A THESIS

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On

A REHABILITATION CENTRE FOR THE DESTITUTES

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Head of Department of Architecture Date:.....	External Examiner Date:.....

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D E C L A R A T I O N

I hereby declare that this thesis has been composed by me and that it is a record of my own research work. It has not been accepted in any previous application for a higher degree. All quotations are distinguished by quotation marks and the sources of information are specially acknowledged by means of references.

Fadiya

Olusola FADIYA

July, 1982

(POST-GRADUATE SCHOOL HAND-OUT)

DEDICATION

"To my husband Mr. L. B. Esan. My Mother Mrs. L. A. Fadiya for their co-operation and to my Daughter; Yewande Esan who will understand. To my sisters, brothers, relatives and friends who by one means or the other contrituted immensely to the success of this project".

A C K N O W L E D G E M E N T

The realization of thesis work of this nature cannot be undertaken without the good-will, interest and moral support and co-operation of some people; conforming with the popular saying "a single tree cannot make a forest".

I hereby express my gratitude to

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— The Major Academic jury comprising the Staff of the Faculty of Environmental Design, whose constant and useful criticisms gave me a direction in my lines of thought on the subject matter.

This content cannot be concluded without the mention of Mr. Kola Oyeleye; Hospital Supretendent, Psychiatric, Hospital, Akure who readily furnished me with the statistic of admission and discharged rate of psychiatric patients in Ondo State over ten years.

I will sincerely thank Dr. Adeyinka Oyinlola, Department of Methodology, Faculty of Engineering, Ahmadu Bello University, Zaria, for his moral and academic supports on this subject. Particularly for his suggestions on my choice of materials and techniques in model making.

Above all thanks be to the Almighty God for his unfailing grace, mercy and support throughout the course of my academic pursuit.

SYNOPSIS

My belief is that Architecture has something to offer not only the same but also the insame. There can be no operational definition of uhat consitute insanity nor can a demacation line be define between mental normality or healthiness on one hand and mental abnormality or illness on the other hand

What do I mean by rehabilitation and who are the destitutes?

Rehabilitation is an accessibility for disabled people to the public. It is a means to enable people who would otherwise be excluded to opt in and to participate on the same basis as able bodied colleagues, in the action of human living. The purpose of living is to make the most of being alive.

The beatitudes are those for-saken. They are in utter uarits; entirely lacking, and deprived of basic needs for human living.

To consider the destitudes as a whole (who could be due to blindness, deafness, phisical dis-orders of limbs - cripple, epilepsy and mental sickness) will be a very wide scope, which will be difficult to complete within this thesis. Thus the thesis is limited to the cured mentally ill people, who after being discharged from the psychiatric hospital, have lost place of work

or distrint memory of trade, thus cannot fend for themselves. Hence the need for a transition from hospital life to community life.

Rehabilitation centre for the destitudes has a combination of practical and theoretical remedies in its treatment. It is an instance of social concern reflected in Architectural Planning. The project therefare has a characteristic Architecture that merits special consideration because of their theoretical relevance and intellectual distinction.

The centre will be more concerned with the behavoural aspect of the inmates than the medical aspect. The profoundly disability are taken care of by the psychiatric hospital. However, provision of small unit will be made in conjunction will the centre to cater for emergency relapse of inmates mental illness.

The project should therefore be adaptable to all manner of purposes - prisons, hospitals, schools nnd places of worship (Church or Mosque). It should at last turn out to a village of co-operation, industrial, agricultural and educational activities potentially combined.

_____COMPREHENSIVE PLANNING

CHAPTER - ONE

I N T R O D U C T I O N

The session began in 1981 being the international year for the disabled. Spurred the author to think of architecture not only for the ables but also for the disables. The categories of disabilities are limbs - cripple, epilepsy and mental illness. To consider all these will be difficult to covered within the limit of this presentation. Hence the scope of the thesis has been limited to the mentally disables.

There can be no operational definition of what consititutes mental illness nor can a demarcation line be defined between mental normality or mental illness or abnormality. Every human being is believed to have a degree of mental illness, it is when this illness cannot be controlled by the brain reflex that absormality comes in.

To achieve appropriate solutions to the problems of mentally disables, demands some appreciation of the psychology of disability.

The thesis is thus seen as a way of solving not only rural and urban design problems but also social facilities problem.

Since the foundation of problems of a society are to be found in the society itself, there is need to look

into the socio-economic survey of the state the design is to be located.

A study of the occupational and income group factor otherwise known as Economic Data of table below showed that the majority of the populace are farmers followed by traders, craftmen, professionals etc.

However, the income rate is reverse of the occupational group i.e. the ECONOMIC DATA

POPULATION BY INCOME AND OCCUPATIONAL GROUP

INCOME GROUP₦	FARMERS	CRAFTMEN	PROFESSIONAL
1 - 200	11,155,656	352,790	58,000
201 - 400	6,142,710	1,227,925	435,846
401 - 600	4,510,391	1,180,660	605,212
601 - 1,000	1,000,	—	—
1,001 - 1,200	—	—	—
1,201 - 1,400	—	—	—
1,401 - 1,600	—	—	—
1,601 - 1,800	—	—	—
1,801 - 2,000	—	—	—
2,001 - 2,200	—	—	—
2,201 - 3,000	—	—	—
3,001 - 4,000	—	—	—
4,001 - 4,600	—	—	—
4,601 - 6,600	—	—	—
6,601 - 8,600	—	—	—
Above 8,600	—	—	—
	21,809,757	2,761,375	1,099,058

INCOME GROUP ₦	TRADERS	SALARY AND WAGE EARNERS	OTHERS
1 - 200	483,276	1,715,600	308,289
201 - 400	2,454,103	386,500	455,020
401 - 600	2,246,304	550,490	1,046,729
601 - 1,000	2,971,540	—	—
1,001 - 1,200	855,290	—	—
1,201 - 1,400	482,371	—	—
1,401 - 1,600	891,965	—	—
1,601 - 1,800	197,237	—	—
1,801 - 2,000	651,995	—	—
2,001 - 2,200	414,415	—	—
2,201 - 3,000	1,213,796	—	—
3,001 - 4,000	708,975	—	—
4,001 - 4,600	216,732	—	—
4,601 - 6,600	465,809	—	—
6,601 - 8,600	217,984	—	—
Above 8,600	161,292	—	—
	14,615,082	2,652,590	1,810,038

INCOME GROUP ₦	T O T A L	%
1 - 200	14,073,613	31.45
201 - 400	11,102,104	24.81
401 - 600	10,139,786	22.66
601 - 1,000	2,972,540	6.64
1,001 - 1,200	855,290	1.91
1,201 - 1,400	482,371	1.07
1,401 - 1,600	891,965	1.99
1,601 - 1,800	179,237	0.40
1,801 - 2,000	651,995	1.45
2,001 - 2,200	414,415	0.93
2,201 - 3,000	1,213,796	2.72
3,001 - 4,000	708,971	1.59
4,001 - 4,600	216,732	0.49
4,601 - 6,600	465,809	1.04
6,601 - 8,600	217,984	0.49
Above 8,600	161,292	0.36
	44,747,900	100%

i.e. The farmers who are high in population have the least income indicating that the high income group is very low. With social disorganization and high population density there is increase in stress and decrease in resources. The psychiatric admission rate increases with increase in problems associated with urbanization.

A close investigation why people get mentally disturbed and what type of metal illness exist in this country by case studying the existing psychiatric hospitals; revealed that the majority of mental abnormalities in Nigeria are caused by

- —— Drug abuse
- —— Accidents (Damage to the brain or central vervous system)
- —— War (i.e. perpectual bullet noise or the mere sight of war)
- —— Congenital malformation as a result of mothers careless drug administration during pregnancy
- —— Injuries at birth
- —— Mental illness associated with child birth
- —— Perpetual psychosis
- —— Exposure to ills of life
- —— Psychological disturbances due to socio-economics disorganization and high population density.

