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**SENIOR CITIZEN HEALTH CARE AND HOSPITALITY CENTRE,
SREEMANGAL, SYLHET.**

BY

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SEMINAR II

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Abstract:

It's a matter of sorrow that sometime our senior citizens are not welcome anymore to his/her home for their son/daughter. They can't feel safe to their house. There are some place here the old people are not alone, and they are safe and found people who take cares of them. They need regular health care and hospitality. When people is getting aged they are not normal health position, they are weaker than matured aged person. So they need extra care. When people retire from their works they remain stay all time in their home. But they want to move to see the nature or cope up the retirement time. When one of the person of a couple die the another one becomes alone. That time they want a company but all family can't give him/her a company. So that senior person needs a company. Most of the population of our country is very poor. Some family can't afford the senior persons treatment expense, so they search an alternative way. They need safety and security due to their health condition. So there is a need created for the old age home and old age healthcare Centre. These old age homes provide much and more protection to these old people than that of their homes. This is because here in these old age homes there would be probably a large number of people who can depend on each other. There may be also volunteers here who care for this old people. Today the protection is doubled since most of these old age homes are run down by many religious communities. Thus old age homes are important in modern society.

Acknowledgement

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Introduction:

Rapid growing of industry, modernization of Bangladesh, it has also effected the people in many ways. The tradition of joint family in the culture of Bangladeshi society is disappearing slowly, which was based on the love, affection and tradition. It has also transformed the life of family. People have started in believing in "Nuclear family" rather than combined or joint. It has made people to live with his own family which including husband, wife and their children. This culture has also affected the emotion of each individual person. In today's time parents afraid from their children, that's why they have started refusing to live with them (children). Due to this reason they have started moving in the old age home where they only which for death. The evolution of the population structure of Bangladesh is driven by decreasing mortality, increasing life expectancy and progress towards a more sustainable fertility. Given these characteristics the proportion of the population aged 60 years and above is expected to increase from 6% (2006) to 17% by 2050 and Bangladesh's aged dependency ratio (retirees as a proportion of total labor force) is expected to rise from 6% (2010) to 15% by 2050 . Our country is developing and the moral value of people is decreasing. People are following the west. Once a time, there is no concept of old home in our country. But now the need of old home created. Sometimes they do not find any care for their heaths, they are also alone in their sons/daughter's home. Some people have not any child and also there are no people for their take-care. In the old home our senior citizens stay and there are some people who care them in that home. It's a social problem to ignore our senior citizen in their family. The true fact is that, we can't prevent the DE morality of our society. So I think we need retirement home for our senior citizen.

CHAPTER 1: BACKGROUND OF THE PROJECT

1.1 Project Brief: The rising of senior citizen populations are likely to exacerbate the existing challenges that are being faced by the elderly population. The elderly are in dire need of health and care services given the changing lifestyle and work environment and the greater global mobility of workforce is changing the traditional family system. Furthermore the health care system is overburdened as there is no dedicated health care facility for senior citizens. So govt. took a step to build a healthcare and residence for them. To address this concern the Government of Bangladesh, through the Ministry of Social Welfare are piloting a project to be implemented under a PPP modality for the provision of health care and ancillary services aimed for the elderly. Successful delivery of this project will enable Government to consider replicating this project in different parts of Bangladesh.

1.2 Aim and objective:

- All provide residential accommodation to the needy and/or interested old and aged persons.
- long term facility
- It shall provide food and medical support and facilities to the old aged persons.
- Natural environment close to nature pollution free
- an green environment works as a mental tonic
- Combine of health and mental support from people of same age so better understanding.
- To promote National Integration and Unity of the Country
- To promote self-confidence and spirit of self-reliance among them to enable them to acquire necessary skills and guide them to achieve excellence in their fields of activity
- To improve the status of Health & Hygiene enjoyed by the community by full involvement of the members of the community
- It shall hire and employ professors , teachers , instructor , doctors , voids , hakims , nurses , servants , workmen and others and to pay them salaries , wages , gratuities and pensions or such other remuneration , honorarium as may necessary.

CHAPTER 2: SITE APPRAISAL

2.1 Site location and size: The site for the proposed project is located near the Upzila Health complex (Fig: 9) at Sreemangal in Moulvi Bazar. The project site is over 5.6 acres of land and is under the ownership of the ministry. The light red part is the site which is located 8.4 km away from Sreemangal.

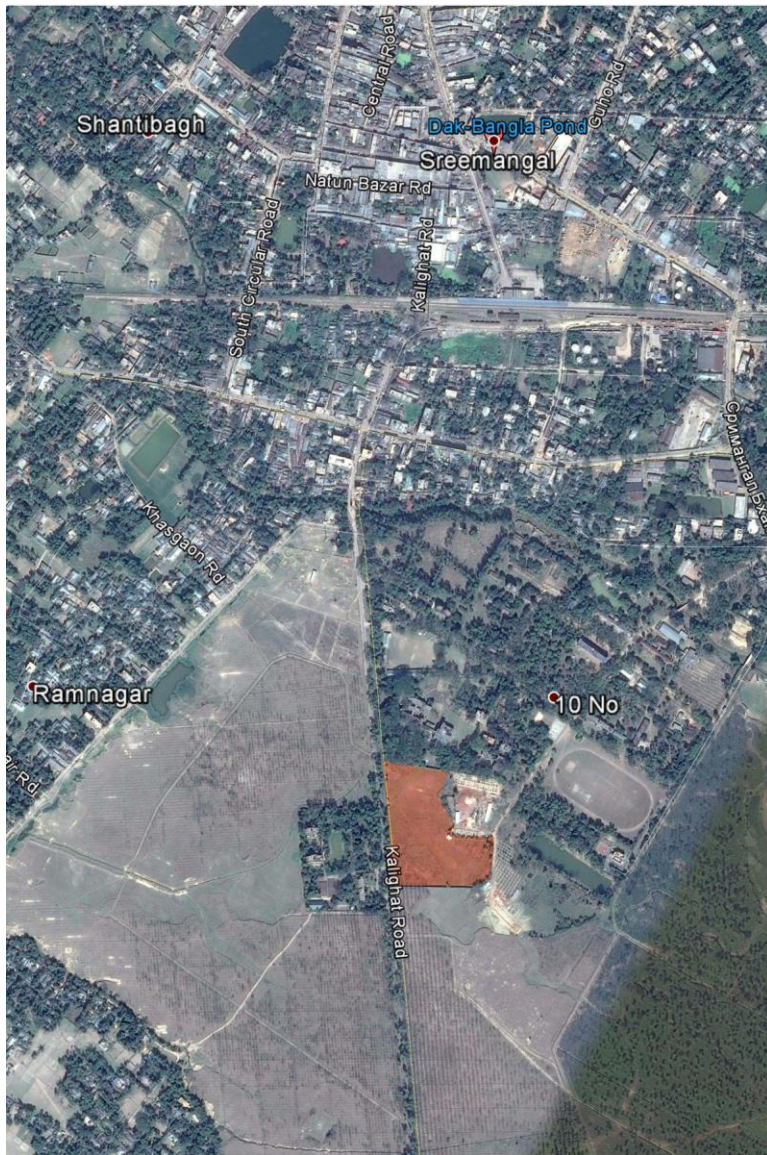


Fig: 1

2.2 Site Surrounding: Nature has adorned Sreemangal with green tress. Its natural scenery is very charming. It soothes one's eyes. Most of the place is green besides the site .Tea garden

located beside the site(Fig: 2).Some residence with trees beside the site. Rubber garden surrounding from east side to southern-west side to the site.



Fig: 2

2.3 Historical Background:The place was named Moulvibazar after Moulvi Kudratullah, who used to preach Islam here. He was one of the descendants of Hazrat Shah Mustafa (Ra), a companion of the great saint Hazrat Shah Jalal (Ra) who spread Islam all over Sylhet. In the 17th century Moulvi established a small bazaar near his house which was moulvibazar• by the local inhabitants. In course of time this market flourished and the place became familiar as Moulvi bazar. However before the 14th century, i.e. before the Muslim era, this region is thought to have a majority of Hindu inhabitants. Hindu religious book revealed Moulvibazar as holy place and river Manu as divine tribute.

2.4 Population and Land of verities:

1. Location: - 24.10'-24. 35' N 90.35'-91. 20' E	20. River: - 3
2. Area: - 2707 Sq. Km.	21.Hospital: - 2
3. Population: - 13,78,486	22. Upazila health complex: - 6
4. Male: - 7,03,654	23. Tea garden: - 91
5. Female: - 6,74,832	24. Jalmohal: - 375
6. Literacy rate: - 24%	25. Balumohal: -73
7. Average rainfall: - 315 cm	26. Rail station: - 17
8. Average humidity: - 82%	27. Airport: - 1
9. Agriculture land: - 1,44,534 hectares	28. BDR out posts: - 10
10. Forest area: - 25,398 hectares	29. Mosque: - 1710
11. Haor area: - 59,974 hectares	30. Temple: - 391
12. Upazila: - 6	31. Church: - 57
13. Union: - 67	32. Industrial estate: -1
14. Pourashava: - 4	33. Tribal people
15. Primary school: - 920	a). Monipuri: - 40,000
16.High school: - 105	b). Tripura: -1,000
17. College: - 20	c). Khasia: - 10,000
18. Madrasha: - 92	34. Parliamentary constituency: - 4
19. Road: - 312 km	

2.5 SWOT Analysis:

Strength:

1. Natural rich green space
2. No sound polluted area
3. Birds creping sound
4. Fertile land for gardening
5. Land value is not high

Weakness:

1. Heavy rainfall, so high drainage system require.
2. Far away from urban area
3. Transport system is not good as like unban area.

