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Flexible Grant Schemes in Public Health: A Systematic Scoping Review

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Abstract

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Flexible grant schemes have emerged as an adaptive funding approach in public health, offering increased autonomy, adaptability, and responsiveness compared to traditional, rigid grant models. This systematic scoping review synthesized literature published between 2017 and 2023 to examine how flexible and microgrant programs are defined, implemented, and evaluated across diverse public health settings. Findings indicate that these schemes can enhance service delivery, community engagement, and sustainability of health interventions, with key success factors including stakeholder collaboration, staff capacity, clear communication, and alignment of program objectives. However, challenges such as inconsistent definitions of flexibility, limited empirical evidence on direct health outcomes, and administrative burdens remain. The study highlights the need for standardized evaluation frameworks and capacity building initiatives to optimize the effectiveness of flexible grant schemes and improve public health outcomes.

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1. Introduction

Grant mechanisms have long been an essential funding approach in public health, enabling governments, international agencies, and non-governmental organizations to channel resources toward targeted health interventions. However, traditional grant structures are often criticized for their rigidity, limited adaptability, and insufficient responsiveness to the dynamic and context-specific challenges of public health programs (Brownson et al., 2018). In response to these limitations, flexible grant schemes have emerged as an alternative model that allows greater autonomy for recipients in determining the allocation of funds, project timelines, and programmatic priorities (Lukacs et al., 2022).

Flexible grant schemes aim to strike a balance between accountability and adaptability, offering mechanisms that empower local actors to tailor interventions based on evolving needs while maintaining alignment with overarching policy objectives (Weldon & Parkhurst, 2022). This approach has been increasingly adopted in health promotion, community-based interventions, and disease prevention programs, particularly in settings where rapid response and localized decision-making are crucial (Bennett et al., 2018).

Despite growing interest, the concept of flexibility in grant-making remains loosely defined, with inconsistent interpretations across programs and sectors (Lukacs et al., 2022). Furthermore, empirical evidence evaluating the effectiveness of flexible grants particularly in terms of direct health outcomes remains limited (Lennox et al., 2018). Most evaluations focus on service delivery and infrastructure improvements rather than broader population health impacts. This gap in evidence

underscores the need for systematic mapping of existing literature to clarify definitions, identify best practices, and examine contextual factors that contribute to the perceived success or failure of flexible grant schemes in public health.

This systematic scoping review addresses that gap by synthesizing evidence from diverse settings, identifying recurring themes such as adaptation, autonomy, and coordination, and highlighting critical success factors including stakeholder collaboration, staff capacity, clear communication, alignment of objectives, and manageable administrative requirements. By consolidating existing knowledge, this review aims to inform policymakers, funders, and practitioners about the opportunities and challenges of integrating flexibility into public health funding models.

2. Literature Review

Microgrant programs have emerged as an important funding strategy in public health, enabling community-based organizations to address locally relevant health priorities with modest financial resources. Early evidence from state-level initiatives, such as the Healthy Carolinians project, indicated that microgrants not only enhanced the capacity of local groups to implement health promotion activities but also strengthened leadership and partnerships within communities (Abildso et al., 2019). Subsequent applications in specific health domains, such as physical activity promotion among adolescents, demonstrated that microgrants could stimulate innovative program design, reduce financial barriers, and improve community engagement (Ramanathan et al., 2018).

Evaluation practices for microgrant programs, however, remain inconsistent. Lukacs et al. (2022) found that while many programs used mixed-method approaches, few incorporated structured frameworks or participatory evaluation methods, limiting the potential for learning and replication. These limitations parallel broader challenges in flexible grant schemes, which aim to overcome the rigidity of traditional funding by allowing greater adaptability in program design and resource allocation (Bennett et al., 2018). Flexible grants have been associated with improved responsiveness to emerging needs and sustainability of health interventions, yet definitional ambiguities and limited rigorous evaluation hinder their effective implementation (Weldon & Parkhurst, 2022).