The causes mentioned above could lead to two categories of mental illness. Neuroses and Psychoses

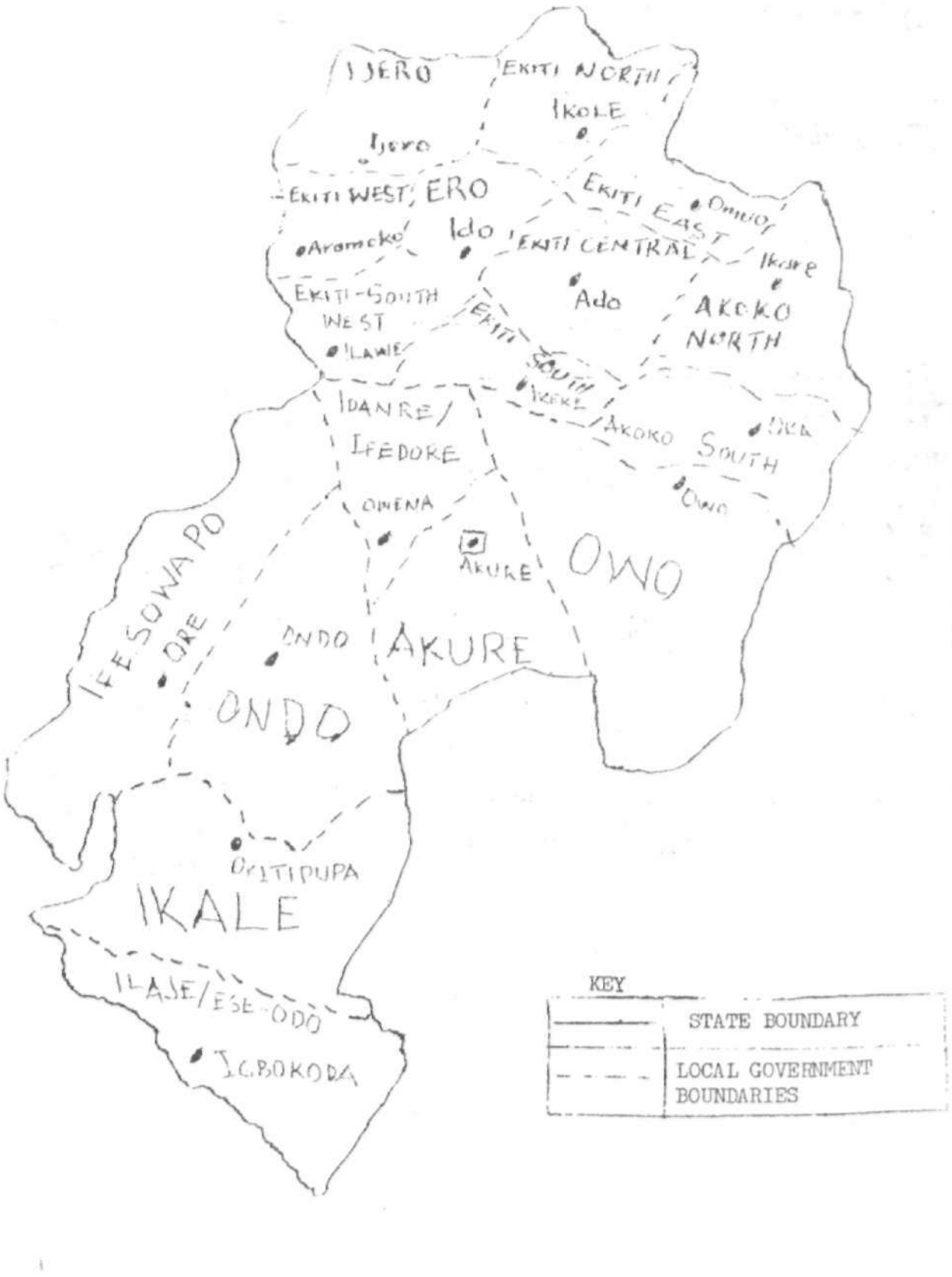
— Neurotic patient has nothing pathologically wrong. His behaviours although peculiar is comprehensible. He does not need much of medical treatment with understanding of the causes of womes and intelligent guidance, can be rehabilitated successfully, so that he can later manage at work or at home. With Psychotic patient, behaviour is peculiar and incomprehensible. He is completely irrational and disorganised. He requires skilled medical treatment in a psychiatric hospital and should be rehabilitated after medical care.

Understanding the category of abnormality and what constitutes the illness will give a better idea to design criteria for a desirable and conducive environment.

Taking the characteristics of building users into consideration, the thesis is a characteristic architectural project that merits special consideration because of their theoretical relevance and intellectual distinction. Ar this juncture comes the need for the climatic/geographical analysis of the State of location.

APPENDIX IV

MAP OF ONDO STATE



1.2 Need for Rehabilitation and Social Stigma Associated With Mental Illness:

There are a few mental hopitals in Nigeria trying to cope with the mentally retarded or abnormal cases. But what becomes of these patients on discharge from the hospital because of the social stigma associated with mental illness, many a times, employers refuse to re-employ the patients on discharge. Majority of those in trade have completely lost all their jugle ones producing untidy and unpresentable work. Hence the need for rehabilitation.

WHAT IS REHABILITATION

Rehabilitation is an accessibility for disabled people to the public. It is a means to enable people who would otherwise be excluded to opt in and to participate on the same basis as able bodied colleques, in the action of human living.

The purpose of living is to make the most of being alive. The project should therefore be centred on what ways the buildings in the centre will aid the mentally retarded people to opt in, rather than perpectuating the custome that they are seperated out.

1.3. Many a times, rehabilitation is necessary not only because there was no where else for them to go, many more had families who were not willing, even if they were able to receive them.

A questionnaire conducted amongst the relatives of a long stay inmates in some rehabilitation centre, showed that, even in an area where family ties remain close and the general structure of society is fairly clannish, the gap left by the patients tend to close in his absence.

Some relatives when questioned about difficulties of patients coming home on discharged mention such things as, sleeping space; as if the patient was not sleeping within the house before the abnormality came on him. Some relatives mentioned money, but the most general objections were emotional, particularly with regard to to the male patients. They ranged from actual fear because the patient had previously been violent - "he used to beat us/reveal family secrets" - to an acceptance that the patient would be an embarrassement at home.

The title of the thesis would have been rehabilitation centre for the mentally retarded or abnormal (but because of the social stigma associated with mental illness) the underlined word can serve people, make relatives ashamed of visiting the inmates, hence the title has been "Rehabilitation Centre for the distitutes". The destitute

being somebody who is want of the necessities of life; who cannot fend for himself. No crime in poverty and their is no social stigma associated with destitution.

1.4 METHOD OF RESEARCH

Investigation into the rehabilitation of mentally cured people as of now in Nigeria was undertaken through visits to the existing rehabilitation centres in Lagos, Kano, Benin, Government publications, libraries and interview of some discharged rehabilities.

Case Study of some rehabilitation centres in other countries was undertaken through journals in libraries; books, magazine and interview with the psychiatrist of Ahmadu Bello University, Teaching Hospital.

Investigation into the influence of Environmental Psychology and environmental sociology and how these can be used to advantage in the centre.

Analysis was made in figures for the annual dis-charged psychatric patient in Lagos and Ondo State. Censor of destitutes in relation to mentally discharged cases for Ondo State was made.

Further information was obtained through - a survey of viable trade in Ondo State for the light industry and vocational training centre.

—— Investigation into the native/local housing system in Akure as typical of Ondo State.

— Geological survey of Ondo State from meterological station in Akure and visits to the proposed site.

— Climatic analysis for the State and its influence on building orientation.

— Personal observation and inferences. Hence the strategy developed allows for the widest possible search of destitutes.

1.5 SCOPE OF STUDY

The project is not to seek for a perfect solution, not even the right solution but as good an answer as I can get in the time, available to the problem of rehabilitating the destitute.

Rehabilitation centre for the destitute have a wide coverage, this is firstly, to give the necessary basis for meaningful proposals as to a new approach to the treatment of mentally discharged patients, and secondly to see how the new approach has given rise to a new approach to the architecture of the centre.

However, to make the study more meaningful, a particular location in Ondo State has been chosen. This has warranted the study of the social, economic, climatic, and tropical topographical factors of the location and its vicinity.

In an attempt to limit the scope, this study has covered destitutes who are discharged from psychiatric hospitals who should also be of Ondo State origin.

Patients with physical disability or infections diseases are not included.

The architecture proposed, could be applied to all the types of units with the unit with little modifications.

CHAPTER - TWO

2.1 THE SITE

The site is a crucial aspect of our environment it has a biological, social and psychological impact on the centre : it limits what people can do and at the same time open new opportunitives. For every site there is an ideal use for every use there is a ideal site.

For an excellent design, the site and structures on it have to be compartible. If on the other hand the structure or group of structures are foreign to their site, no matter how exeellent these structures or how well contrived their plan, the total result will be disturbing and unpleasant.

A relatively calm, peaceful, quiet and rolling site with good environmental landscaping to bring native close to them and to prevent poor perception. A ragged landscape may cause confussion and can be hazardous to some individuals who may have weak motor coordination in movement.

2.2. HISTORY OF THE SITE -

The site is situated between Ogbesse and Alayere villages in Ondo State. The Ogbesse people happened to be the first settlers of this locality. They were war immigrant. They settled near a river for agricutural purposes. This rivers was thus named after them. They expanded towards the West, avouiding expansion to the road side for fear of not being recaptured. The peiphery of the old road was thus vacaht and has just been recently used for public purposes.

Alayere on the other hand was a commescial settlement. They settled along the old main road for buisness

They expanded fast towards the east and took control of a large area. The site for the location of this thesis project was originally a commercial centre. As both villages tend to expand, there came a controversy between Ogbesse and Alayere villagers over who owns the land. The local government intervened and acqured the site. Since the state now owns the land, that piece of land now belongs to the state and have to be used for the benefit of the state community as a whole. Hence the choice of the site for a rehabilitation centre for the destifutes of Ondo State.

