Storytelling for Assistive Technology Advocacy

Workshops in Kenya and Pakistan

An AT2030 Case Study

1 Executive Summary

This case study presents findings from storytelling workshops conducted in Kenya and Pakistan as part of the AT2030 programme, aimed at empowering people with visual and hearing impairments to become effective advocates for assistive technology (AT) and disability rights. Through a series of structured and inclusive activities, participants reflected on their lived experiences, developed clear advocacy goals, and crafted personal stories to amplify their voices and drive change. The workshops adopted a participatory, multisensory approach using tools such as modelling clay, Lego blocks, and 3D miniatures, enabling individuals with diverse abilities to engage fully in storytelling and advocacy design.

Key activities included:

- Reflective storytelling using the Reflective Experience Framework to surface critical lived experiences.

- Strategic planning using the Advocacy Canvas to define advocacy goals, identify key stakeholders, and map out actions.

- Story development applying narrative structures and using creative, tactile materials to build compelling advocacy artefacts.

- Story sharing and peer learning to build confidence, strengthen messages, and foster collective action.

- Reflection sessions that promoted deep learning, emotional processing, and forward planning for advocacy work.

The stories shared during the workshops illuminated systemic challenges faced by persons with disabilities, such as:

- Inaccessible built environments and public infrastructure

- Gender-based violence, particularly against Deaf women and girls

- Disability stigma and negative public attitudes

- Barriers to inclusive healthcare, including lack of sign language interpretation

- Exclusion from social participation and limitations on personal freedom

Participants emphasised the role of assistive technologies in enhancing independence, access to services, and dignity. They also advocated for universal design, stronger legal protections, and public education to combat stigma and exclusion.

2 Acknowledgements

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We would like to thank our partners, Kilimanjaro Blind Trust Africa and BINAE Education Foundation, for their cooperation in organising and facilitating the storytelling and community-building workshops and providing valuable feedback to improve the workshops.

We sincerely thank all the participants in Kenya and Pakistan who generously shared their lived experiences during the storytelling workshops. By contributing their powerful narratives, participants have enabled us to amplify their voices, highlight critical advocacy issues, and advance meaningful steps towards disability inclusion and improved access to assistive technology. Through this report, we hope to honour their experiences and inspire continued progress in building inclusive communities.

This research was funded by the UK International Development and AT2030 programme and led by Global Disability Innovation Hub and University College London.

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4 Funders and Collaborators

4.1 AT2030

www.at2030.org

Led by GDI Hub, AT2030 is a £51.8m programme funded by UK International Development to explore and test innovative ways to address systematic challenges to get more AT to the people who need it around the world. Supporting emerging AT innovations, innovative service delivery, ecosystems, ventures, and ideas, the AT2030 programme has been enabling potential through life-changing AT since 2018. The 'Include' cluster (home to this research project) focuses on advocacy, OPDs, and engagement to address the research question: Does including and connecting AT users, OPDs, and harnessing major cultural events reduce stigma and improve AT access? To date, the AT2030 programme has reached 10 million people directly, published over 200 journey articles and worked alongside hundreds of global partners.

4.2 Global Disability Innovation (GDI) Hub

www.disabilityinnovation.com

GDI Hub accelerates ideas into impact for a more just world: for disabled people, and all people. We are a world-leading delivery and practice centre, an Academic Research Centre at UCL (University College London) and the first WHO Global Collaborating Centre on Assistive Technology (AT). We work in 40+ countries, and with a reach of more than 64 million people since 2016, GDI Hub develops homegrown technologies alongside new knowledge and research. Our vision is for disability inclusion and social justice. We work towards a world without barriers to participation, where everyone has the opportunity to live a joyful life.

Launched in 2016 as a legacy of the London 2012 Paralympic Games, we are based on the Queen Elizabeth Olympic Park, at UCL's East London campus. GDI Hub is home to the UK government funded AT2030 programme which tests 'what works' to improve access to life- changing Assistive Technology (AT) for all.

4.3 Kilimanjaro Blind Trust Africa, Kenya

Kilimanjaro Blind Trust Africa (KBTA) is a charitable organisation that leverages innovation and technology to enhance access to education, employment, and independence for children and youth with visual impairments. Operating across East Africa and Malawi, KBTA focuses on four main thematic areas:

1. **Access to Digital Literacy and Skills**: Promoting digital literacy for learners with visual impairments through assistive technologies and training.

2. **Access to STEM Subjects and ICT Skills**: Encouraging engagement with Science, Technology, Engineering, and Mathematics for learners with visual impairments.

