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25<sup>th</sup> November, 2025

Deputy Rice  
Dáil Eireann  
Kildare Street  
Dublin 2.

**Re: 62376/25**

**To ask the Minister for Health if she will commit to increasing core funding for the existing female genital mutilation (FGM) treatment service; the steps she is taking to assist the service in meeting the substantial growth in demand for FGM treatment; and if she will make a statement on the matter**

**Re: 62377/25**

**To ask the Minister for Health if her attention has been brought to a model of care (details supplied); if she will engage with stakeholders to establish a nationwide framework for female genital mutilation (FGM) treatment services; if there are plans to create a network of FGM clinics; and if she will make a statement on the matter**

Dear Deputy Rice,

The Health Service Executive have been requested to reply directly to your above Parliamentary Questions which you submitted to the Minister for Health for response.

The HSE provide annual funding to the Irish Family Planning Association (IFPA) to provide a national Female Genital Mutilation (FGM) treatment service. The service offers free specialised medical care and counselling to women and girls who have experienced FGM. The service is specialised in providing services to people experiencing multiple disadvantages. Annual funding is also provided to AkiDWA to provide supports to migrant women impacted by FGM and training for staff.

The Rotunda Hospital Complicated Postnatal ('Perineal') Clinic, in collaboration with the HSE funded FGM clinic at the IFPA, provides secondary care and postnatal management for women who have undergone FGM. A National Clinical Guideline on Management of FGM<sup>1</sup> is also in place with the aim of improving the management of women with FGM and ensuring that clinicians working in the area offer evidence based care in a manner that is culturally sensitive.

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<sup>1</sup> RCPI and HSE, "National Clinical Guideline, Management of Female Genital Mutilation (FGM)".



The HSE Women's Health Service (WHS) / Anti Human Trafficking Team are trained in prevalence and impact of FGM. FGM is included in the assessment of trafficked victims. A specialist psychologist is available to both services. Referrals for medical treatment are made to the IFPA FGM treatment service.

The HSE has increased funding to the IFPA on an annual basis since 2023 to respond to the increase in service demand. In 2024, the IFPA submitted a business plan to the HSE, who subsequently submitted a funding application to the Women's Health Taskforce in the Department of Health, to request funding to support the IFPA to deliver the following:

- Deliver a significant reduction in the waiting lists for FGM cases from a current high of 108 (8 approximately months) to a maximum of 4 weeks wait time.
- Expand capacity to meet the significantly increased demand for high quality medical and psychological care for women and girls who have undergone FGM as well as those who may be at risk of FGM.
- Ensure clients receive high-quality medical and psychological care for FGM in a culturally sensitive, safe, non-judgmental environment. Marginalised groups with additional needs — e.g., translation and interpreting services — can access the FGM service.
- Facilitate training of new FGM clinic staff, updating and reinforcement of training of existing IFPA medical and counselling staff who provide the FGM service.
- Continue to develop best practice medical standards for the prevention and treatment of FGM on a national level.
- Contribute to the development of national policy on FGM through interagency collaboration and knowledge sharing.
- Inform strategic capacity-building with frontline service providers in relation to FGM, including healthcare professionals and social workers.
- Enable expansion of sexual and reproductive health outreach work with protection-seeking women.

This funding application was successful and increased funding to the IFPA circa €150,000 in 2025. This additional funding will address an identified need for FGM specialist care to marginalised women, support continuity of care and support an initiative to reduce waiting times.

The HSE has agreed Key Performance Indicators with the IFPA and will monitor and evaluate the impact that this increase in funding makes to service delivery. Once evaluated, the HSE will review inputs and outputs and consider next steps.

I trust this information is of assistance to you, but should you have any further queries please contact me.

Yours sincerely,



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Joseph Doyle  
National Lead, Social Inclusion