2.3

CRITERIA FOR SITE SELECTION

Apart from the historical basis behind the choice of site, the site has some advantages:-

- The site is almost flat with slight south facing slope which allows for ease in construction.
- It forms focal point for all the villages in the state.
- It is along major roads (Akure - Owo Express Road) thus allows for easy assesibility by the community.
- It is outside the congested central built up areas, thus relieve over crowding.
- It is on the periphery of an existing centre of urban population from where it draws its major population.

Its nearness to Ogbesse river provides a good water draingge and irrigation for agricultural purpose.

2.4

GEOGRAPHICAL FACTORS OF THE SITE AND ITS INFLUENCE ON DEDIGN

An ideal site is one that with least modification, best meets the projects requirement. By thoughtful and meticulous planning man and nature, structure and site are merged as one, and a function is fully weddde to its ideal site.

The site falls within the forest zone. Cross ventilation is therefore necessary throughout the whole year for thermal comfort so light weight insulated builgings with plenty of openings (40 - 75%) in North, (50 - 100%) in south. Cross ventilation is essential because the inside temperature is approximately the same as the temperature out door, So the surface characteristics of enclosing materials and their insulation is important to reduce excessive heat gain of these enclosing materials and prevention of this heat from penetrating indoors. The roof is thus very important. Some massive elements may be useful because of excess heat in day time (Feb - Mar) and for some cool nights predawns. However these massive elements is preferably internal that is, floors or internal walls.

Buildings should be elongated with North and South faces longer and single banked rooms for cross ventilation. Large shady roofs are useful. Orientation for

tion. Large shady roofs are useful. Orientation for breeze is most critical in layout.

2.5

ANALYSIS ON THE NUMBER AND TYPES OF REHABILITIES

The world health organization recommends a maximum of 200 beds in any psychiatic centre. Otherwise the centre becomes unsafe and inefficient. The Staff loose their identity and individuality.

Size influences greatly the operation of the centre. For maximum efficiency of the centre, the project is to cater for 150 inmates. In case of more destitutes, another site is to be located and built somewhere.

From all the psyclietric hospitals visited, it had been analysed that the psychiatric admission rate was ten times higher in areas characterised by high mobility, social disorganisation and high population density. Further still investigation indicated that symptons are related directly to stresses and inversely to resources. In an urban area for every 1,000 people, It is insame and in rural areas for every 10,000 people.

Since the creation of states; there has been urban sprawl. People are moving from the capital of Nigeria Lagos to state capitals. Popuplation is increasing in states, and in no time the states are bound to face the problems of urbanization. Hence provision has to be made for any emergency. However with the aid of modern drugs, and preventive care, there are less casualty on psychiatric abuormalities. For easy running of this centre, physically handicapped patients are not admitted. Also admission is restricted to those free from contageous diseases like tuberculosis, leprosy, yaws etc.

Most, if not all, the existing centres face the problems of well trained and inadiquate number of staff.

Reasons for this have been;-

The nature of the job long periods of boredom, marked by occational violence and outburst of rage on the part of the inmates. Since throughout the service years, the staff live and work with mentally subnormal people, there is the tendency that the staff are mentally subnormal. However, much have been done by the federal government to improve the condition of nurses generally. More should still be done to improve the condition of psychiatric nurses.

2.6

LAND ACQUISITION AND FINANCE

The total land conerage is 23.023 Hectares.

Since it is the property of the state and the project is to be financed by the state, there is no money spent on land acquisition. The only spending will be on the infractures - access roads, service e.g. eletricity, clean and adequate wates supply and Disposition of waste. However, the moral support of the public is very essential. The community must realise that the centre is a concern of the whole community and not for specialised intrested group. In so doing the problem of incomplete acceptance will be solved.

2.7

Analysis and types of rehabilities vary markedly every year, for example, while only 50 people of Ondo State origin were discharged in all psychiatric hospitals in Nigeria between 1965 to 1970 only 20 were discharged between 1970 to 1980. Thus, it is difficult to give a meaningful inmate population project for Ondo State rehabilitation centre. The project is therefore assuming an inmate population of 150 in 2000, which has to be in phases of 50 inmates from 1983 to 1993/1995.

CHAPTER THREE

3.1 USE OF NATURAL FEATURES IN SITE LAYOUT AND IN-BUILDING ORIENTATION

The site being reasonable level allows for easy construction of both foundation and walls. The site is of stable subsoil and swamp free, because of the slight slope towards the south, it is not liable to flooding or subsidence. According to the report from the local government and ministry of social welfare, the river has never flooded the roads adjacent the site nor the site itself.

The site is suitable in shape to allow for proper orientation of the various buildings to be erected. There is adequate and even excess area of land for necessary expansion and agricultural purposes. The banks of trees, the slight south facing slope and screening noise from the busy road gave the proposals for the siting and massing of buildings. In effect the whole structure of the centre provide the stimilus to builging form.

3.2 DESIGN CRITERIA

The desire of this project is to solve complicated problems in the simplest form. The philosophy of the center should be

— gainful employment rather than idleness

— Freedom rather than armed escort

— Each section of the centre is to be clearely articulated using a hierachy of open spaces linked by well defined routes to a central social court. Thus the external constraints imposed by the site and its boundary roads and river has to be considered.

— The way the buildings are to be organized with utilities in relation to each other focus on internal constraints. The efficient control of inmates and thequality of the organization imposed radical and symbolic constraints respectively.

However, the centre will be more concerned with the behavioural aspect of the inmates than the medical aspect. Provision of small unit will be made within the centre to cater for the discharged patients, emergency relapse of inmates, mental illness, evaluate mental fitness, strength, skill, ability and potentials of the individual to go back and join the community. To determine the needs of individual and his family and to indicate periodically the progress, of the individual.

It is self-evident that there can be no programme directly towards rehabilitating the distitutes unless there are workshops, classrooms, recreational, libranes, conselling facilities and religious facilities.

A system of earnings and savings are instituted in order to provide a sum of money on discharge and to encourage habits of thrifts. There must, however be a conclusive atmosphere for light industry and facilities for agricultural work so that the centre will not only be "self-sufficient" but will also be "main supplier" of essential foodstuff to the community.

3.3 DESIGN CONCEPT

— The design of the centre is based on free and constant access and contact similar to the usual encounters of ones daily existence.

— Openness to encourage and accommodate communication at all levels that would in turn, contribute important, positive therapeutic results.

The concept acknowledged that the patients came to the centre from the outside world, and that it was to that world he would ultimately return, He would not return to the life of institutionalized order as found in most mental homes, but to one of great complexity and contradictions. An individual preparing to return to that life must be afforded the opportunity of free choice. In this reality, freedom becomes the rule and the responsibility of the centre becomes orientated more towards looking for problems than towards searching for solutions. Its constant aim is the maintainance of individual subjectivity, even if it is to the detriment of the general efficiency of the organization.

— The possibilities of meeting and communication "The town effect" is accomplished through the arrangement of the facilities and through the means of circulation within the centre.

— To increase the possibilities of communication, all social areas e.g. playing fields, assembly hall, administration block, are shared by/open to all patients, staff and most important to the community in the interaction zone.

— Because the staff and patients are all responsible for the functioning of the centre, each inmate learns to become critically aware of the importance of human relations in his preparation to return to the society.

— The centre should be designed to allow for individual treatment and possible integration of the centre to the existing community.

— It should give a typical physical assemblage of people interacting/with planned spaces which within themselves and people litera

are either opened or closed.

The design should reassure the inmates of the communitys concern for them rather than frighten them. In appearance, the centre should conform with local domestic architectural trends. The whole environment should express TRUST, BEAUTY AND INDIVIDUALITY. The design should therefore reflect much

of what obtains in the community, so that on discharge, adjustment into the community will not present any problem. For example, if the housing in the community is of one or two storey height, it will not augur well to have housing of eight or ten storey high. Individual or semi-individual spaces should be encouraged. This allows for self examination/introspection especially in adults. Movable furniture are established and facilities e.g. toilets, wash-rooms etc. could be shared in small groups for interaction. In general the concept have been the avoidance of large inscrutable facades with unclearly structured interiors which are easy to get lost in.

3.4 CASE STUDY

Existing rehabilitation centre for the destitutes in Ondo State situated at Ado-Ekiti.

The existing rehabilitation centre at Ado Ekiti is of industrial layout. The site was originally for light industrial purpose, when the industry liquidated due to non-availability of raw materials, the site was desolate. It was later taken by the Local Government on lease hold and used as a rehabilitation centre for the destitutes. The units were not originally designed for the purpose for which they are used. Hence the functional relationship in the centre is not perfect. However, there is positive therapeutic result although to a minimum. There are

essential units: Administrative Department containing Doctors Office, Staff Room, Theraphy Rooms.

— Out-patients department,

— Workshops

— Social facility area - Assembly Hall, Dinning Hall, Open Garden.

— Therapentic area - Classroom, studios, light and heavy workshops.

— Residential area - Away from the city disturbances.