Opportunities:

1. Make of healthy residence
2. Making vegetation
3. Enough space for making recreational space

CHAPTER 3: LITERATURE REVIEW

Senior citizen is a common word for an old person used in our country, and sometimes in British English. It implies or means that the person being referred to is retired. This in turn usually implies or in fact means that the person is over the retirement age, which varies according to country. In our country in the age of 60 means retired person from govt. job. Some dictionaries describe widespread usage of "senior citizen" for people over the age of 65.

When defined in an official context, *senior citizen* is often used for legal or policy-related reasons in determining who is eligible for certain benefits available to the age group.

Physical marks of old age

Physical marks of old age include the following:

- **Bone and joint.** Old bones are marked by "thinning and shrinkage." This results in a loss of height (about two inches by age 80), a stooping posture in many people, and a greater susceptibility to bone and joint diseases such as osteoarthritis and osteoporosis.
- **Chronic diseases.** Older persons have at least one chronic condition and many have multiple conditions. In 2007-2009, the most frequently occurring conditions among older persons in the United States were uncontrolled hypertension (34%), diagnosed arthritis (50%), and heart disease (32%).
- **Dental problems.** Less saliva and less ability for oral hygiene in old age increases the chance of tooth decay and infection.
- **Digestive system.** About 40% of the time, old age is marked by digestive disorders such as difficulty in swallowing, inability to eat enough and to absorb nutrition, constipation and bleeding.
- **Eyesight.** Diminished eyesight makes it more difficult to read in low lighting and in smaller print. Speed with which an individual reads and the ability to locate objects may also be impaired.
- **Falls.** Old age spells risk for injury from falls that might not cause injury to a younger person. Every year, about one-third of those 65 years old and over half of those 80 years old fall. Falls are the leading cause of injury and death for old people.
- **Hair** usually becomes thinner and grayer.
- **Hearing.** By age 75 and older, 48% of men and 37% of women encounter impairments in hearing. Of the 26.7 million people over age 50 with a hearing impairment, only one in seven uses a hearing aid.
- **Hearts** are less efficient in old age with a resulting loss of stamina. In addition, atherosclerosis can constrict blood flow.¹

- **Immune function.** Less efficient immune function (Immunosenescence) is a mark of old age.
- **Lungs** expand less well; thus, they provide less oxygen.
- **Pain** afflicts old people at least 25% of the time, increasing with age up to 80% for those in nursing homes. Most pains are rheumatologically or malignant.
- **Sexual activity** decreases significantly with age, especially after age 60, for both women and men. Sexual drive in both men and women decreases as they age.
- **Skin** loses elasticity, becomes drier, and more lined and wrinkled.
- **Sleep** trouble holds a chronic prevalence of over 50% in old age and results in daytime sleepiness. In a study of 9,000 persons with a mean age of 74, only 12% reported no sleep complaints. By age 65, deep sleep goes down to about 5%.
- **Taste buds** diminish so that by age 80 taste buds are down to 50% of normal. Food becomes less appealing and nutrition can suffer.
- **Urinary incontinence** is often found in old age.
- **Voice.** In old age, vocal cords weaken and vibrate more slowly. This results in a weakened, breathy voice that is sometimes called an “old person’s voice”

Mental marks of old age include the following:

- **Adaptable** describes most people in their old age. In spite of the stressfulness of old age, they are described as “agreeable” and “accepting.” However, old age dependence induces feelings of incompetence and worthlessness in a minority.
- **Caution** marks old age. This antipathy toward “risk-taking” stems from the fact that old people have less to gain and more to lose by taking risks than younger people.
- **Depressed mood.** According to Cox, Abramson, Devine, and Hollon (2012), old age is a risk factor for depression caused by prejudice (i.e., “DE prejudice”). When people are prejudiced against the elderly and then become old themselves, their anti-elderly prejudice turns inward, causing depression. “People with more negative age stereotypes will likely have higher rates of depression as they get older.” Old age depression results in the over-65 population having the highest suicide rate.
- **Fear** of crime in old age, especially among the frail, sometimes weighs more heavily than concerns about finances or health and restricts what they do. The fear persists in spite of the fact that old people are victims of crime less often than younger people.
- **Mental disorders** afflict about 15% of people aged 60+ according to estimates by the World Health Organization. Another survey taken in 15 countries reported that mental disorders of adults interfered with their daily activities more than physical problems.

- **Reduced mental and cognitive ability** afflicts old age. Memory loss is common in old age due to the decrease in speed of information being encoded, stored, and retrieved. It takes more time to learn new information. Dementia is a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Its prevalence increases in old age from about 10% at age 65 to about 50% over age 85. Alzheimer's disease accounts for 50 to 80 percent of dementia cases. Demented behavior can include wandering, physical aggression, verbal outbursts, depression, and psychosis.
- **Set in one's ways** describes a mindset of old age. A study of over 400 distinguished men and women in old age found a "preference for the routine." Explanations include old age's toll on the "fluid intelligence" and the "more deeply entrenched" ways of the old.

Positive Psychology in Late Adulthood

Although old age brings fear to many because of the seemingly inescapable decline of health, there are many provocative people who defied the limitations and stereotypes of aging. One of those is Sadie Halper in. After 11 months of weight lifting and stationary bicycling, Sadie was able to escape hypertension and improve upon her health, from being stuck in a wheelchair, to being able to go out and shop on her own. Others also showed marked improvement in their cognitive skills at old age. John Rock, a medical researcher, stood above his younger contemporaries when he introduced the birth pill at 70 years old. Anna Mary Robertson, also known as "Grandma Moses," became internationally famous after taking up painting at 78 years old. Lastly, Pablo Casals became known as the "greatest cellist" when he was already 95 years old. He even said in an interview once that he continue to practice 6 hours every day because he is still seeing progress in his performance. According to Stanley Rappaport (1994), chief of the Neuroscience Laboratory of the National Institute of Aging, although dendrites stop growing in the 90s, brain plasticity is at work - dendrites rewire to compensate for the loss of dead brain cells. Alzheimer's Disease, although prevalent in the US, is also preventable. In a recent study involving 700 nuns, it was found out that Mankato nuns (from Minnesota) showed almost no signs for Alzheimer's Disease, indicating that cognitive activities help in keeping the brain fully functional and healthy.

Keeping the body and mind healthy, and maintaining good relationships, are paramount to attaining positive aging. Valliant (2002) found that those who are happy and well at 75-80 years old did not smoke heavily, did not abuse alcohol, did some exercise, were not overweight, had stable marriage, and practiced good coping skills when they were 50. George (2001) also found out that those who engage in various activities, like going to church, attending meetings and trips, and exercising, are happier and more satisfied of their age than those who only sit at home. A sense of control is also important. Judith Rodin and Ellen Langer (1977) found that old adults who stay in elderly homes showed increased alertness, activity and happiness, and decreased mortality, when allowed to decide for themselves about what food to eat, what movies to see, who and when people can visit. Even death can be defied. Jeanne Lanin Calumet, a French, pushed the human life span to 122 years when she died in 1997.

These and other accomplishments and research show that old age should not be viewed negatively; rather, it should be seen and welcomed as another chapter in a person's life.

Senior citizen hospitality Centre

Sometimes called an *old people's home*, although this term can also refer to a nursing home is a multi-residence housing facility intended for senior citizens. All senior person in a family is not lucky enough to get care in their home or their relative's home. Typically each person or couple in the home has an apartment-style room or suite of rooms. Additional facilities are provided within the building This can include facilities for meals, gatherings, recreation activities, and some form of health or hospice care A place in a retirement home can be paid for on a rental basis, like an apartment, or can be bought in perpetuity on the same basis as a condominium. A retirement home differs from a nursing home primarily in the level of medical care given. Retirement villages and retirement communities, unlike retirement homes, offer separate and autonomous homes for residents.

There are many different types of scheme, both to rent or to buy. They usually contain between 15 and 40 properties ranging in size from studios to 2, and occasionally 3 bedrooms. Properties in most schemes are designed to make life a little easier for older people - with features like raised electric sockets, lowered worktops, walk-in showers, and so on. Some are designed to accommodate wheelchair users.

New forms of sheltered housing have been pioneered in recent years, to cater for older people who are becoming more frail and less able to do everything for themselves. These are known as extra care, very sheltered or assisted living schemes. Most properties in these schemes will suit less mobile people and wheelchair users, and bathrooms particularly will be designed to make it easier for assistance to be offered. Schemes may have their own care staff, and will usually provide one or more meals each day, if required.