3. **Employability Skills**: Equipping visually impaired youth with skills for the job market and entrepreneurship opportunities.

4. **Research and Innovation**: Exploring new strategies and solutions to improve accessibility and inclusion for persons with disabilities.

4.4 BINAE Education Foundation, Pakistan

The BINAE Education Foundation is a nonprofit organisation dedicated to transforming education for marginalised and underserved communities. Focused on promoting inclusive, accessible, and quality learning opportunities, BINAE works to empower learners of all ages, particularly those with disabilities and from disadvantaged backgrounds. Through community-driven programs, innovative teaching methods, and strategic partnerships, the foundation aims to break down barriers to education and create pathways for lifelong learning and personal growth. BINAE is committed to building a future where every individual has the tools and support to reach their full potential.

5 Context

5.1 Kenya

5.1.1 Disability in Kenya

According to the 2019 Kenya Population and Housing Census, approximately 2.2% of the population reported having a disability. However, disability advocates and international agencies believe this is a significant undercount, partly due to underreporting and stigma. Based on global estimates from the World Health Organisation, around 15% of the population is expected to experience some form of disability, suggesting that the actual number of persons with disabilities in Kenya could be over 7 million.

Among people with disabilities, visual impairments are among the most common. The Kenya National Survey for Persons with Disabilities[1] reported that 30% of individuals with disabilities had visual impairments. Causes include preventable or treatable conditions like cataracts, trachoma, refractive errors, and diabetic retinopathy, many of which are linked to inequitable access to health services.

5.1.2 Barriers to Access, Education, and Employment

Access to assistive products for persons with visual impairments in Kenya is influenced by a range of factors, including affordability, limited availability of information, constrained service delivery networks, and prevailing cultural beliefs about disability. Individuals residing in rural and marginalised communities face particular challenges, encountering both logistical and financial barriers in accessing the assistive devices necessary for their daily living and independence.

Similarly, access to education for children with disabilities remains an area of concern. While Kenya has demonstrated policy commitment through frameworks such as the 2018 Sector Policy for Learners and Trainees with Disabilities, the translation of these policies into effective practice continues to face challenges. Children who are blind or visually impaired often encounter barriers due to a shortage of Braille textbooks, a lack of specialised teaching personnel, limited accessible learning environments, and insufficient provision of assistive devices. Although special schools provide critical support, they are

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[1] https://ncpd.go.ke/wp-content/uploads/2022/06/2007-Kenya-National-Survey-on-Persons-with-Disabilities.pdf

primarily concentrated in urban areas, leaving children in rural settings with fewer educational opportunities[2] [ref].

Employment prospects for persons with disabilities, including those with visual impairments, are similarly affected by structural and societal barriers. Despite constitutional protections guaranteeing equal opportunity and non-discrimination under Article 54 of the 2010 Constitution, enforcement remains uneven. Accessibility barriers within workplaces, limited employer awareness, and persistent attitudinal biases continue to restrict full economic participation. As a result, the labour force participation rate for persons with disabilities remains substantially lower than that of the general population.

Social attitudes towards disability, though gradually evolving, still present notable challenges. In some contexts, disability continues to be associated with negative stereotypes and misconceptions, contributing to the social, economic, and political marginalisation of persons with visual impairments. Ongoing efforts to raise awareness, promote inclusion, and foster rights-based approaches are essential to overcoming these barriers and realising the full potential of individuals with disabilities within Kenyan society.

5.1.3 Child Marriages and Female Genital Mutilation

UNICEF estimates that around 21% of girls and women aged 15 to 49 in Kenya and 3% of girls under the age of 15 have undergone female genital mutilation (FGM). Despite recent legislation imposing heavy fines on such practices, FGM continues in rural Kenya and throughout the wider African region, often happening behind closed doors, particularly in rural areas. While the data on FGM practices linked to disability is severely lacking, a UN report highlights that women and girls with disabilities are two to three times more likely to be child brides, experience early pregnancy and female genital mutilation[3].

5.1.4 Advocacy in Kenya

Despite these barriers, advocacy efforts in Kenya are vibrant. Organisations such as the Kenya Union of the Blind (KUB), Kenya Society for the Blind (KSB), and the Kenya National Association of the Deaf (KNAD) have been instrumental in advancing policy reform, public awareness campaigns, and rights-based approaches to disability inclusion. Kenya's participation in global initiatives such as the Global Disability Summit and its development of the Assistive Technology Policy demonstrate a growing national commitment. However, ensuring real change for people with visual impairments will

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[2] Sukati, V. N. (2024). Access to basic education: A literature review of challenges facing children living with visual impairment in Sub-Saharan Africa. British Journal of Visual Impairment, 0(0). https://doi.org/10.1177/02646196241235284

[3] https://data.unicef.org/resources/female-genital-mutilation-a-global-concern-2024/

require scaling up investment in assistive technologies, strengthening inclusive education systems, and combating stigma at all levels of society.