With growth of town
/ the centre is now located within the community it serves. This encourage solidities between the inmates and the public. It allows the integration of the rehabilities into community life. The proximity of the centre to the community ease off the difficulty in gradual return of inmates to normal functioning. It also encouraged more family visits. This however plays a major role in re-orientation inmates anti-social attitudes.

However, inadequacy of land does not allow for home-like system. It is institutionalised system. Accommodation is the dormitories type. This dormitory type do not resolve the prime need for adults. Privacy has been found to have important positive functions in personality development which the dormitory plans cannot offer.

The surrounding is neither calm nor quiet 'No view outside the fence of the unit' There is not enough land

to linger around. None even for agricultural purpose.

The physical and architectural environment of the centre does not allow for a total therapentic milien

—— Hence the urgent need for a new centre.

Rehabilitation Centre for the Destitutes in Conjuction With Psychiatic Clinic (Yaba Annex at Oshodi) in Lagos.

This is more home-like and less institutionalised type. It offers everythin in terms of space to satisfy the need for a total therapeutic result of the inmates.

Although it is located within the state, it is so placed that there is peace, quietness and adequate land to linger around. There is enough provision for workshops, craft work and agriculture.

Although the living style is the dormitory type, there are shared rooms for adults. The site is well planned for the purpose for which it is used. It has been producing maximum therapeutic result.

Other centres are at Kano, Karfanchan and Enugu.

—— Living in the real world:

This is a proposal for a new psychiatic centre in Serdinnia. It suggested the possibility of creating a "Town effect" to encourage positive therapeutic results for patients.

Architects: Francesco Valian Sisto Ginodi and Guiseppe Raimondi working with psychiatric Professor Gustavo Ganma.

— Petersburg Psyciatic Institute

This programme was to develop a facility of three units — Adult, Adolescents and drug dependency — with support areas and services.

The three residential units are clustered around the central support and service areas. Each is a distinct section presenting distinct design objectives. Yet all are integrated into a flexible planning scheme.

CRITIQUE

The plan expresses the public and private distinction of space and ambiance that are inherent in every community situation and to our more daily activities.

Architects: Schmidt, Garden 2 Erikson.

3.5 TYPE OF CENTRE DESIGNS ANDCONSTRAINTS

— Institutional Rehabilitation Centre.

This provides a transition from the hospital to home/office or place of work in a restricted order. Accommodation of rehabilities are in dormitories.

CRITIQUE

This posses psycological problem of isolation on rehabilities on discharge.

— Home Rehabilitation Centre.

Rehabilities (Occationally with rehabilitants) live together in "family groups" of ten; with two

or four people sharing a bed-room. Sharing is usually on even number basis so that no member of the family is cast out.

It is usually located within a residential area, so the interaction with the community is maximally achieved.

— Hospital Rehabilitation

Department of a large tripartite hospital with chronics residence in the wards.

— Less institutional and more Home-like Rehabilitation centre.

— Living in dormitories and shared rooms for Adults.

— Workshops for handicrafts, wood and metal work.

— Vast farm-land for crop and animal husbandry.

— Main building containing therapy rooms, Doctors Offices, Staff quarters, Dinning Rooms, Vocational therapy wing, Staff Rooms - Nurses, Social welfare workers, psycologists, job consellors, administrative.

— Domiciliary Services.

— Employment for discharged patients.

— Sheltered workshops.

— Working settlements.

— After care homes, old peoples homes.

CHAPTER - FOUR

4.1 DESIGN METHODOLOGY

To plan a project intelligently, there is need for real understanding of its nature. By research and investigation a logical and accurate detailed programme of requirements was organised, which forms the basis of the Design.

Consultation was made with all interested people, with those who will eventually used the project. With planners of similar undertakings, looked to the history for the lessons of time.

The design is thus a combination of the knowledge of old and the best of the new, using newly developed techniques, new materials and new concept of planning.

4.2 SITE STRUCTURE AND ANALYSIS

— After the location of the site, the approximate architectural plan areas and its shape is carefully determined.

— The best point of entry to the site is determined in relation to building points.

— The trees of those plotted to be preserved if possible should be marked and those to be removed marked differently.

— The best view of the site in relation to the orientation of the buildings. It is necessary to note the flood level from site evidence, undrained or swampy land.

— Off site nisances due to surrounding activities with their bearing and approximate distance.

— Sectors where high and low points of the horizon give protection from or add force to sun and wind. From these, the logical building areas and their shapes can be marked out in the site.

— The direction of prevailing wind and breezes and the micro-climatic analysis of the area in relation to the orientation or positioning of openings in the building.

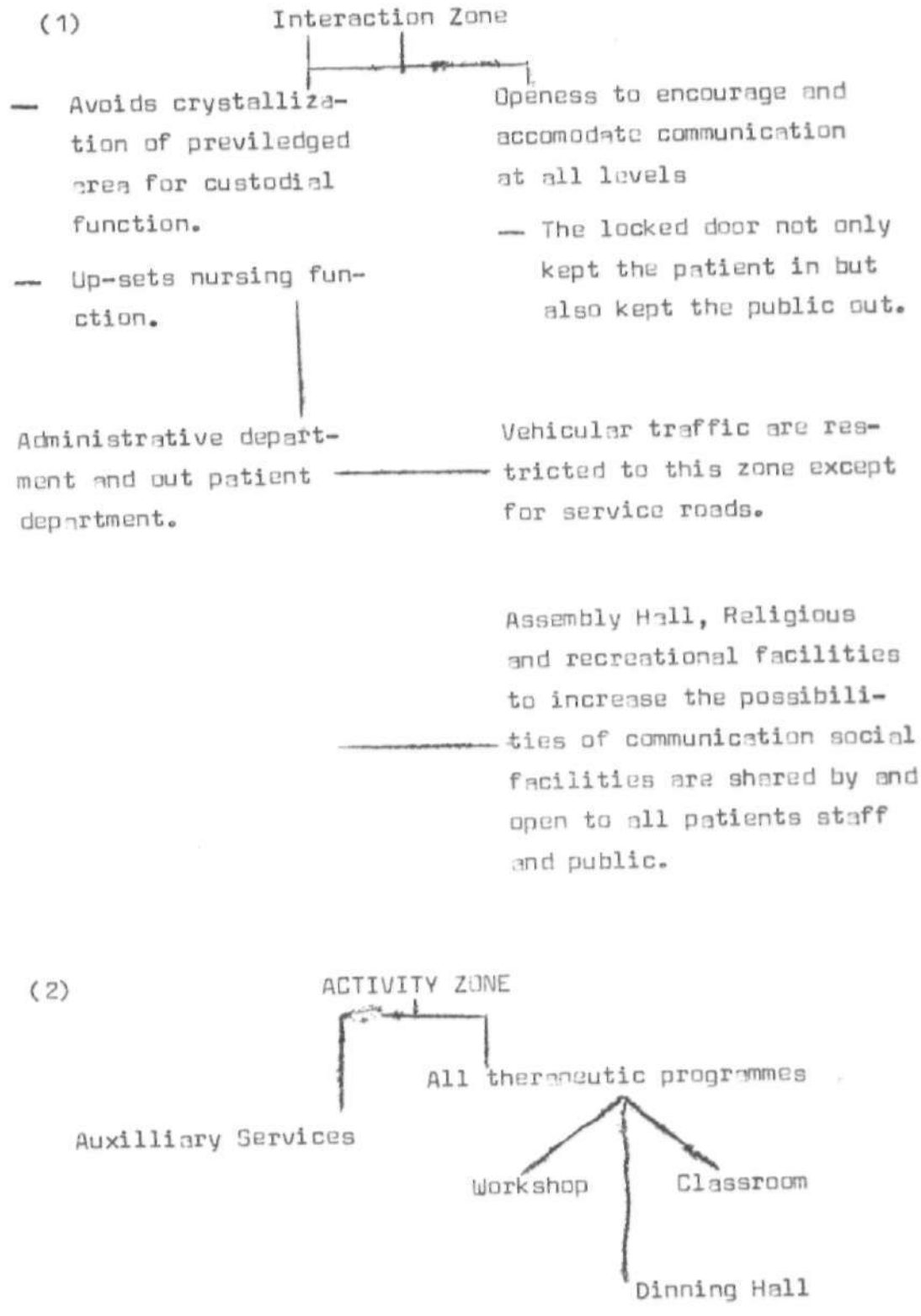
The general plan areas required for services (like gas supply, water, electricity) parking, outdoor programmes, gardens, games courts, logical expansion, football fields and track can be mapped out.

Use - areas of logical size and shape in studied relation to each other and to the natural and man made features of the total project site can then be indicated in soft line- SITE STRUCTURE.

