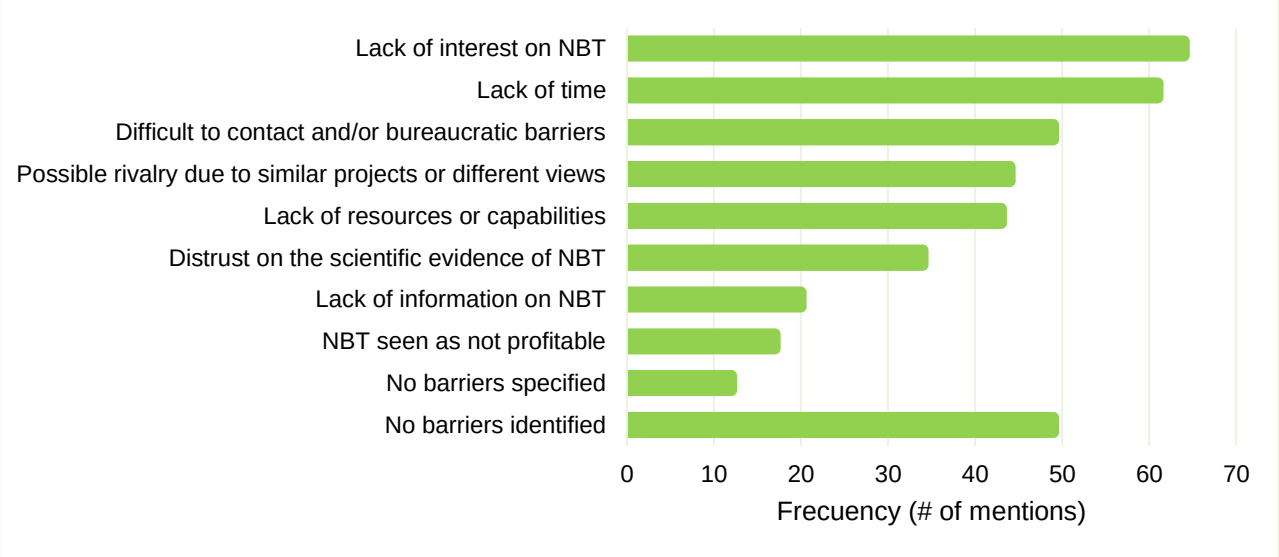

Figure 6: Bar chart on the barriers identified for the engagement of stakeholders

The lack of interest in NBT was the most mentioned barrier in all the studied countries (n=64). This was the most frequently mentioned main barrier in Germany, Greece and The Netherlands, particularly among those actors with higher levels of power. Another barrier very frequently mentioned was lack of time (n=61). This referred to the lack of time that stakeholders might have to attend to activities or contribute to NATURELAB's project goal. This was identified predominantly for Civil Society and Environmental Organisations, and it was also closely related to the lack of resources or capabilities (n=43), which was a main barrier identified predominantly in Peru (n=26) and Portugal (n=12). Also related to the lack of time is another barrier identified: "Possible rivalry due to similar projects or different views" (n=44), which was predominantly identified for stakeholders in The Netherlands (n=25) and Peru (n=16), in the sense that the stakeholder might have a similar focus, thus potentially seeing NATURELAB as competition, or might have a different view on nature or medicine that might be conflictive with NATURELAB's approach; thus careful approach is necessary in order to foster collaboration rather than competition. Moreover, bureaucratic barriers were also frequently mentioned (n=44), especially for stakeholders in Peru (n=20) and The Netherlands (n=19). Bureaucratic barriers mostly refer to the complicated processes to engage stakeholders considered to have high power, for example, different governmental bodies (e.g. Health Ministry), but also for some civil society organisations that have put in place bureaucratic procedures in place to collaborate. Another common barrier identified across all countries is the lack of trust in NBT, which was considered particularly an obstacle for the Medical and Healthcare Community. Finally, 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 being reported as a barrier per se). It was also identified that the profitability of 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.

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 recommended that we work first on showcasing the 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 in 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, specific research on NBT can already be developed, with the recommendation of expanding research in cost-benefit analysis that can be used as evidence for engaging the government and insurance companies. 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., the tourism industry).

Chapter 9

Recommendations and next steps

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 and the evidence collected from the KII. Based on the results presented, this chapter presents a timeline of possible engagement strategies to be developed in each country, as well as the next steps for Task 5.2.

9.1 General recommendations

Based on the analysis presented in the previous chapters, the following schedule of activities is recommended to take place in each country for the following 6 months (Jan 2025-June 2025).