Advantages of Living in a Retirement Home

- **Freedom from home maintenance** and repair becomes more attractive during senior years.
- **Downsizing** offers an opportunity to consider which possessions are really important to you, rather than leaving this task to adult children at a point when you may be unable to do so.
- **Social connections** are vital to personal well-being and become more so as seniors leave careers.
- Many homes specialize in **restaurant-style catering**. Plans can include one, two or three meals a day. Private apartments include kitchens or kitchenettes for those times you want to cook, entertain or just be alone.
- **Recreational activities** are often available. These include exercise programs, social gatherings and planned outings. Many retirement homes employ trained activity directors. Because seniors are learning the value of physical activity, these residences are offering pools, walking trails and well-equipped gyms.
- **Mental stimulation** is readily available. Informal game tables are commonplace and movie nights are fun attractions. Speakers, classes and seminars are scheduled in most buildings, as well as trips to those events.
- **Transportation** is often available for trips to the store and any medical needs.
- A variety of **professional services**, including housekeeping and laundry service, a beauty salon and visiting medical personnel are often available.
- **Assisted living services** for those who need help with activities of daily living, medical security or possible memory care needs are provided at some homes.

- The choice of **privacy or social interaction** most hours of the day in a setting of security is one of the overall benefits of living in a retirement home.

Many people entering their retirement years proclaim they “will never leave their homes” and for many, that will be the right decision. But at least considering the benefits of a retirement home should be a part of planning for a long and fulfilling retirement.

Nursing homes:

A nursing home is a place for people who don't need to be in a hospital but can't be cared for at home. Most nursing homes have nursing aides and skilled nurses on hand 24 hours a day. Some nursing homes are set up like a hospital. The staff provides medical care, as well as physical, speech and occupational therapy. There might be a nurses' station on each floor. Other nursing homes try to be more like home. They try to have a neighborhood feel. Often, they don't have a fixed day-to-day schedule, and kitchens might be open to residents. Staff members are encouraged to develop relationships with residents.

Some nursing homes have special care units for people with serious memory problems such as Alzheimer's disease. Some will let couples live together. Nursing homes are not only for the elderly, but for anyone who requires 24-hour care. Whether you and your family are facing a quick decision about a nursing home due to a recent event, or have been coping with a worsening progressive disease such as Alzheimer's or Parkinson's, considering a nursing home is not an easy decision. Emotions such as guilt, sadness, frustration, and anger are normal. Working through the possibilities of housing, finances, and medical needs can help you and your family make an informed decision.

Nursing home facilities:

- **Cleanliness:** For senior citizens need very cleanliness residence because their immune power is less than as young people.
- **Food:** They need food with very carefully, because their food habits can harm their health.
- **Arrangement:** Traditionally, nursing homes have been run like a medical facility, including a centralized nursing station with set medication and mealtimes. Some nursing homes, however, are now moving to a different model, with smaller communities and communal areas. If this type is available in your area, it may provide a more homely feel.
- **Activities:** They need some activities to fresh their mind such as gardening, angling, playing indoor and outdoor gaming.
- **Experienced Staff:** To care their diseases there are some experienced staff to care them.

CHAPTER 4: CONTEXTUAL ANALYSIS

Maulvi Bazar District (Sylhet division) with an area of 2799.39 sq. km, is bounded by sylhet district on the north, Tripura state of India on the south, Assam and Tripura states of India on the east, and habiganj district on the west. Main rivers are manu, Dhalai, Juri, Gopala, etc; noted depressions: Hakaluki, Hail and Kawadighi Haors. Annual temperature: maximum 33.2°C, minimum 13.6°C; annual rainfall 3334 mm. The total forest area is 413.65 sq. km (about 15% of the total area of the district); noted forest ranges are Patharia, Sanrer Gaz or Longla, Rajkandi and Vanugachh.

Maulvi Bazar (Town) stands on the bank of the River Manu. It consists of 9 wards and 47 mahallas. It has an area of 10.36 sq km; population 41358; male 54.97%, female 45.03%; density of population is 3992 per sq km. Literacy rate among the townpeople is 56.7%. Maulvi Bazar Municipality was established in 1930. The town has one Circuit House and one Rest House; Pashchim Bazar and Chowmuhana are the main commercial centres.

Sreemangal Pourashava is located in the south-eastern corner of Moulvibazar district, the largest urban area in the Sreemangal Upazila. Sreemangal Pourashava is situated at 24°18' N latitude and 91°43'30" E longitudes. The location of the Pourashava within Moulvibazar District is shown in following Map. It is situated at the heart of Balishira Valley, full of tea gardens. Sreemangal is surrounded by Ashidron Union on the south and south-western side, Sathgaon Union on the west, Kalighat union on the east and by Sreemangal Union on the north.

Sreemangal is said to be the tea capital of Bangladesh. The gentle sloped hills here are very favorable for the tea production. Thus it is so "the land of two leaves and a bud". It is also called Camellia, green carpet, ocean of green or Tea Mountain. The trees standing in rows on the hills with narrow streams of water flowing along them create a beautiful picture. Other trees like pineapple, rubber and lemon are planted in between tea trees to lend them required shelter from the sun's heat. Together all these greens create a very appealing scenery. Besides the aroma there creates an outstanding atmosphere. The thick tea estates and fruit gardens and other surroundings fill the entire area with an amazing tranquility.

Sreemangal has large tea estates, even the largest one in the world. Besides the tea gardens one can also see the processing of tea from leaves in the Tea Research Institute. Sreemangal is a hilly area covered with tea estates. There are 47 tea gardens in Sreemangal.

Sreemangal is the business nucleus of the district of Moulvibazar. It is larger than many district headquarters of the country in respect of economic importance. Her panoramic beauty has made it one of the nation's most attractive tourist spots. Located midway between Sylhet, Moulvibazar and Habigonj it has emerged as the communication junction for a lot of places. As an important trade and tea export center it has good road and railway connection with other areas of the region and beyond. The tea gardens are mainly responsible for the development of these roads. The tea gardens are connected by a network of roads with each other and with the surrounding marketing centers and railway stations. All the tea gardens are connected with Sreemangal either by railway and road or by both. A number of major roads

connect the town with different urban centers including district headquarters. Major roads start from the northern part of the town, from the CBD of the Pourashava, at Moulvibazar Road Choumohuna. Railway also connects it to the port city, Chittagong. The District head Quarter Moulvibazar is only 20 Km. from here. The nearest Pourashava of Sreemangal is Komolgonj which is only 14 Km. north of it.

CHAPTER 5: CASE STUDIES OF SIMILAR PROJECTS

Morangis retirement home (Fig:5.1)

Location: Morangis, south Paris

Architects: (A. Becker, J. Paulré, P. Pfulghaupt)

Contractors: Immodieze, Axentia

Program: retirement home with 91 rooms

Cost: 9,4 million euro

Completion: January 2013

Built area: 5,315 square meters, 46 parking units

Total area: 9,950 square meters

Collaborators: Dumez IDF (general contractor), FACEA (fluids engineering) LECARPENTIER (exteriors and landscape) SPOOMS (kitchen engineering) CAP HORN (acoustics) LAPOINTE (roads and water engineering)

With a Y-shaped plan, the four-storey building features a main public entrance where the two Y strands connect. The north side harbors service, deliveries and the employee's entrance, while the south façade opens towards a private park. All floors are accessible from the central node, which links all of the building's functions and patient units. The architects sought to organise the plan according to a compact and rational planning, with an emphasis on opening towards the surroundings. Carefully framed views abound: living and main activity areas all face private gardens, which include therapeutically-themed spaces, a rose garden and several paths. Corridors also include views of the outside, and are generously proportioned allowing residents to move at their own pace. The third floor includes two large terraces, which, facing the park, function as a continuation of the interior spaces. The building is clad in Siberian larch wood, each opening becoming a single element in a varied rhythm. "Every time the outer skin is punched in to form a dent in the global volume this corresponds to a specific socializing space," point out the architects. "Inner rest areas widely opened towards the park or the third floors terraces." These "dents" allow for daylight to extensively penetrate the building. The architects chose yellow as a predominant colour for the building. The Morangis retirement home was based on an off-plan concept led by social contractor Axentia and private developer Immodieze. It was built with financial support from the Conseil Général de l'Essone, the Regional Health Agency and the town of Morangis.

An orientated building

The building is constructed on 4 levels and is based on a Y-shaped plan. The building occupies the site as follows:

- 1) The main public entrance is located where the "Y" strands connect
- 2) The north façade is dedicated to service, deliveries and employee's entrance
- 3) The south façade is generously opened towards the residents private park



Fig: 5.1

The rooms on floor one and two are dedicated to classical geriatric residents, the rooms are disposed into 6 units of 13 rooms each.

The third floor is dedicated to patients suffering from Alzheimer's disease or other similar neurological disorders. The floor includes vast dedicated spaces for specialized activities, rest and well-being.

All the floors are accessible from the central node intersecting all of the buildings functions and patient units.