[Site Analysis and Site Structure Diagrams)

4.2. Concept Analysis "Town Effect Towards Community Living"

(1)



(2)

(3) PRIVATE ZONE

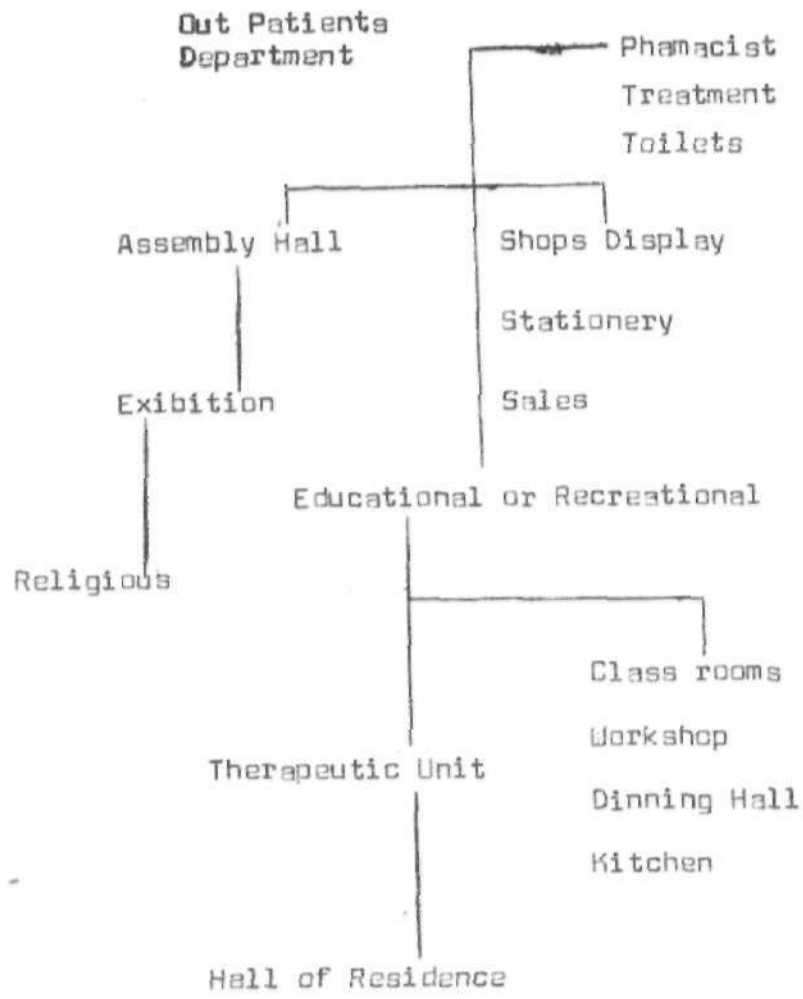
Housing and Garden.

4.2.

FUNCTIONAL ANALYSIS

- Entrance
  - Vehicular
  - Pedestrian
- Parking
  - Staff
  - Visitors
- Administrative
  - Receptionist
  - A. E. O.
  - E. O.
  - Accounts
  - Secretary
  - Conference Rooms
  - Director
- Out Patients Department
  - Sub-waiting
  - Registry
  - Emergency Call
  - Phsychiatrist
  - Phycologist
  - Social Worker
  - Medical Officer
  - Dispensary Waiting
  - Dispensary

FUNCTIONAL ANALYSIS -(Contd.)



4.3 HOUSING TYPES

— Hostels which are in effect permanent homes, who while they no longer need treatment can never hope to maintain themselves in society and have no relatives to cater for them. Hostels which provide supportive background for a few months for patients sho are returning to normal work.

— Individual Rooms

— Apartment type:

Patients have their apartments that their families may share with them if they wish.

CRITIQUE

There is no enough fund to build and equip this type of design.

— Grouping according to the degree of mental ability.

CRITIQUE

Need a close supervision. Nurses have to be permanently around for observation. Not a corrective measure. Possibility of improvement is slow.

— Grouping according to age.(mixing different age groups

A more homely atmosphere is created where the young can learn from the old in many aspects of imitation, while at the same time the young and old especially the old modify their extrovert behaviours.

— Domitory or open type. Typical dormitory type does not resolve the prime need of adults. Privacy have been found to be important po sitive functions in personality development which dormitory type cannot offer.

— Simplest form of communal housing like that experienced in traditional compounds.

CRITIQUE

Best practicable but there is need to seperate sexes. Otherwise high breed.

— Semi-individual spaces. Facilities shared in small groups and movable furniture.

CRITIQUE

Best possible solution. An obvious task for voluntary helps is the regular visiting of such patients who appear to have no contact with the outside world and are never visited.

4.3. GENERAL PLANNING

The centre must have close links with the community to show inmates what their responsibilities are and give them.the opportunity of discovering what practical form they may take.

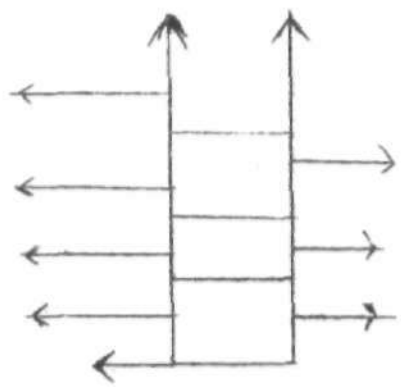
The assembly hall, the library and shopping complex form the vital social link of the centre with community. It is the only place where the whole inmate can meet and where they are most likely to meet the public.

There should be focal points, where inmates can linger as they move around the centre and meet members of staff.

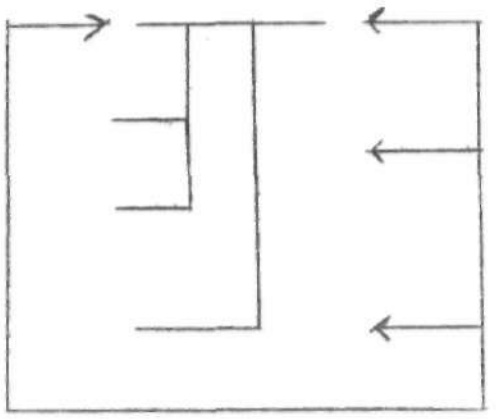
Building should be capable of change - by altering the internal pertition spaces can be expanded, class rooms can be converted to laboratories or workshops and domitories into teaching rooms.

— Building should be capable of growth. Development plan for ultimate size of the centre should be made, so it can grow in a rational and coherent manner until it reaches ultimate size.

Original layout should be designed to enable the whole centre as well as individual elements to expand logically.



Planning of the centre should seperate pedestrian route from vehicular traffic.



4.4 SPACE ALLOCATION AND REQUIREMENT

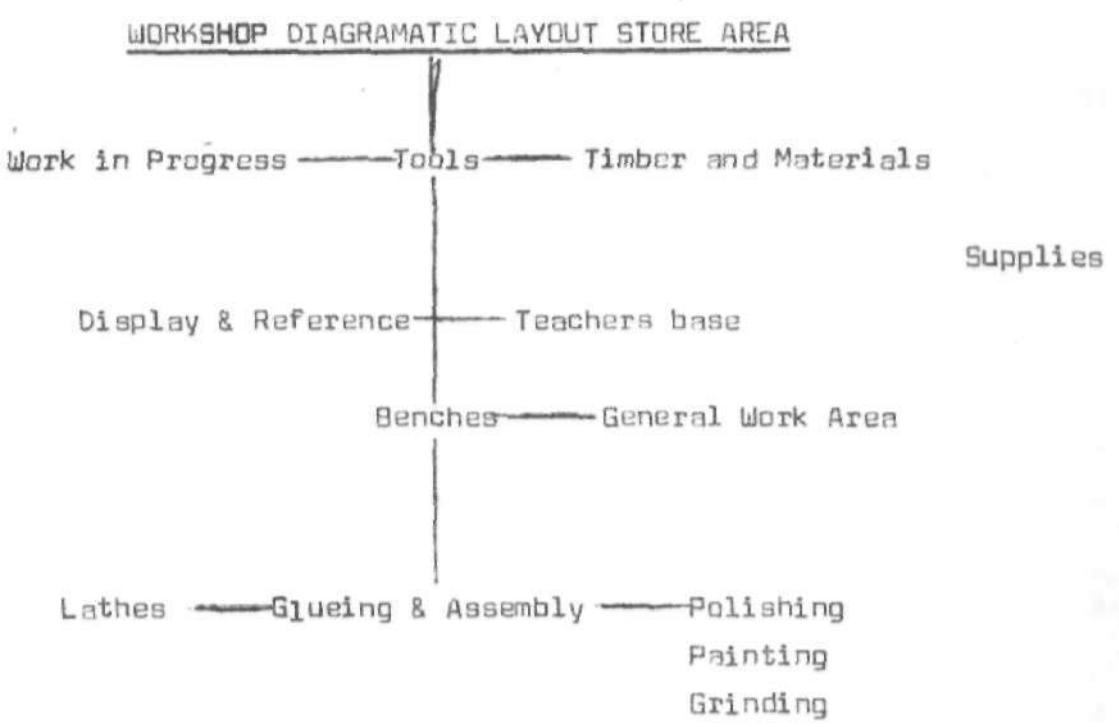
Room Areas

C O M M E R C E

	Area/ Student m^2	No. of Students	Area of room m^2.	Area of Teaching Storage	Notes
General Class	2.5sq.m.	20-25	50-70	20	
Drawing Office	3	20	60	20	
Art and Craft	5	for spining and weaving as necessary plus storage for tables and chairs.			