5.2 Pakistan

5.2.1 Disability in Pakistan

According to the 2023 Census, approximately 3.3% of Pakistan's population reported having a disability — a figure widely seen as a severe undercount. Human Rights Watch estimates that the number of people living with disabilities in Pakistan is as high as 27 million (11.1%), making Pakistan one of the countries with the highest disabled population[4].

Global estimates by the World Health Organisation suggest that 15% of the population typically lives with a disability, which would mean over 30 million Pakistanis. Among people with disabilities, visual impairment is one of the most prevalent conditions. Studies show that about 2.5 million people in Pakistan are blind, with an additional 12 million experiencing some form of visual impairment. Most cases are due to preventable or treatable causes like cataracts, diabetic retinopathy, and refractive errors.

In Pakistan, visual impairments emerged as the most commonly reported functional difficulty in the 2021 Rapid Assistive Technology Assessment (rATA) survey. The findings highlight a significant need for vision-related assistive products, with around 30% of the population requiring devices such as glasses, magnifiers, or white canes to support their daily functioning.

However, despite this high level of need, access remains a serious concern. Approximately 13% of those who needed vision-related assistive products did not have them, pointing to a substantial unmet need across the country. While the use of basic vision aids like prescription glasses was relatively widespread, the uptake of more specialised assistive technologies, such as screen readers, refreshable Braille displays, or smart canes, was extremely limited, highlighting a need for capacity building in modern digital assistive technologies.

5.2.2 Barriers to Access, Education, and Employment

Barriers to access are most commonly linked to affordability, a lack of awareness about available technologies, and the limited availability of assistive products, particularly in rural

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4 Pakistan Ministry of Human Rights
https://www.mohr.gov.pk/NewsDetail/NDA2NDc4OWUtYjY2NC00M2MzLTg0MTktZjY1YzZiNzc0NWQw#:~:text=According%20to%20Human%20Rights%20Watch,3.3%20million%20to%2027%20million.

and underserved areas. These findings underscore the urgent need for expanded access to assistive technologies for people with visual impairments in Pakistan, alongside greater public education and systemic support.

Additionally, Access to education remains a major barrier. Only about 2% of children with disabilities are enrolled in school (UNICEF, 2022). For blind children, specialised educational resources like Braille textbooks, trained teachers, and assistive technologies are scarce, particularly in rural areas. Although some specialised institutions, like the Pakistan Association of the Blind (PAB) and schools for the blind, offer critical support, mainstream education remains largely inaccessible.

Employment opportunities are similarly limited. While Pakistan legally mandates a 2% disability employment quota in public and private sectors, enforcement is weak, and many workplaces are not physically or digitally accessible. As a result, the labour force participation rate among people with disabilities remains under 10%, trapping many in cycles of poverty and dependence.

Social stigma presents another significant challenge. Surveys indicate that people with disabilities are perceived through a lens of charity or pity rather than empowerment[5]. This societal attitude compounds isolation, restricts mobility, and affects blind people's access to social life, marriage opportunities, and leadership roles.

5.2.3 Advocacy in Pakistan

Despite these barriers, advocacy networks are active. Organisations such as the Pakistan Association of the Blind (PAB) and the Special Talent Exchange Program (STEP) lead in promoting inclusive policies, capacity building, and public awareness. Increasing collaboration with international agencies has sparked some progress, including efforts to integrate Pakistani Sign Language (PSL) into education and media, and to improve physical accessibility standards. However, a nationwide, systemic shift towards disability inclusion, particularly for people with visual impairments, remains an urgent need.

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[5] https://www.hi-us.org/sn_uploads/country/Country-Card-Pakistan-Internal-2022.pdf

6 Storytelling Workshops

We conducted seven storytelling workshops: 6 in Kenya and 1 in Pakistan, with people with visual and hearing impairments. The workshops focused on developing storytelling skills among participants and storytelling of lived experiences using the Storytelling Toolkit, developed by GDI Hub as part of the AT2030 programme.

Approximately 150 people with visual and hearing impairments participated in the workshops. Of these were 60 people with hearing impairments in Kenya, 60 people with visual impairments in Kenya, and 30 people with visual impairments in Pakistan. The participants were from a diverse demographic group, including age, gender, location of residence, education, and employment.