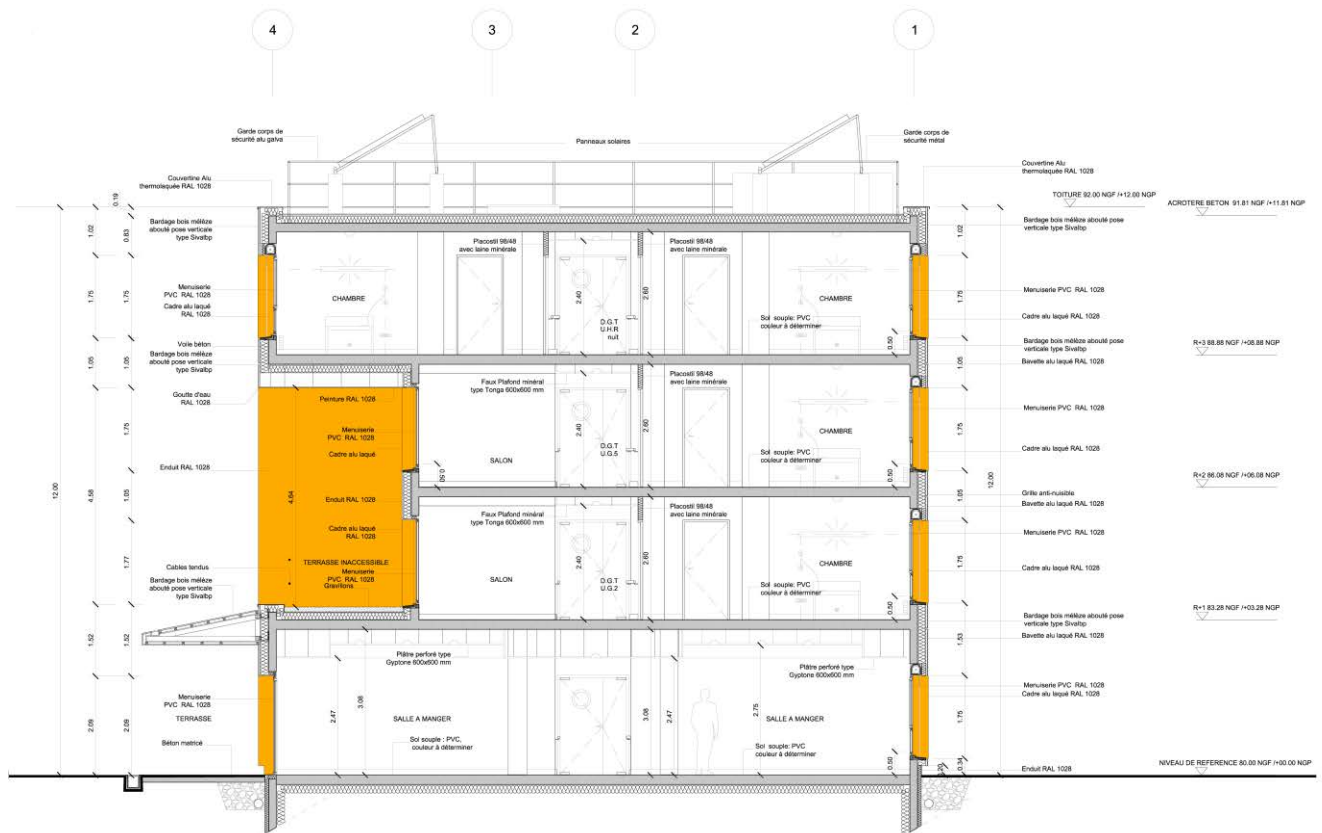


Fig: 5.2

Views and light for all

One of the base lines of this project is to offer, all through the construction and all its sleeping units, framed views. Each unit has a main gathering area for activities or meals as well as a smaller area placed in front of loggia or suspended gardens. All these small areas include large windows and quality framed views. (fig:5.2)

The corridors, usually blind and suffocating spaces, always include wider spaces with outside views, this allows our elders to move around at their pace towards lights and rest areas in the buildings circulations, they may easily meet and chat with fellow residents without having a difficult and stressing path to do so.

The third floor has two large terraces easily accessible to the residents. These terraces, widely orientated towards the park, are treated as a prolongation of the inner spaces.

On an individual's point of view, the building rooms were designed differently with windows offering distant views of the countryside and treated as hotel rooms more than hospital rooms. The windows all designed with a glass panel to the floor allowing bedded residents to have a view. (Fig: 5.3)

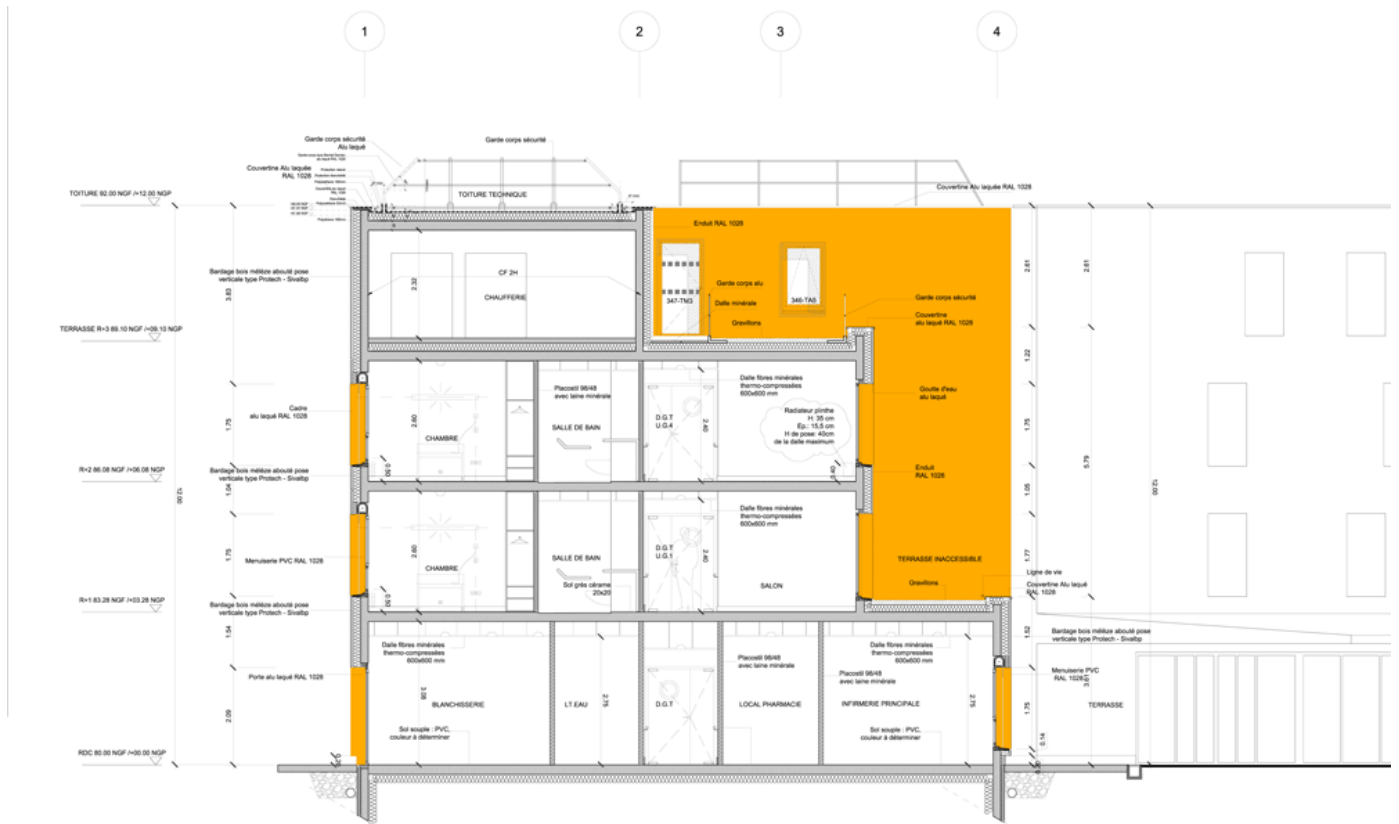


Fig: 5.3

Materials and Volumes

A unique volume with different spaces: unity is not uniformity.

On the outer skin wrapping the building, openings are pierced following no specific symmetry; the sculpted facades offer various views and volumes behind the outer skin.

This envelope covering the building is made out of Siberian larch wood; these wooden boards are warm and comforting. The outer skin vibrates according to the sun and time of the day. The larch boards are top quality solid wood, they are butted together to prevent deformation and to remove defaults.

Wooden awnings extend the facades skin away from the building creating shelter from the sun and rain and protecting the ground floor's salons and restaurants.

Every time the outer skin is punched in to form a dent in the global volume this corresponds to a specific socializing space: inner rest areas widely opened towards the park or the third floors terraces. The "dents" allow the sun and the light to reach in deeply into the building for those whom have difficulties moving about. As soon as the outer skin is breached to create a volume a different material and color is used to outline these inner volumes. A warm orange to yellow coating has been applied on the outer walls exaggerating the warmth of the light. The ambiance is friendly and warm and the yellow resonates nicely with the natural warmth of wood. As a result the dynamic spaces we offer are worth the effort needed to reach by elderly people.

This bright and lively color, stimulating without being aggressive, is also the one used for the window and door frames of the facades found under the awnings and in the bedrooms. As one approaches the building and passes below the awnings towards the yellow coating, as he is welcomed, will feel and understand the building's harmony. One will easily understand how the building works and how it is connected to its natural and urban surroundings.