T E C H N I C A L

	Workshop area/student m^2	Storeage Area/ Student m^2	Total Area/ Student m^2	Total area for 12 x 20 Students
Carpentry & Joinery	4	2	6	72
Cabinet Making	6	2	8	96
Painting & Decoration	3	1	4	4 x 20 = 80
Upholstery	5	2	7	7 x 12 = 84



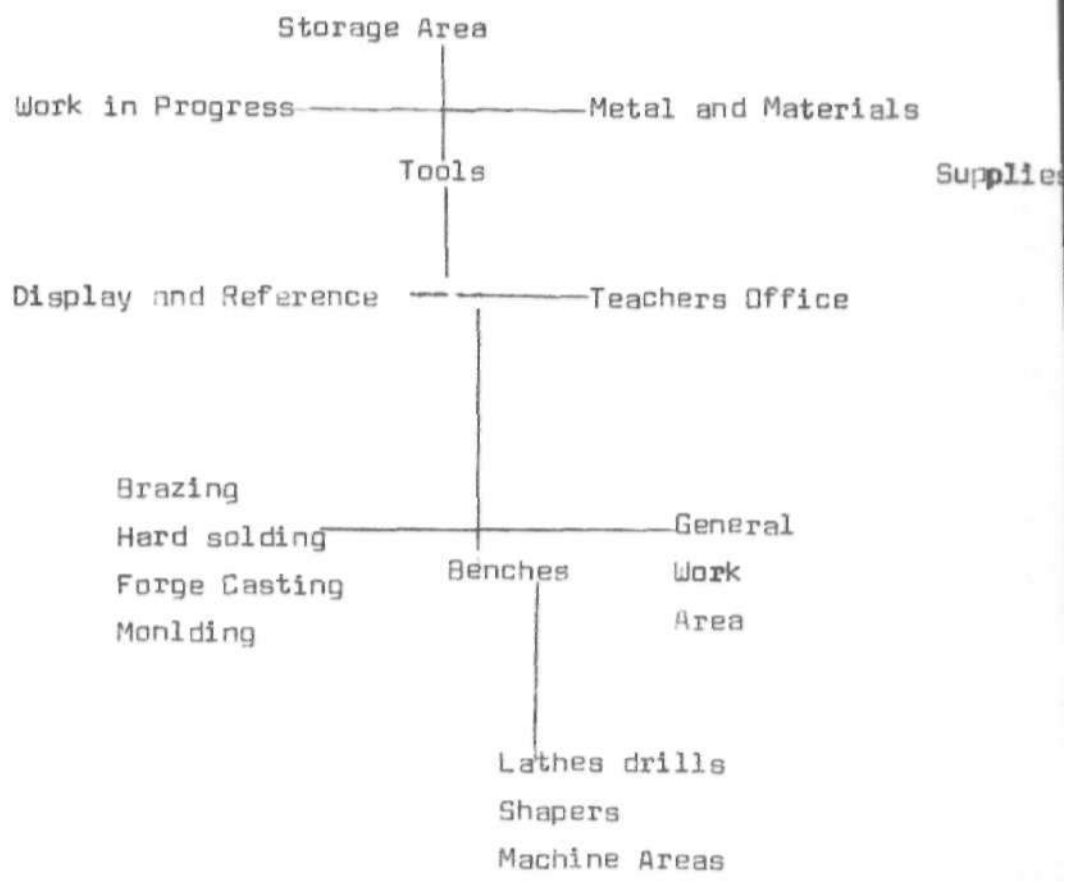
Sheduled Area - $4m^2$

Actual Area - $80m^2$

Number of Pupils - 20

NUMBER	LOOSE FURNITURE
10	Benches 5'0" x 2'6
1	Teacher's Table
2	Teacher's Chair
1	Teacher's Cupboard
	EQUIPMENTS
1	Bench Grinder
1	Lathe
1	Saw

4.4 METAL WORKSHOP DIAGRAMATIC LAYOUT



Sheduled Area/person - 6m2

Actual Area - 120m^2

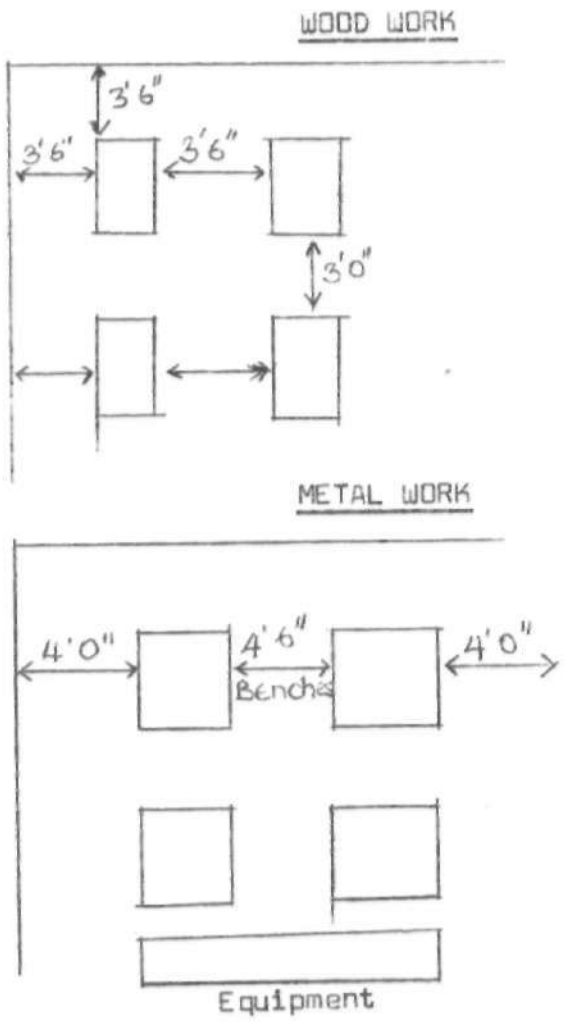
Number of Pupils - 20

LOOSE FURNITURE	NUMBER
Benches 10' x 3'	4
Teachers Table	1
Teachers Chair	2
Teachers Cupboard	1

EQUIPMENT	NUMBER
Bench Drill	1
Pedestal Drill	1
Lathes	3
Shaper	1
Bench Grider	1
Power hacksaw	1
Forge	1

Forge area requires mechanical extract fan or fans with minimum rate of an extraction of 5,000 c.f.m.

Working Space round Machine and Benches.



HOUSE TYPE

For the responses from inmates, housing equipment must reflect what obtains in the community. Semi indivisual study bedrooms for 75 males and famales "Toilet facilities shared in small groups. Interaction space at the entry and within the courtyard of each wing of residence. Staff Residence two-bedroom bungalows.

ASSEMBLY HALL

Assembly hall to accomodate a total number of 280 people a time.

— Before designing the Assembly hall, the local conditions and requirements is considered.

— All outdoors must open to outside maximum view distance is 20 - 35m since it is a small hall.

— Possibility of dividing hall into smaller rooms using sliding (folding partitions).

— Conversion of seating area into free space by removable seating.

— 1 W.C. for 75 people ($\frac{2}{5}$ for men and $\frac{3}{5}$ for women)

— 1 parking space for every 3 seats, but where parking space is inadequate, parking should be

designed, so that adjacent or nearby parking can be used in conjuction with that for assembly hall.

In as much as possible, all buildings are orientated to avoid the long facade

facing the east and West. At the same time, openings are directed to catch the North-East and South-West prevailing wind. Thus enhancing maximum cross ventilation needed for comfortable interior spaces.

4.5 PROPOSED ACCOMMODATION SCHEDULE

ADMINISTRATIVE DEPARTMENT

	No.	Area of Each m^2	Total Area m^2
Entrance Hall	2	20	40
Receptionist	1	6	6
Record	1	25	25
Executive Officer	2	15	30
Accounts	1	20	20
Conference Room	1	30	30
Confidential Secretary	1	15	15
Director	1	20	20
Chief Consultant	1	20	20
Laboratory	1	17.5	17.5
Archieve	1	17.5	17.5
Toilets (WCS)	6	5	36

OUT PATIENTS DEPARTMENT WC's - 8.40.40

	No.	Area of Each m^2	Total Area m^2
Registry	1	20	20
Sub-waiting	1	25	25
Psychologist	1	20	20
Psychiatrist	2	20	40
Medical Officer	1	20	20
Staff Rest Room	1	30	30
Treatment Room	2	20	40
Dispensary Waiting	1	25	25
Dispensary	1	20	20
Phamercist	1	17.5	17.5
Matron	1	17.5	17.5

RECREATIONAL FACILITIES

This should be an integral part of a good therapeutic programme.

OBJECTIVE INCLUDE

i,. To alleviate the dull monotony of centre life.

ii. To act as a safety value for the release of part of energies that otherwise might lead to disturbances

iii. To serve as corrective physical fitness programme for some.