The workshops in Kenya were conducted in conjunction with the digital skills training workshops for the AT2030 Mobile as AT project[6]. Meanwhile, the workshop in Pakistan was conducted at the BINAE Education Foundation learning centre.

The workshops were based on the Storytelling toolkit and comprised the following five activities.

Activity 1: Understanding Advocacy through Reflective Experience Framework

Activity 2: Choosing an Advocacy Goal

Activity 3: Developing a Story

Activity 4: Sharing the Story

Activity 5: General Reflection

Next, we describe the activities in more detail.

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[6] https://at2030.org/mobile-emerging-technology/

6.1 Activity 1: Understanding Advocacy through Reflective Experience Framework

The workshop began with individual reflection, during which participants used the Reflective Experience Framework (REF) to examine significant moments from their lived experiences. These positive or negative moments shaped their understanding of accessibility and inclusion. Participants identified instances where they had advocated for themselves or others and situations where advocacy was lacking and needed.

Some participants volunteered to share their stories with the group, including a blind participant who recounted a frustrating experience with booking travel via Uber. These narratives provided a robust foundation for identifying advocacy challenges and fostering empathy within the group.

How did you feel?

What did you say?

What did you hear?

What did you do?

What happened?

Think of an important experience which impacted you in a good or a bad way
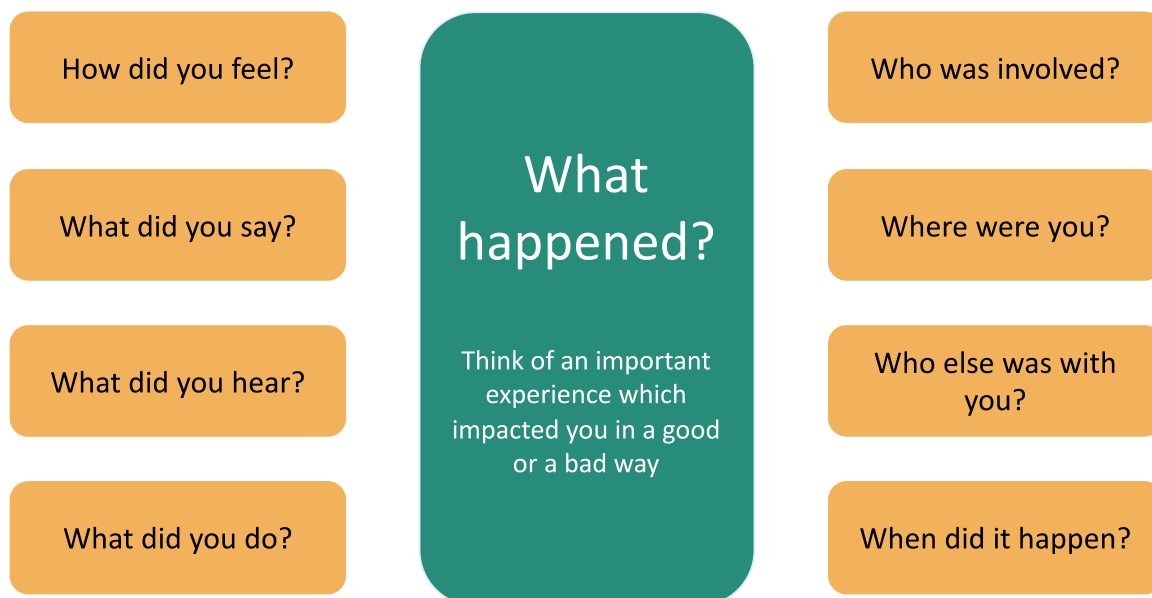
Who was involved?

Where were you?

Who else was with you?

When did it happen?

Figure 1: Reflective Experience Framework (REF)

6.2 Activity 2: Choosing an Advocacy Goal

Building on Activity 1, participants worked in groups to identify a specific advocacy challenge rooted in their lived experience. They used the Advocacy Canvas from the Storytelling Toolkit to develop a clear and strategic plan for change. Each group worked through the key steps of the canvas:

1. **Change Objectives and Outcomes** – outlining what change they hoped to achieve and the intended benefits.

2. **Justification** – articulating why the challenge is important and why it demands attention.

3. **Capabilities** – reflecting on the skills and resources already available within the group.

4. **Support** – identifying what additional support would be needed to achieve their objectives.

5. **Actors** – mapping out relevant stakeholders and understanding their potential influence within the advocacy ecosystem.

6. **Actions** – defining the concrete steps they would take to advance their advocacy efforts.

7. **Evaluation** – considering how they would measure success and assess the impact of their advocacy.