Retirement Home at Vaud

Architects: meier + associés architectes

Location: Vaud, Switzerland

Collaborators: **T Bolliger, S Braun, T Mendes, Al Pepermans, J Pimenta, G Trotta**

Civil Engineer: **Amsler & Bombeli SA**

Electrical Engineer: **Scherler SA**

Project Year: **2008**

Project Area: **5,000 sqm**

Photographs: Yves André

This project (Fig: 5.4) is situated on the Littoral Parc site, which is often criticized for having brought too many commercial activities to its strategic location on the riviera vaudoise on the banks of Lake Geneva. The goal of the master plan is to offer a scheme and landscape that create an alternative to the built-up environment of the adjacent commercial zone. The project creates a more unified and welcoming world in which architecture and nature live together.



Fig: 5.4

The new retirement home is an H-shaped building(fig:5.5), at the Centre of which is an atrium, open on each of the building's three levels, which houses the service areas and residents' day rooms. The ground floor, on which the day rooms are located, is designed for the greatest possible transparency to provide a direct extension to the exterior, for both practical reasons and to maximize the view from the building.

The wings of the building house the bedrooms, which are arranged around a central core of bathrooms to free up the full width of the living space and to orientate it towards a bow window. (Fig: 5.6)

The window forms a seat, from where residents can enjoy the views.

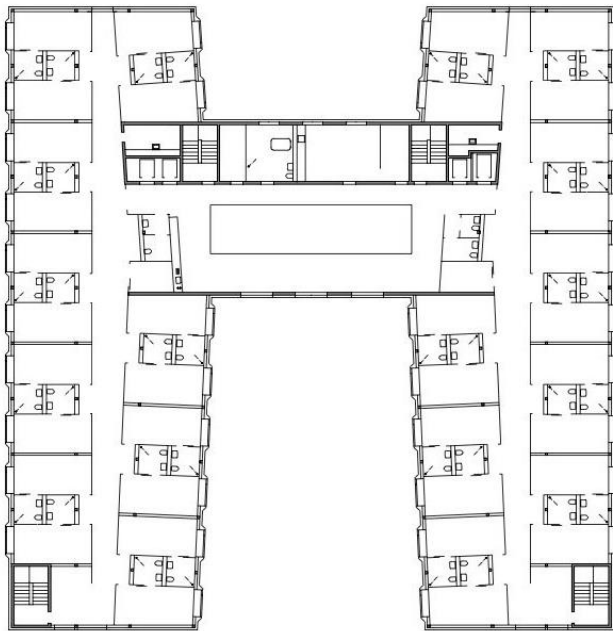


Fig: 5.5



Fig: 5.6

The volume of the building is slightly bowed by a few degrees, as if to welcome the surrounding landscape into the north and south external courtyards. The perforated corrugated sheet metal facades give the entire volume a feel of lightness and vibration that blends with the surroundings of the park.

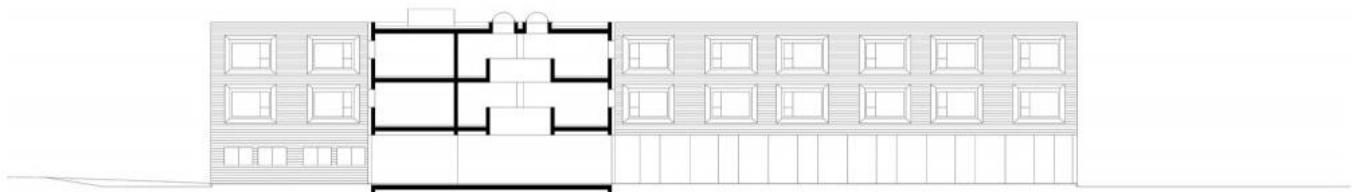
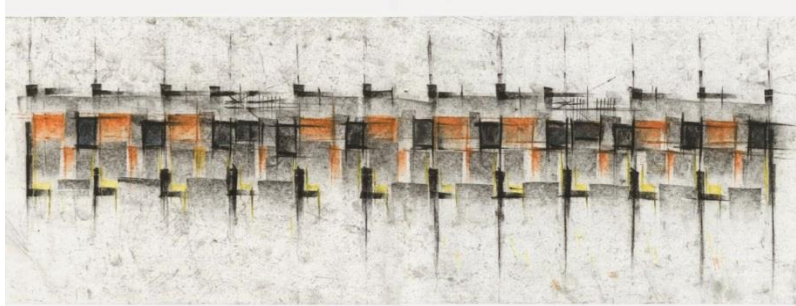


Fig: Section (5.7)

homes for senior citizens, Peter Zumthor

Chur, Masans, Switzerland, 1989-1993

"The building is designed for residents who can still live on their own and look after themselves. It faces the Kronengasse and the old center of Masans. At the rear is the existing old people's home, whose nursing facilities can be used as required.



The new building and the existing complex form a loose configuration, a kind of suburban 'farmstead' arranged around a spacious courtyard. Existing features, such as the low wall alongside the Kronengasse, a shed and a mighty lime tree, were incorporated into a new entrance situation, which now looks as if it had always been like that. The mood is informal and rural.



Fig: 5.8

Throughout the complex, consisting of 21 apartments, a guest room and a staff room, all connected by external corridors, one can see evidence of the declared design objectives, i.e. the creation of a rural atmosphere in a suburban setting, the sensuous presence of the materials (a basic triad of exposed concrete, tufa and larch wood), and clarity and legibility of construction detail. We want the building to seem relaxed and informal, like a big 'rock' in the open expanses of a mountain landscape, expertly worked with precise, careful, perhaps even old-fashioned craftsmanship.



Fig: 5.9

The apartments, although small, appear large, with bedroom doors which, when closed, seem to disappear into the built-in cupboards on either side. We want the inhabitants to feel at home, an impression enhanced by the use of elements which they recognize from their own lives in the surrounding villages: timber flooring that sounds hollow when you walk on it; wooden paneling on tufa walls; (Fig: 5.9) an integrated veranda protected from the wind; in a front corner of the wall, an oriel window with a view up the valley towards the evening sun; and the birch wood-clad kitchenette, a window through which one can see an inquisitive glance onto a private patio in the outdoor corridor(Fig: 5.11) or watch the comings and goings on the east side of the courtyard.

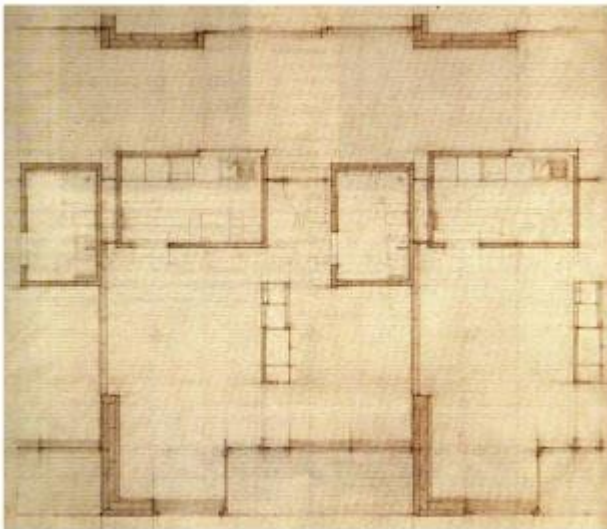


Fig: 5.10

The plan (fig: 5.10) of the building is based on the idea of solid elements (supporting masonry piers, solid sanitary blocks, non-supporting wooden boxes) placed at regular intervals in the overall ground plan within a large, flowing continuum of space." Text by Peter Zumthor.



Fig: 5.11

"The residents are welcome to furnish as they please their section of the large entrance porch to the east, which they overlook from their kitchen windows, and they make ample use of this opportunity. The sheltered balcony niches and the living room bow (bay) windows on the other side face west, up the valley, towards the setting sun".



Fig: 5.12

"The cells are more like big pieces of furniture themselves since their volume and partitioning doesn't seem to touch the ceiling and floor. The rhythm created as the cells move in and out and the play between depth and surface make the cells appear like individual notes of a musical score". (font: Ludwig Abache)