Thus the recreational programme should embrace active, competitive sports and strenous activities for all inmates who are physically fit and interested. Adequate space and time must be given for play. "Play is an out-let and a form of confession. As a child plays, he relieves and reveals himself, for play, like anything in mental life is influenced by what has gone before: Ibid.

ASSEMBLY HALL

	No.	Area of Each m^2	Total Area m^2
Stage	1	20	20
Back-storage	1	15	15
Audience Seating	2	280	280
Toilet 3 Females Toilet 3 males	6	18	18

TECHNICAL

Wood Work	1	84	84
Leather work	1	84	84
(Hophostery) Sewing	1	80	80
Draughting	1	80	80
Craft/Wearing	2	80	80
Commerce Class Room	4	40	40
(20 inmate/class) Out-door Teaching			

	No.	Area Each m^2	Total Area m^2
KITCHEN			
Central Cooking		35	35
(Prepaeation Washing)	1	20	20
Cold Store	1	10	10
Bulk Store	1	15	15
Sorting/Clearing	1	20	20
Supervisor/Catering Officer	1	25	25
Changing Room/Male/Female	1	15	15
Dinning Hall	1	300	300
RESIDENCIAL			
Female	1	1,500	1,500
Male	1	1,500	1,500
Toilet/Washing	12	70	70
Staff	4	1,200	4,800

CHAPTER - FIVE

6.1 DESIGN SYNTHESIS

Emphasis has been on a cheerful atmosphere, which has been helped by the gentle stoping site with good views to the east, south and west.

As all the buildings is on one floor, use has been made of different ceiling heights. 3m. for smaller rooms and 4 to 4.5m. for larger room (Assembly and dinning and shops). This is to allow for air circulation within the large room when it is in its full capacity. The 3m. height in small rooms allow for clerestorey lighting to rooms.

Windows generally are fixed horizontal tempered wooden lovures on frames to initiate privacy and ensure safety of inmates.

9inches load bearing cavity concrete blocks are used for external walls.

Floor finishes are mostly thermoplastic tiles; with wood blocks in the common dinning and assembly halls, query tiles in the WC's kitchen and slice rooms.

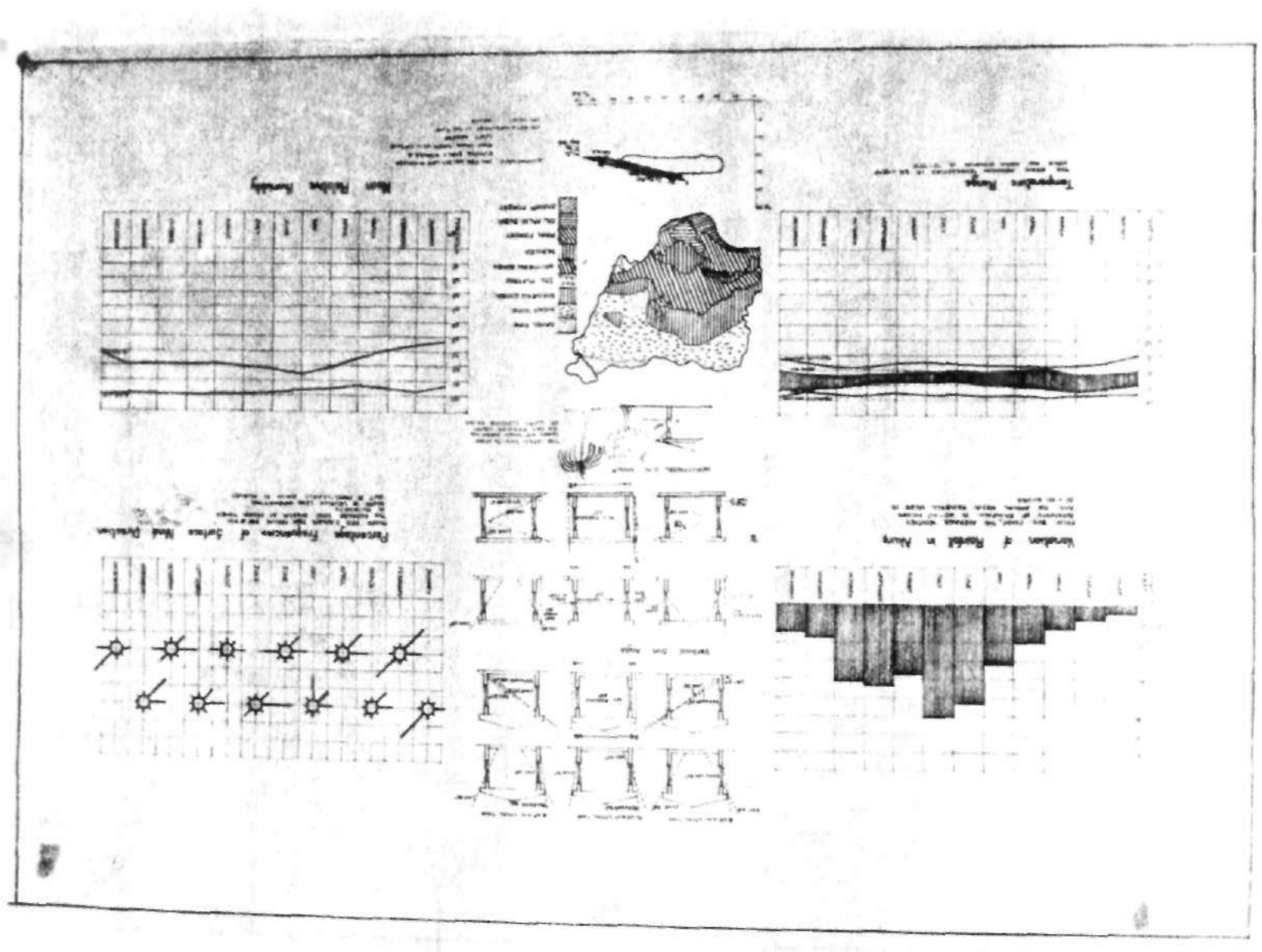
ARCHITECTURE OF DESIGN

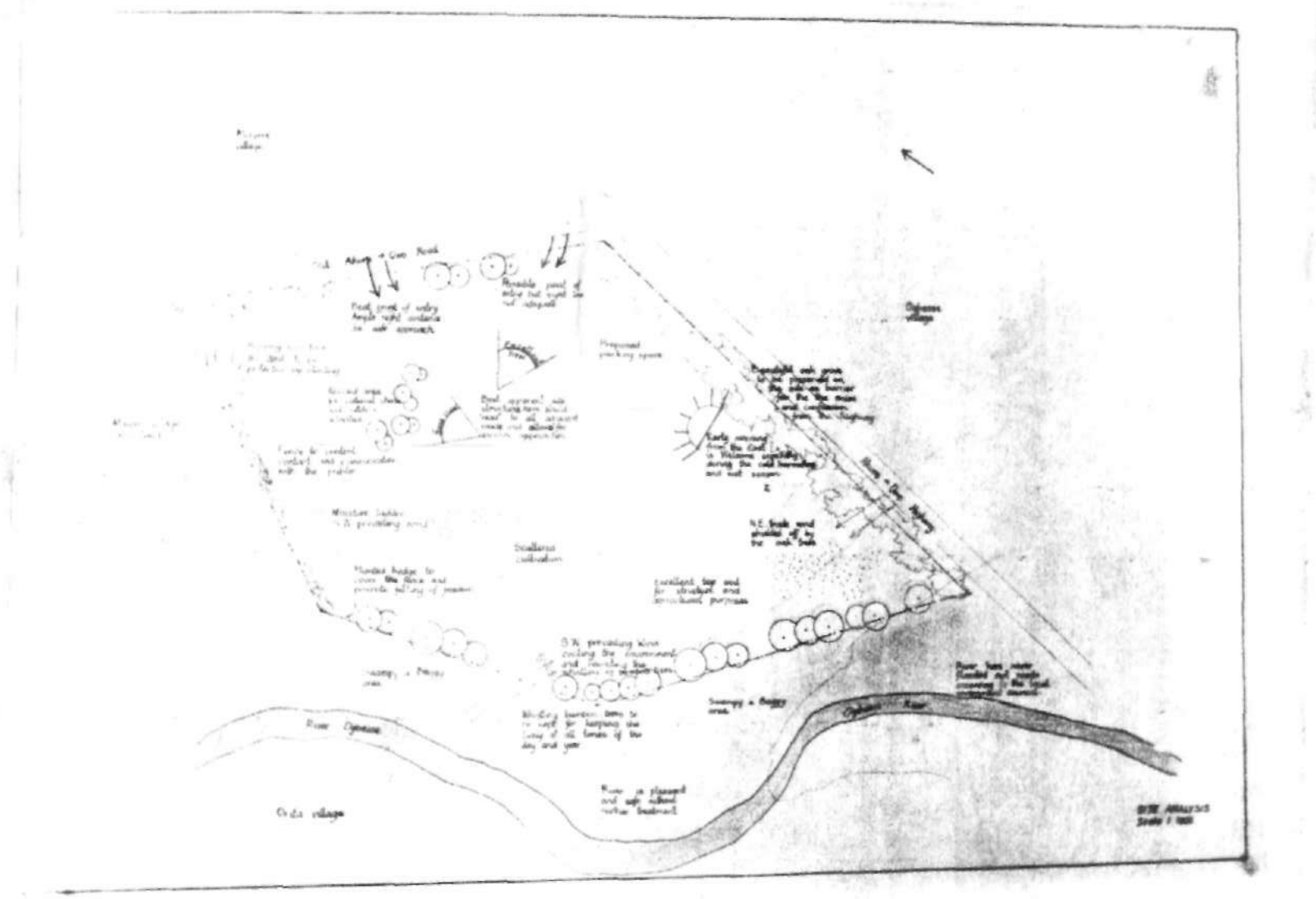
Since patients are being trained to return to the out-side community the rehabilitation centre should resenble the outside community as realy as it can