Participants were encouraged to think critically about how storytelling could be used to raise awareness, mobilise support, and influence change. This structured, collaborative process enabled them to stay focused, foster alignment within their groups, and clearly define actionable advocacy goals.

Figure 2: Advocacy Canvas

6.3 Activity 3: Developing a Story

In the third activity, participants explored and applied core storytelling elements to craft compelling advocacy narratives. The session began by analysing familiar stories, such as the popular Kenyan TV show Becky, a classic rags-to-riches tale. By dissecting what made Becky engaging—including its characters, plot structure, conflict, and resolution—participants gained valuable insights into the key ingredients of compelling storytelling.

Based on this foundational understanding, participants began creating their own advocacy stories. The activity incorporated multisensory storytelling materials to ensure inclusive participation and support diverse modes of expression. These included:

- Modelling clay and playdough

- Lego blocks and other building materials

- 3D miniature figures of people, animals, and objects

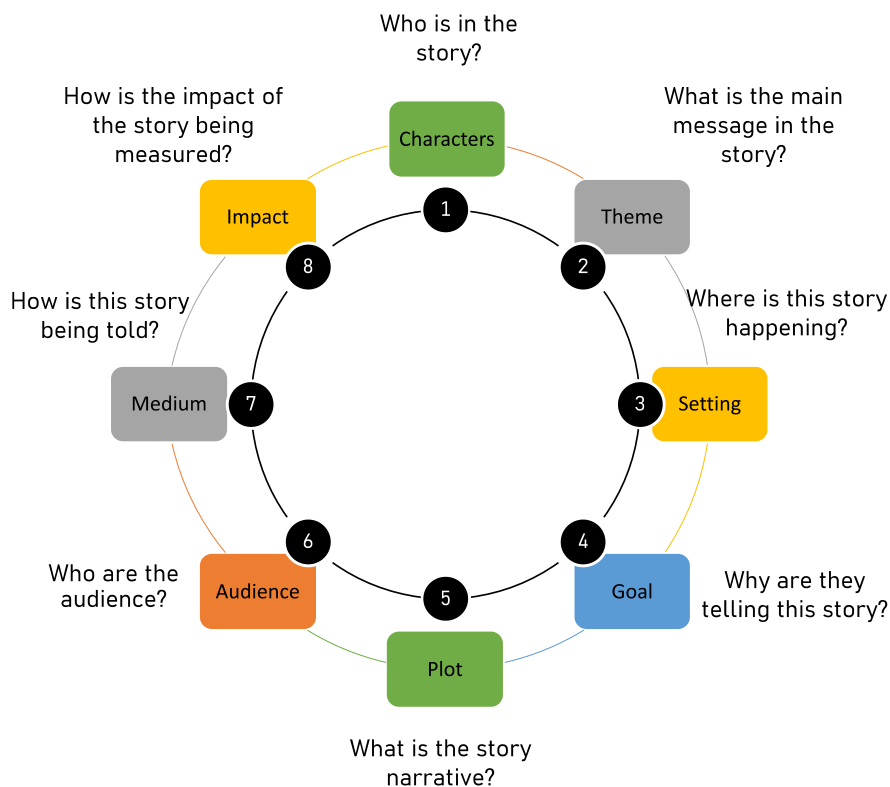- Drawing materials such as pens, pencils, and colouring supplies

Figure 3: The storytelling framework

Participants were encouraged to use these materials to design tangible artefacts that supplemented and visually represented their narratives. This approach promoted inclusive engagement, allowing everyone, regardless of ability, to contribute meaningfully to the activity.

Using multisensory materials not only supported creative expression but also enhanced group collaboration and participation. These tools offered multiple affordances, making it easier for participants with diverse abilities and needs to engage in the process of storytelling and advocacy design.

Figure 4: The materials being used by participants in a storytelling workshop in Pakistan

6.4 Activity 4: Sharing the Story

Each group presented their advocacy story using the artefacts they created. This peer-sharing session promoted confidence, deepened collective understanding, and provided a safe space for feedback. Participants also discussed the meaning and message behind their stories, encouraging reflection and community-building.

6.5 Activity 5: General Reflection

In the final reflective session, participants shared insights and personal learnings gained throughout the storytelling process. Discussions were guided to explore:

- Personal discoveries about their advocacy goals and storytelling skills.

- Emotional and practical challenges faced during story development and presentation.

- How engaging with diverse lived experiences shaped or shifted their perspectives.

- Concrete actions they could take, both individually and collectively to leverage their storytelling for ongoing advocacy.

This reflective activity emphasised the importance of sustained peer learning, community-building, and fostering ongoing advocacy networks beyond the workshop.