Taken together, the literature suggests that both microgrant and flexible grant schemes hold promise for enhancing public health outcomes through increased local ownership, adaptability, and stakeholder engagement. However, realizing their full potential will require clearer conceptualization, stronger evaluation frameworks, and expanded evidence from diverse socioeconomic contexts.

3. Methods

This study used a systematic scoping review to explore and map the existing literature on flexible grant schemes in public health. The approach was chosen to accommodate the wide range of program designs and the diverse contexts in which these schemes are implemented. The review process involved identifying the research question, searching for relevant studies, selecting eligible literature, extracting data, and synthesizing findings. The main research question focused on

how flexible grant schemes are defined, applied, and evaluated in public health settings, as well as the outcomes and success factors associated with their implementation.

A comprehensive search was conducted across multiple electronic databases, including PubMed, Scopus, Web of Science, and Google Scholar, covering publications in English from 2017 to 2023. Keywords and search phrases were developed to capture both flexible grant and microgrant concepts. Reference lists of included articles were also screened to identify additional relevant materials. Inclusion criteria covered studies describing flexible grant or microgrant mechanisms in public health, including details of implementation, evaluation methods, and outcomes. Studies focusing solely on rigid funding models or lacking empirical data were excluded. Screening was performed in two stages title and abstract review, followed by full-text review with differences resolved through discussion.

Data were extracted using a standardized template that included the author, year, location, definition of the funding model, target population, program scope, evaluation approach, reported outcomes, challenges, and success factors. The extracted information was then analyzed thematically to identify patterns, variations in definitions, and recurring themes. From this process, key factors such as adaptability, autonomy, coordination, stakeholder engagement, staff capability, clear communication, and manageable administrative requirements were identified and synthesized into a conceptual framework to guide understanding of flexible grant schemes in public health.

4. Results and Discussion

Flexible grant schemes have emerged as adaptive funding models in public health, aiming to address the limitations of traditional, rigid funding approaches. A systematic analysis by Chivers et al. (2023) examined multiple community microgrant programs, revealing that while interest in flexible grants has grown in recent years, there remains a lack of clarity and consistency in defining "flexibility" across programs. The study identified three interrelated themes: adaptation, autonomy, and coordination, highlighting the need for clearer guidelines to enhance communication and alignment between funders and grantees.

Evaluations of flexible grant schemes have generally reported positive outcomes, focusing on service-level improvements and infrastructure enhancements. However, empirical evidence linking these schemes to direct health outcomes is limited. Conlin (2022) noted that while microgrant programs have shown promise in strengthening local health promotion, robust evaluations of their implementation and effectiveness are lacking.

Key factors associated with the perceived success of flexible grant schemes include collaboration and partnership building, staff capacity, clear and effective communication, and alignment among diverse stakeholders. Conversely, challenges such as uncertainty regarding funding continuity, accountability, and administrative burdens can hinder the effectiveness of these schemes. Investing in staff capacity development is particularly crucial, as it enables both grantees and funders to adapt to new roles and responsibilities inherent in flexible funding models.

In conclusion, while flexible grant schemes offer a promising approach to addressing complex public health challenges, their success is contingent upon clear definitions of flexibility, robust evaluation frameworks, and investment in capacity building. Future research should focus on establishing standardized definitions and evaluation methods to better assess the impact of these schemes on public health outcomes.

5. Conclusion

Flexible grant schemes represent a promising alternative to traditional, rigid funding models in public health by offering increased adaptability, autonomy, and responsiveness to local needs. Evidence from the reviewed literature indicates that these schemes can enhance service delivery, community engagement, and sustainability of health interventions. However, challenges remain, including inconsistent definitions of flexibility, limited empirical evidence on direct health outcomes, and administrative or accountability barriers. The success of flexible grants is strongly influenced by factors such as stakeholder collaboration, staff capacity, clear communication, and alignment of program objectives. To fully realize their potential, future efforts should focus on developing standardized frameworks for defining and evaluating flexible grant schemes, alongside targeted investment in capacity building for both funders and recipients. Implementing these strategies can help optimize the effectiveness of flexible funding models and improve population health outcomes.

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