Nursing home in Alcácer do Sal, Portugal

Architects: Aires Mateus

Location: Alcacer do Sal, Portugal

Architect In Charge: Francisco Aires Mateus & Manuel Aires Mateus

Design Team: Giacomo Brenna, Paola Marini, Anna Bacchetta, Miguel Pereira

Year:2010

Footprint Area: 1560 m²

Floor Gross Area: 3640 m²

Plot area: 10435 m²

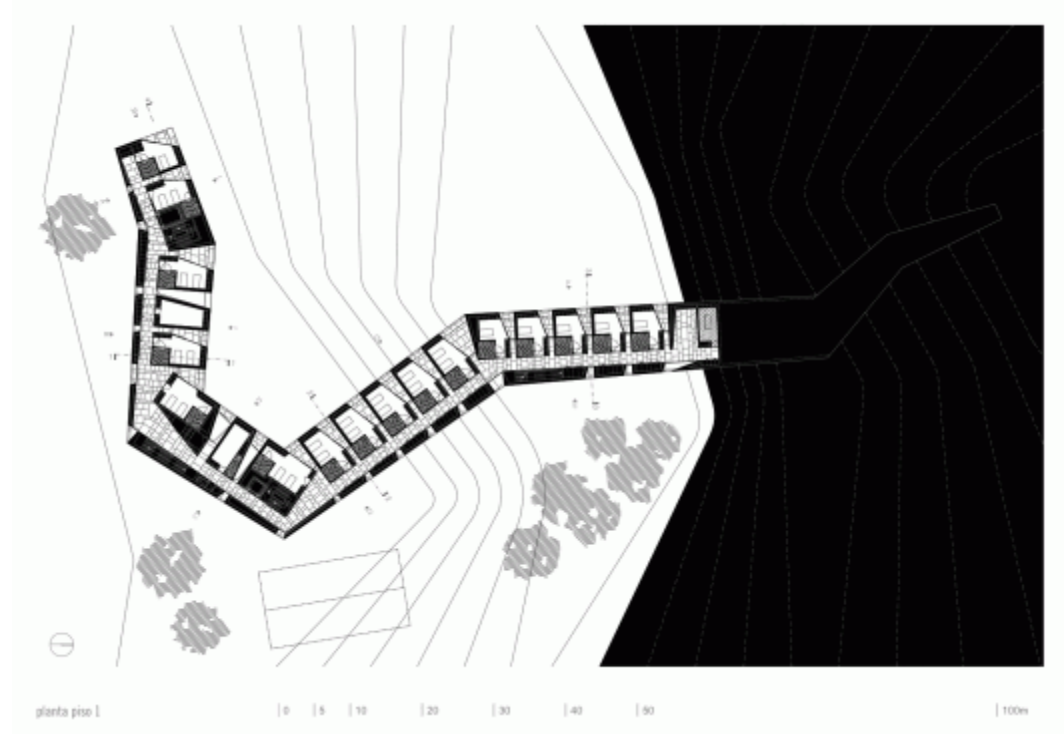


Fig: 5.13

The project is based on an attentive reading of the life of a very specific kind of community, a sort of a micro-society with its own rules.



Fig: 5.14

It is a program, somewhere in between a hotel and a hospital, that seeks to comprehend and reinterpret the combination social/private, answering to the needs of a social life, and at the same time of solitude. Independent units aggregate into a unique body, whose design is expressive and clear.

The reduced mobility of those who will live in the building suggests that any displacement should be an emotive and variable experience. The distance between the independent units is measured. The building, designed path, is a wall that naturally rises from the topography: it limits and defines the open space, organizing the entire plot. and drawn to turn the idea of path into life, and its time into form.



Fig: 5.15

The building façade despite its all-white appearance is reminiscent of a checkerboard, where the white surface is perforated at intervals by recesses to shade its glazing. The nursing home architectural design is twisted over the site, rising and falling with the topography of the landscape, and an adjoining landscaped garden is pulled off to the roof at some parts. This simple but well-articulated building with the geometric shapes and the large openings with knowledgeable recesses to provide sun shading and individual balconies to each room is very well thought out. The insertion in the site is also very clever, as the building meanders in the landscape and almost disappears into the hill at one end. Furthermore, access to the top of the building was given.

The interiors are equally minimal and luxurious as the exterior design; the interior follows the exterior design scheme in all white, with white marble with light grey veins in the communal areas, white washed walls and light lines on the ceiling. The communal areas have also been treated with a touch of luxury by Artemide Castore Suspension lighting. The rooms for the elderly maintain the all-white design scheme, with anti-bacterial hospital flooring in light grey. However, appealing and modern these white surfaces in the interiors might be for a person my age, I personally believe that the lack of visual contrast between the surfaces and apparent way finding markers could actually make life pretty difficult if I was a senior, where my vision would probably be impaired. The seniors might face a difficulty in seeing the handrails, and in distinguishing between walls and floors.

However, architecturally this is a beautiful building where the access granted to the outdoors from each room is very important for the elderly; I especially like the idea of giving a view and a private 'court' to each resident. This project by Aires Mateusz Architects clearly states that

nursing homes don't have to be traditional, and it is good to see that there are attempts here and there to come up with something different.

Project name: Cere home, Huise Zingem

Location: Huise Zingem, Belgium

Architects: Sergison Bates

Program: retirement home with 88 rooms

Total area: 6500 square meters



Fig: 5.16

The project for a care home for the elderly in Flanders was commissioned within the framework of the Open Opries competition by the Vlaamse Bouwmeester and won by Sergison Bates architects in 2004.

The project was funded by the Flemish Government through VIPA (Vlaams Infrastructuurfonds voor Persoonsgebonden Aangelefenheden), which stipulates the criteria a care facility must meet in order to be granted accredited status, including space allocation per resident and internal arrangements. Completed in July 2011, it is now fully occupied.

The provision of facilities for the elderly is a central concern for developed countries, as average life expectancy increases and quality of life standards rise. In old age, the subjective significance of the home becomes more central, as the working environment ceases to play a central role and reduced autonomy inevitably restricts the field of social activities. In spite of their attachment to their own homes, many older people- even those who are in good health- find that their homes no longer meet their needs adequately and the number of people who move to assisted communal structures is increasing. This often means that older people who need to be supported in their daily life but are still healthy find themselves in an environment which also provides for the very sick, whose physical or mental needs have pre-empted any other care option. The integration of the shared and potentially disparate needs of these different user groups is the critical challenge in the design of this contemporary care home in Flanders.

Huise is a rural village Centre in an agricultural landscape. It is identifiable from a distance on a bank of high ground marked by tree-lined borders. Historically, the town provided a focal point for surrounding hamlets, with a market square, church, school, convent and orphanage. It now has a more fragile existence, as increased mobility within society has shifted the socio-economic heart away from the town towards larger centers.

The neo-classical architecture of the main building on the site-formerly an orphanage and now shared by a school and an existing care home-and the brick boundary wall containing a garden provide a powerful structure which our master plan seeks to engage.



Fig: 5.17

The master plan proposes two new buildings which flank the existing one (and a more recent school extension) with a central communal space as a focus. The new buildings, one accommodating the new care home, the other an apartment block of affordable housing units, are set back from the road. The open areas created on either side of the existing building become entrance courtyards for both buildings and are landscaped with trees, field stone sets and cobbles in a similar manner to the other public spaces within the village Centre.

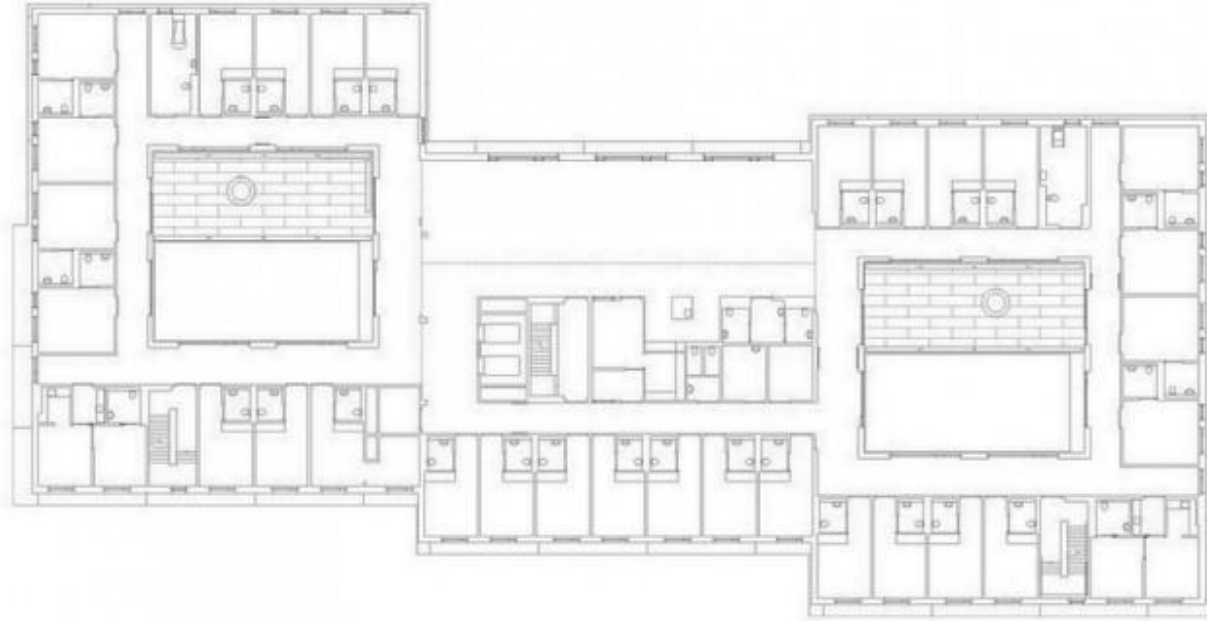


Fig: 5.17

The care home is organized into three adjoining volumes of three floors, with two central courtyards open to the sky. The volumes are stepped in plan, achieving a sense of reduced scale for what is in reality the largest building in the village. The 88 rooms and studio bedrooms are arranged in clusters around the perimeter with views out to the landscape. A single large communal living room is positioned on each floor in the center volume, adjacent to staff and support areas, with views out to the central garden and internal views out to both central courtyards. The circulation spaces vary in width and doors (necessary for fire separation) are located discreetly so that corridor and living room form a single open interior landscape.