This session emphasises peer learning and encourages participants to identify how they can continue advocating effectively beyond the workshop, fostering a community of practice around AT advocacy storytelling.

Figure 5: Participants building their models in a storytelling workshop in Pakistan

7 Recurring Themes from Storytelling Workshops

The stories and lived experiences shared by the workshop participants highlighted several issues experienced by disabled people in lower and middle-income countries, including Gender-based violence against deaf girls and women, stigma and negative attitudes of the public, and lack of access to inclusive healthcare, among others.

Several recurring themes emerged from the stories. Some of these prominent themes are explored below.

7.1 Built-Environment Access

Access to the built environment refers to the inclusive design of physical spaces, such as buildings, transportation systems, and public facilities, so they can be safely and independently used by everyone, including persons with disabilities. When infrastructure lacks accessibility, it restricts participation in everyday activities, contributing to social exclusion, economic disadvantage, and reduced opportunities for independence. For people with sensory disabilities—particularly those with visual and hearing impairments—equitable access depends on the availability of multimodal information, enabling independent navigation and interaction. Therefore, implementing universal design principles requires that information systems, such as signage and wayfinding, be made accessible to all.

In the workshop, participants used 3D materials to design and showcase an accessible new town, emphasising key features of the built environment that support blind and partially sighted individuals. They highlighted the critical role of accessible infrastructure, including well-designed pavements and shared spaces, to ensure blind and partially sighted people can navigate the environment safely and confidently.

"Inclusive infrastructure is important for us to be able to independently navigate outdoors. For example, sometimes when we are outside, the pavement suddenly stops and there is no indication of where the path goes ahead. If there was tactile paving to indicate to us the upcoming changes in the path (such as stairs or crossing), it would make it a lot easier for us to adjust our path or go back if we make a mistake."

Blind Participant (Pakistan)

7.2 Gender-based Violence Against Deaf Girls and Women

Girls and women with disabilities are often the target of child marriages and female genital mutilation (FGM). Due to their own financial challenges and societal pressure, parents seek to marry young deaf girls to older men against their will or force them to undergo FGM to prevent pre-marital sex and pregnancy. This practice is deeply rooted in gender inequality and discrimination against women with disabilities and a lack of awareness and education about disability.

The participants highlighted the importance of community allies and awareness creation through community elders, religious organisations, and teachers within the community who can provide a safe space to discuss these issues.

"The parents need to understand that a girl is important in their lives. When a girl gets educated, she can help them in their future.

Girls and women with disabilities need allies in the communities who can advocate for them and help fight against FGM and early marriages."

Deaf Participant (Kenya)

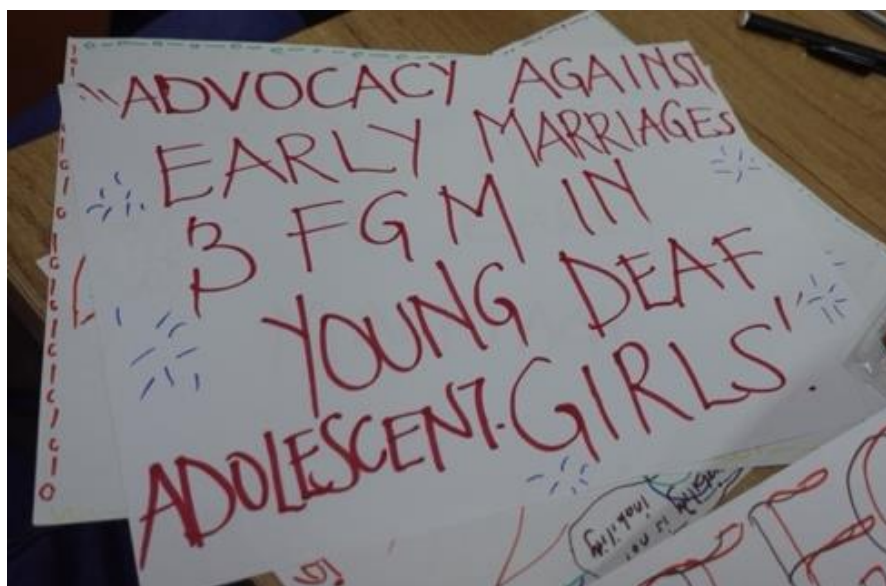*Figure 6: A sign made by a participant in a storytelling workshop*

7.3 Societal Misconceptions about Disabled People

Societal misconceptions about persons with disabilities often stem from a lack of awareness, outdated beliefs, and deep-rooted cultural stigmas. Such misconceptions can portray disabled individuals as dependent, incapable, or less productive members of society. Workshop participants shared adverse experiences dealing with societal misconceptions. In particular, participants in Pakistan describe the prevalent charitable model of disability, leading to disabled people being viewed as "saints" or "beggars" and being ostracised from society. They are expected to be grateful for the charity they receive and are not expected to be productive members of society. These negative misconceptions and stereotypes lead to further marginalisation and exclusion of disabled people from society and have a grave impact on inclusion in education and employment, where they are also treated as outcasts.