Table 16: Proposed strategy / recommendations for NATURELAB and preliminary timeline

Strategy	Country					2025					
	Germany	Greece	The Netherlands	Portugal	Peru	Jan	Feb	Mar	Apr	May	Jun
S1. Organize dissemination events to introduce the concept of NBT to a general audience (e.g. workshops to public servants, workshops in schools, participation at local events organized by the municipality, etc.)	X	X	X	X	X						
S2. Develop dissemination material with robust scientific evidence on the benefits of NBT (target to audience in the health sector)	X	X	X								
S3. Organize small group events or one-to-one sessions with stakeholders with experience in NBT in order to share knowledge on NBT and generate communication material with them	X		X								
S4. Organize small group events with stakeholders with experience closely related to NBT in order to build a common understanding of the concept		X		X	X						
S5. Showcase organisation offering NBT or NBT training opportunities in NATURELAB's communication material (e.g. newsletter, brochures, webpage)	X	X	X	X	X						
S6. Collect data on the current offer of NBT in the country & continuous update of NATURELAB's Stakeholder mapping	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

of this document. This strategy is based on making transformational change through 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 initialize similar activities. Moreover, in countries where there is already more perceived experience with NBT (such as Germany and the Netherlands), it is important to focus on approaching the medical community with new dissemination material target to their interest: robust scientific evidence.

9.2 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 promotion of information on NBT, for example, through the organisation of dissemination events (e.g. workshops) targeted at a general audience (Table 16, Strategy 1). In the cases of Germany, Greece and The Netherlands, the stakeholder mapping and KII revealed that there are stakeholders with extensive knowledge on NBT. Thus, as a next step, is recommended to work closely with them to develop dissemination materials with robust evidence on the benefits of NBT (Strategy 2 and 3).

Through the stakeholder mapping exercise organisations and individuals with experience in NBT or related to NBT have been identified. However, KII also revealed that this is still a new concept which might be contested in some cases. In this sense, it is important to create a common understanding of this concept with the stakeholders that can help mainstream NBT. In this regard, it is recommended to organise discussions to generate a clear definition and understanding of the concept (Strategy 4).

As another next step, the current database elaborated will continuously be updated, with the aggregation of new stakeholders. 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 (Strategy 6). This database can be used to refer to NBT practitioners in the different NATURELAB project countries, as well as to establish 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 FGDs being conducted under WP4.

Chapter 10

Appendix

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 17: 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	Müritz Klinik 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	Helenic 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	*Personal data protected under Ethics guidelines*	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	*Personal data protected under Ethics guidelines*	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/loperazione-mato-grosso-2/
Peru	Administration / Director of the Foster Home	Policy makers and Governance	https://www.fundacioncanevaro.org.pe/instituciones-beneficiarias/puericultorio-perez-aranibar.html
Peru	"Beneficencia de Lima"	Civil Society	https://beneficenciadelima.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	*Personal data protected under Ethics guidelines*	Civil Society	*NA*
Peru	*Personal data protected under Ethics guidelines*	Civil Society	*NA*
Peru	*Personal data protected under Ethics guidelines*	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	*Personal data protected under Ethics guidelines*	Scientific community and innovation structures	*NA*
Peru	*Personal data protected under Ethics guidelines*	Scientific community and innovation structures	*NA*
Peru	National Council for Science, Technology and Technological Innovation (Concytec)	Environmental Organisations	https://en.aniaorg.pe/
Peru	*Personal data protected under Ethics guidelines*	Medical and Healthcare Community	*NA*
Peru	*Personal data protected under Ethics guidelines*	Scientific community and innovation structures	*NA*
Peru	Colegio Médico del Perú	Medical and Healthcare Community	https://www.cmp.org.pe/
Peru	Colegios de Psicologos del Peru (School of psycologist 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=AfZNn7qIbDIFB82f0y_8PwgJq0gQx90j_HUvBKyX1ikk_929bm-aZ98mT1b3I_eAZSQ&_rdr
Peru	Parque Nacional Yanachaga Chemillén	Environmental Organisations	https://www.gob.pe/institucion/sernanp/informes-publicaciones/1949459-parque-nacional-yanachaga-chemillen
Peru	ONG CNE PERU	Civil Society	https://www.facebook.com/Consejonacionaldeeducacion/?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://misericordiadesintra.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	*Personal data protected under Ethics guidelines*	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.ong/
Portugal	*Personal data protected under Ethics guidelines*	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
Portugal	E24	Media	https://e24.pt/

Country	Stakeholder name	Type of stakeholder	Hyperlink
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.ong/
The Netherlands	The Dutch governemental 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%20en%20welzijn&text=Dit%20kan%20bijdragen%20aan%20het,de%20gezondheid%20in%20een%20zorgomgeving.
The Netherlands	Medical doctors (GPs, psychiatrists, psychologists, endocrinologists, cardialogists, 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, nature therapists, gardening	Other	*NA*

Country	Stakeholder name	Type of stakeholder	Hyperlink
	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=Cj0KCQjwl8anBhCFARIsAKbbpyR9US_or6p6GDfXL4AdJBqfIKPNby1NFx5Wa26ujfNbm-VuJx1OphoaAl2MEALw_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 realted 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/ministry-of-health-welfare-and-sport
The Netherlands	Ministry of Agriculture, Nature and Food Quality	Policy makers and Governance	https://www.government.nl/ministries/ministry-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	Radbouwdumc University Medical Center	Scientific community and innovation structures	https://www.radboudumc.nl/en/

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