The exterior character of the building has a strong horizontal emphasis in direct response to the walled garden environment and flat polder landscape beyond it. Precast concrete rails at each floor level project beyond the building envelope on all elevations, and between them wide brick panels and full height window assemblies create a repetitive order which is adjusted as the interior plan arrangements change. The grey-green brick is locally sourced and coursed in a broken bond. This gives a varied texture which emphasizes the briskness of the wall, and ensures that no cut bricks are wasted. The building rests on a concrete plinth which forms the surface of the entrance courtyard at the western end and extends into the garden in other parts.

The essential qualities of the design of residents rooms—a view out to landscape, close proximity to a communal space, a sense of being part of a large household—are complemented by furnishings, fittings and signage. A feeling of being at home is created through the use of elements which residents may recognize from their own lives in the surrounding tiling, parquet flooring, as well as furniture residents can bring from home.

Artist Ana Araujo developed the decorative wallpaper, patterned fabrics and surfaces, while graphic designer Jane Chip chase designed the symbol-based signage and graphic identity for the building. These elements are carefully integrated within the rooms and spaces, enlivened by

large amounts of controlled daylight and fresh air, thereby ensuring that the living environment is not experienced as an institutional setting.



Fig: 5.18

CHAPTER 6: PROGRAM AND DEVELOPMENT

1. Residence Facilities
2. Nursing Homes Facilities
3. Hotel/Guest house

Residence facilities spatial Qualities and Requirements

1. Entrance foyer: $8\text{sq. ft} \times 150 = 1200\text{ sq. ft.}$ for each people
2. Dining $25\text{sq. ft} \times 150 = 3750\text{ sq. ft}$
3. Living $40\text{ sq. ft.} \times 150 = 600\text{ sq.ft}$
4. Television room $40\text{sq. ft} \times 150 = 600\text{ sq. ft}$
5. Hallways: Hallways should be wide to allow two residents to pass with little difficulty. The building material used on the walls should allow the hanging of personal momentous and pictures without ruining the quality of the wall. Hand rails might also be provided but they are not necessary. This space will be sized according to need.
6. Bedrooms: 3 types of bedrooms
 - I) Small: $100\text{sq. ft} \times 2 = 200\text{sq. ft}$
 - II) Medium: $150\text{sq. ft} \times 2 = 300\text{sq. ft}$
 - III) Large: $200\text{sq. ft} \times 2 = 400\text{sq. ft}$
7. Bathroom $50\text{sq. ft} \times 2 = 100\text{sq. ft}$
8. Utility and laundry room = $20\text{sq. ft} \times 150 = 300\text{sq. ft}$
9. Outdoor space $35\text{sq. ft} \times 150 = 5250\text{sq. ft}$
10. Garage = 250sq. ft per car

Requirements of nursing homes:

1. Nurse station: This space will be sized according to need.
2. Clean workroom: $12\text{sq. ft} \times 10 = 120\text{sq. ft}$
3. Medicine room
4. Solid workroom
5. Nourishment station
6. Equipment storage room
7. Stretcher and wheel chair parking: $40\text{sq. ft} \times 150 = 600\text{sq. ft}$
8. Day room: $30\text{sq. ft} \times 150 = 4500\text{sq. ft}$
9. Physiotherapy: 3sq. ft per person
10. Exercise space: This space will be sized according to need.

11. Examination and massage space: 18sq. ft X per person need.

12. Psychologist room : 200 sq. ft.

Hotel/Guest house facilities for senior citizens relatives:

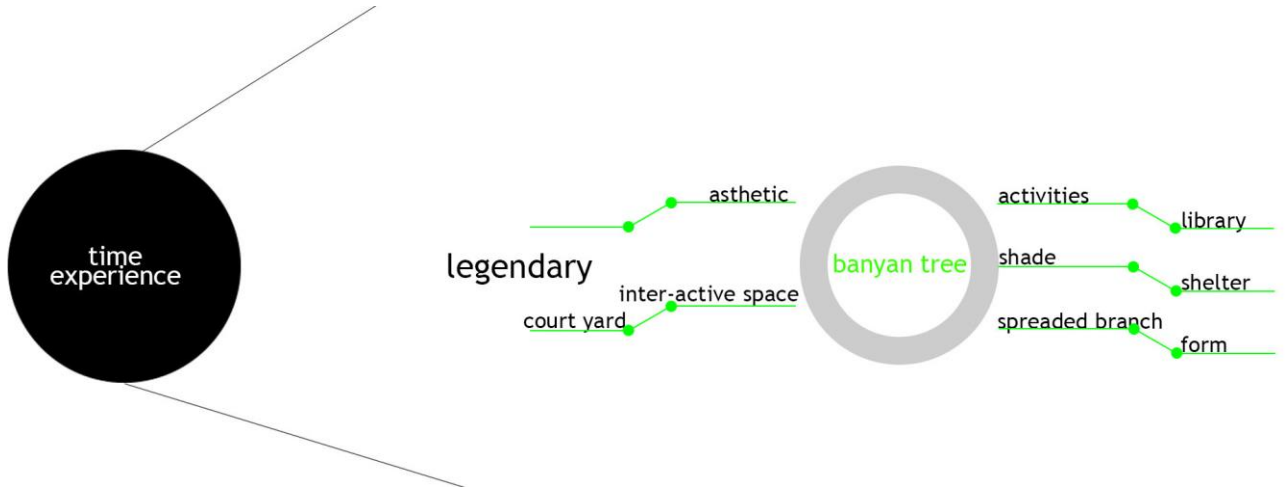
1. Rooms: 150sq. ft X 50= 750 sq. ft
2. Kitchen room: 25sq. ftX 50= 1250 sq. ft
3. Storage
4. Stuff room: size depends on number and facilities.
5. Parking : 128sq. ftX 25 car= 3200sq. ft

Recreation zone:

10000sq. ft

Chapter 7: Concept Stage and Design Development

Concept: An interaction Space to prevent their loneliness. In our country Banyan tree shade is an interaction space.



In the centre, I set up a library and spread all functions. (fig: 7.1)



Fig: 7.1

All floors in the ground,

Than lift up all the floors. (Fig: 7.2)

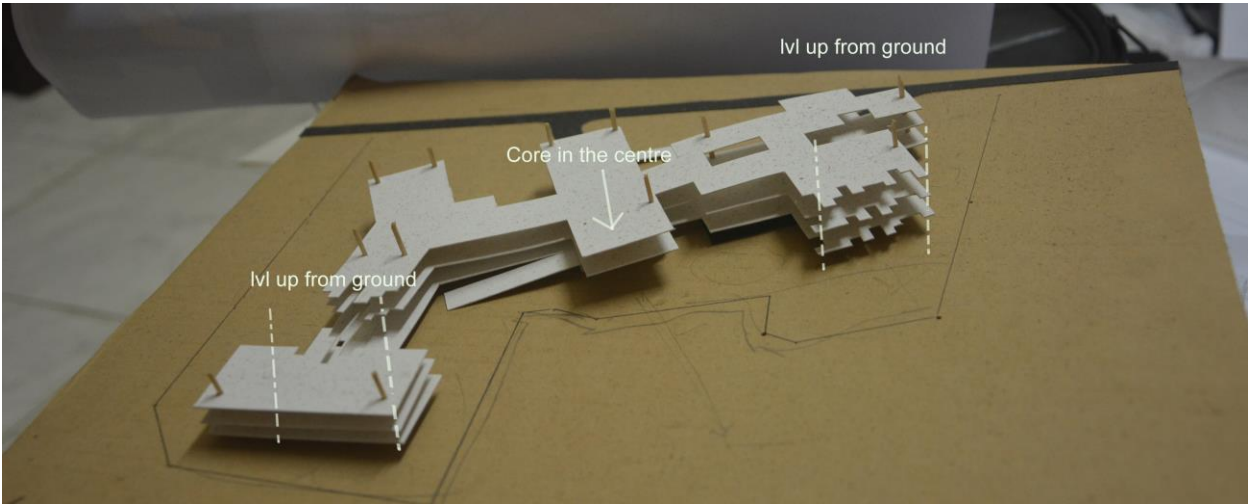
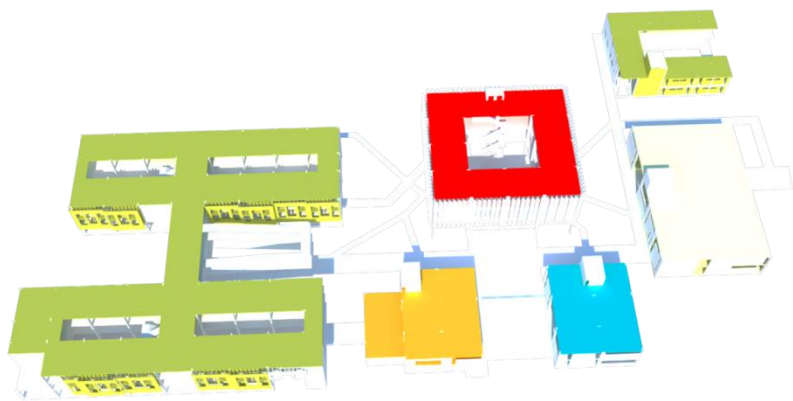
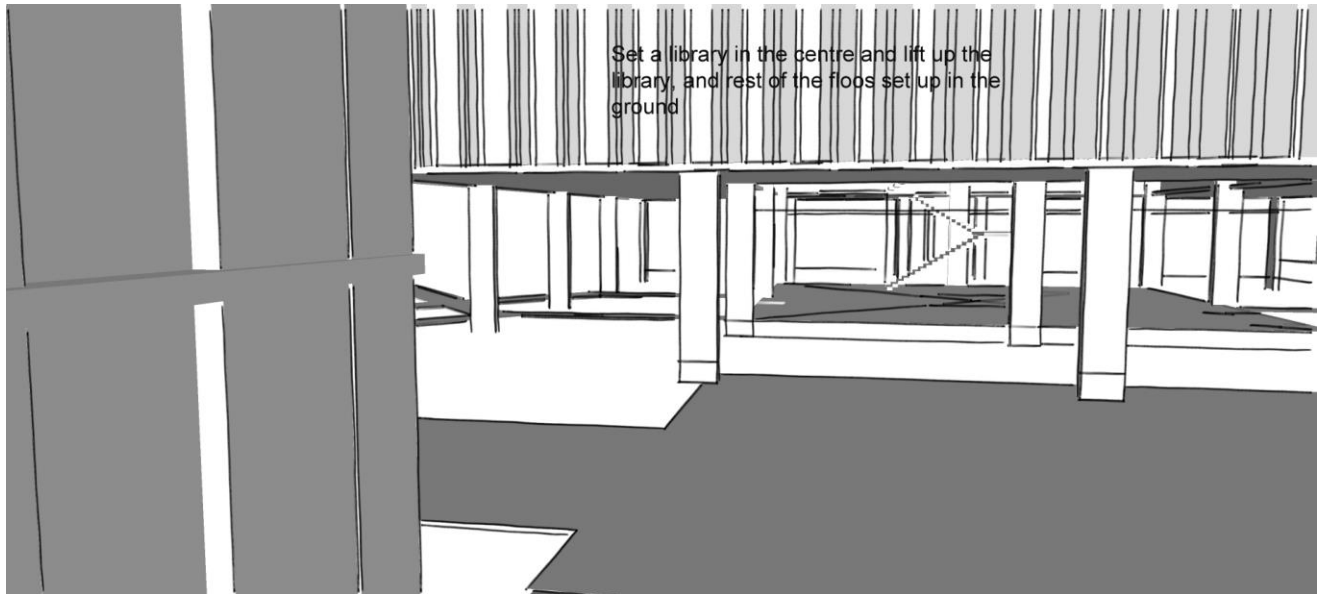