"Unfortunately, in our society, we have this negative perception that blind people are not supposed to be active members of society. They expect us to just sit in a mosque and pray, or they want us to beg for money so they can feel good about themselves. Somehow, people can't accept that we want to and are capable of doing things just as well as them. People usually give us things as a form of charity. I want to say to people, teach us how to fish, as in how to earn and be independent, so we can catch our own fish, not bring us fish to eat. That's all I want. I want society to accept us as productive members. Give us a chance. If we are not even given a chance, how can we prove that we can?"

Blind Participant (Pakistan)

7.4 Access to Healthcare

Many Deaf participants shared their negative experiences in healthcare settings where they faced significant communication barriers due to the negative attitudes of hospital staff resulting from a lack of disability inclusion and an understanding of Kenyan Sign Language. This lack of effective communication made the Deaf participants doubt their ability to receive proper care at the hospital, highlighting the importance of clear communication in healthcare settings.

"We have to write in order to communicate our needs with the doctors and nurses. But there can be a situation when we are not able to write, for example, in an emergency or if someone is pregnant. It can be very difficult for them to communicate in writing with the doctor if there is a complication. Using assistive technology to convert speech to sign language and vice versa can reduce the communication barriers and enable deaf people to receive the attention and care they need immediately."

Deaf Participant (Kenya)

Due to a lack of sign language interpreters, Deaf participants are often asked to communicate with healthcare professionals through writing. This approach is time-consuming and can lead to miscommunication as writing skills in English and Kiswahili among Deaf Kenyans remain lower than the national average. This can also lead to dire consequences in the case of an emergency.

"Family planning is another challenge in the deaf community due to a lack of awareness about the different types of contraception available. For example, in family planning clinics, the healthcare workers are not trained in sign language and don't have an interpreter. So, it is very hard to explain the challenges a deaf person may experience. Even with an interpreter, it can be awkward because the deaf person would not want the interpreter to know the intimate details. For example, learning how to use a condom appropriately and what other contraceptives are available. Sometimes people can get pregnant because they don't know how to use contraception properly."

Deaf Participant (Kenya)

7.6 Right to Citizenship and Social Inclusion

The right to citizenship and participation in social activities is integral to disabled people's self-determination and social integration. The participants described the unwarranted scrutiny and harsh attitudes from people to prevent disabled people from organising and participating in social gatherings and exercising their right to access services and facilities, such as going to pubs and bars.

"In this story, we have a club where the owner is a blind guy. The DJ is also blind and uses an accessible laptop to play his music. When the bash is going on, a police officer comes to interrupt the bash just because he has heard that disabled people are having a party. We want to advocate for our right to entertainment and take part in social activities. Despite our disabilities, we have a right to participate in social activities. We are normal human beings. The society puts limitations on us. We are expected not to party and entertain ourselves. The public and the government think that since we have challenges, if we drink beer and party, we will be more destructive or even unable to take ourselves home. I want them to know that we have full control over our lives, and we can bash and party just like everyone else."

Blind Participant (Kenya)

Figure 7: Participants building with Lego in a storytelling session

Figure 7:

7.7 Role of Assistive Technology

Assistive technologies (AT) are essential for individuals with disabilities, as they enhance mobility and accessibility, promoting independence in daily activities. For those with visual and hearing impairments, digital assistive technologies facilitate access to information, fostering inclusion in education, employment, and social interactions. Most participants in the workshop demonstrated a clear understanding of assistive technologies, emphasizing their effectiveness in providing access to visual information and supporting independent mobility.

"Using the BeMyEyes app I can use my phone to look at anything and ask it to describe pictures. The way it describes is that it paints a full visual image for me."

Participants also highlighted that despite their knowledge of AT, they lack opportunities to share their experiences with the wider society to address misconceptions and negative attitudes stemming from disability stigma.

8 Recommendations and Next Steps

The stories collected so far have emphasised the barriers experienced by disabled people and the significant role of assistive technologies in improving the quality of life. Participants highlighted that disability advocacy and access to education can reduce disability stigma and societal misconceptions that are deep-rooted within the culture and public mindset.