Fig: 7.2



- Residence
- Medical facilities
- Administration
- Library

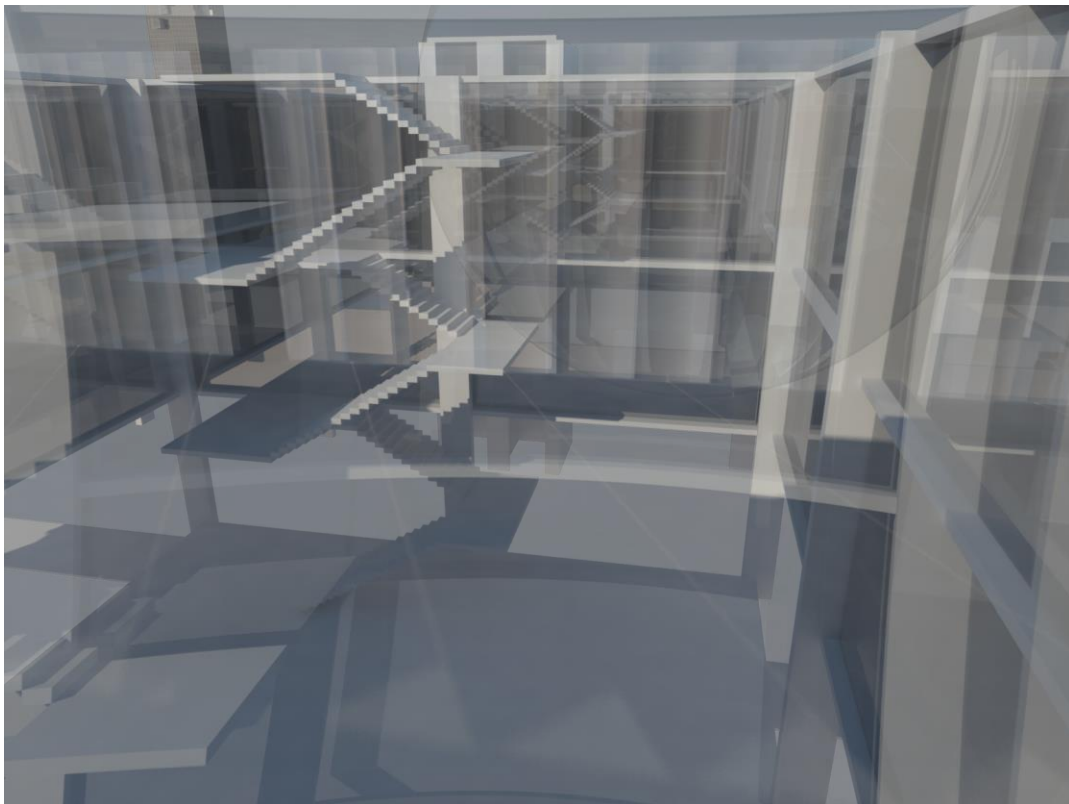
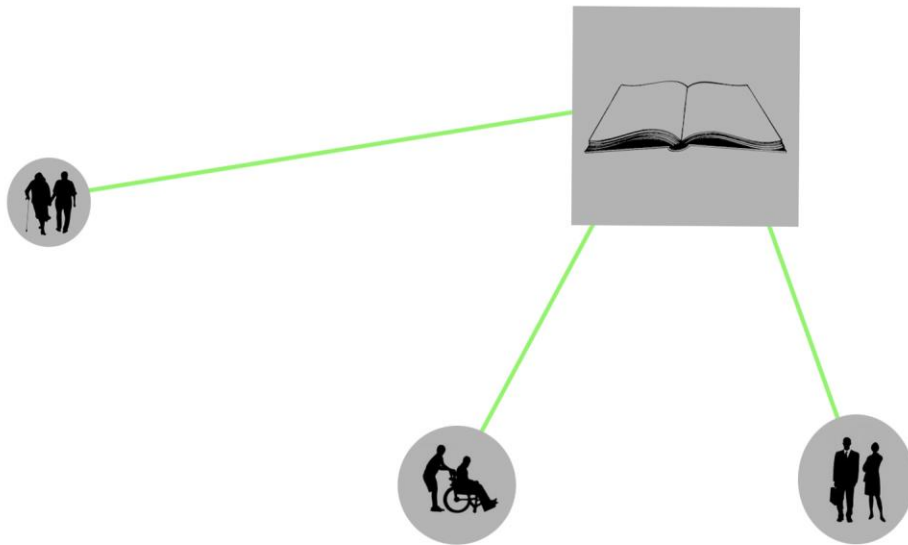




Fig: Ground Floor Plan

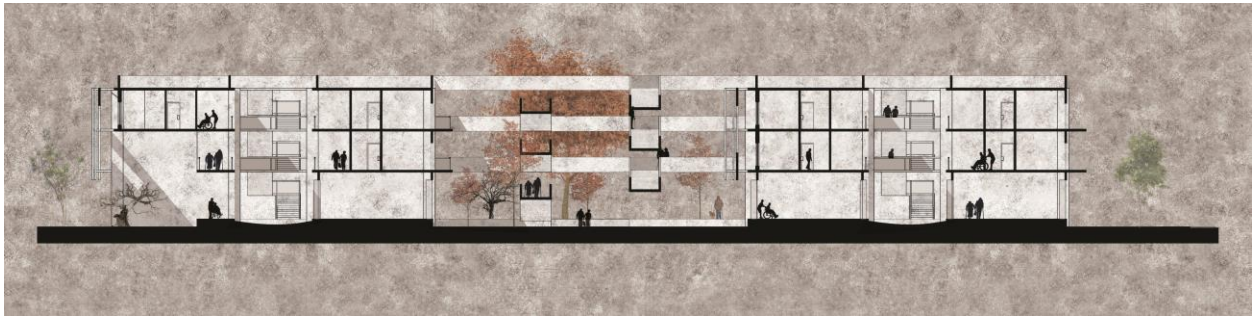


Fig: Section

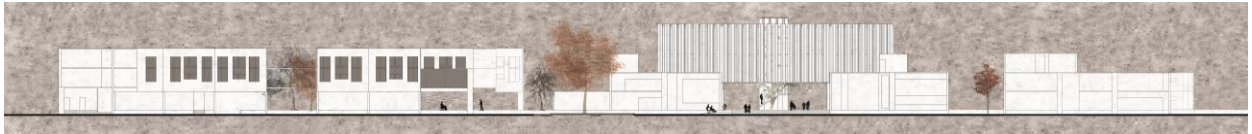


Fig: North Elevation



Fig: section



Fig: West Elevation

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