Additionally, it is crucial to strengthen the capacity of OPDs and disabled people to challenge the disability stigma and cultural beliefs around disability. This can be achieved through capacity building initiatives in partnerships with OPDs and disabled people to advocate for disability rights and assistive technologies. As such workshops have identified the following recommendations capturing key themes from across storytelling sessions;.

1. **Invest in Community-Led Storytelling Initiatives:** Support initiatives that amplify the lived experiences of disabled people, using storytelling as a powerful tool to raise awareness, shift public perceptions, and challenge disability stigma.

2. **Address Gender-Based Violence Against Girls and Women with Disabilities:** Raise awareness about the heightened risks of gender-based violence, including harmful practices such as child marriage and FGM. Ensure that information is accessible to all and establish digital and physical support systems to enable girls and women with disabilities to seek help. Leverage digital assistive technologies, including accessible smartphones, to connect individuals to essential services, helplines, and safe spaces.

3. **Enhance OPD Capacity in Storytelling, Advocacy, and Digital Tools:** Provide targeted training to OPDs on storytelling, advocacy strategies, and the use of digital technologies to strengthen their role in campaigning for disability rights and expanding access to assistive technologies.

4. **Co-Design Inclusive Public Infrastructure:** Engage disabled people directly in the consultation and design of public infrastructure to ensure accessibility for individuals with diverse disabilities. Inclusive built environments are fundamental to participation and independence.

5. **Promote Access to Healthcare Information and Services:** Support localised awareness campaigns that emphasise the right to accessible healthcare information and services, and advocate for accessibility standards in healthcare and emergency settings.

6. **Build Cross-Sector Partnerships:** Foster collaboration among OPDs, local governments, media, and assistive technology innovators to drive systemic, long-term changes. Strong cross-sector partnerships are essential for creating sustaina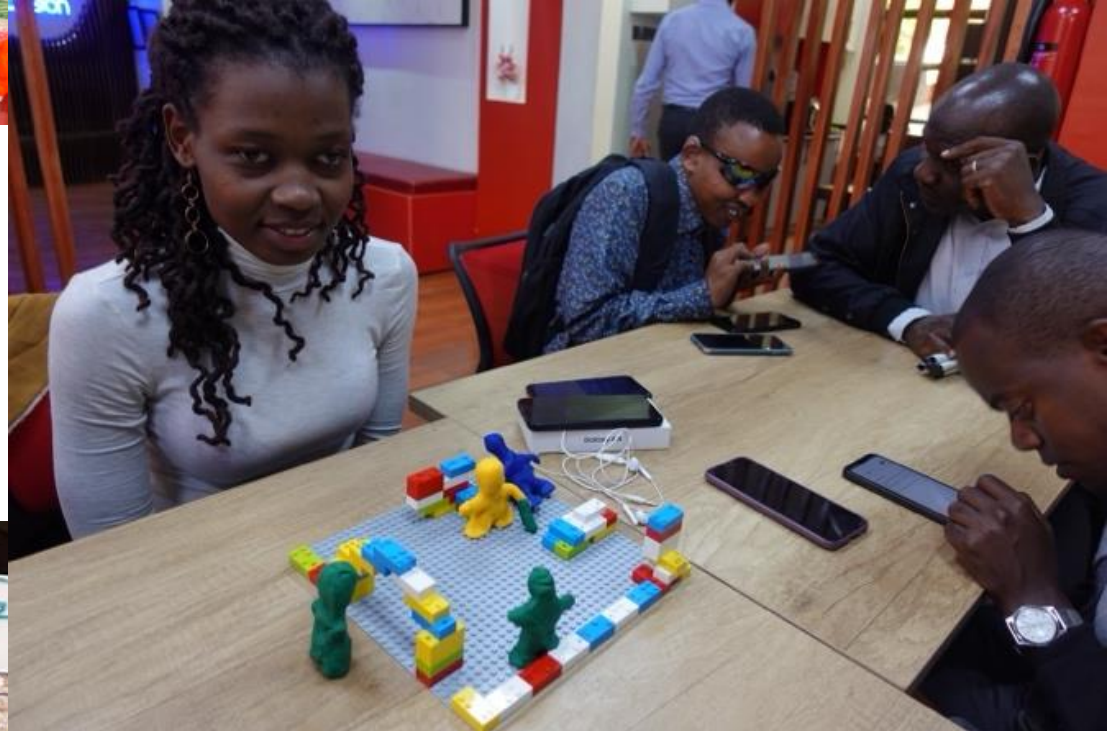ble support systems that enable disabled people to thrive.