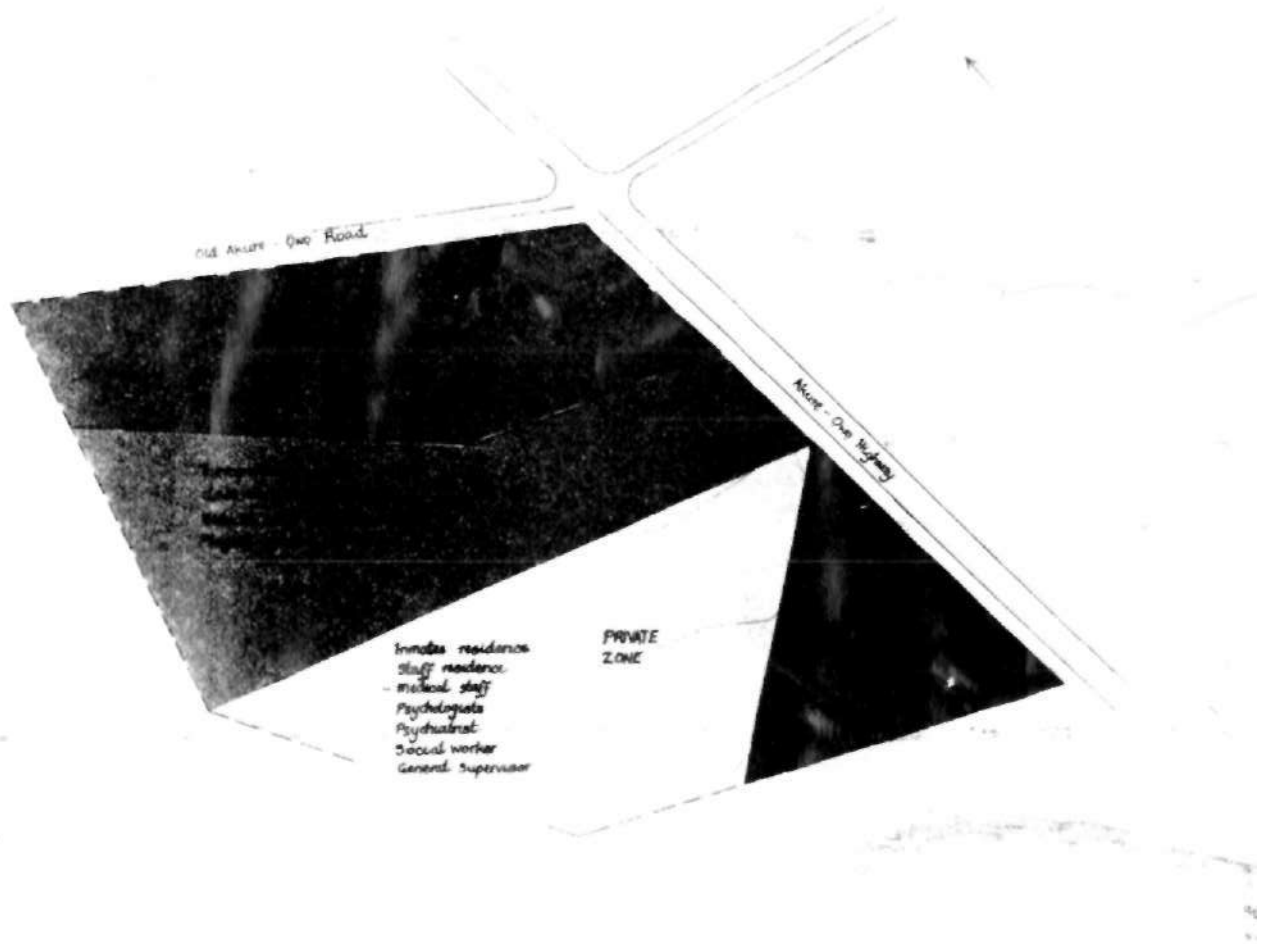
Every-way in which the centre diverges from that outside must be scrutinized, and in this scrutiny many of the old restrictive centre practices - locked doors, forbidden share tools, no matches, no razors, no mixing of the sexes are seen to be unnecessary. However some niles are still necessary, these, are rules which relieve inmates of social stresses, particularly those stresses such as responsibilities and competition which had contri buted to his breakdown. Therapeutic community - should not penalties of the out-side world.

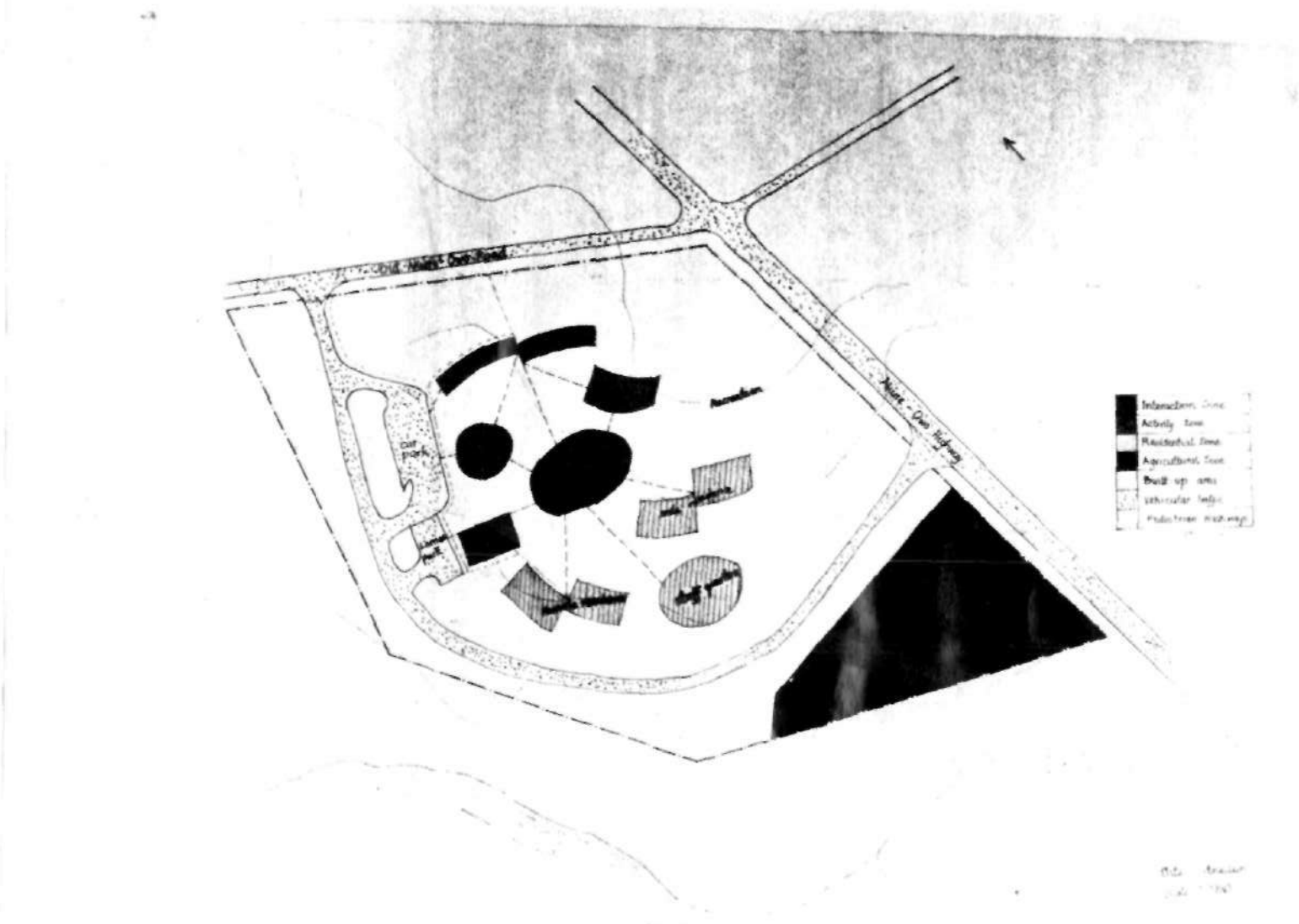
Although inmates are not allowed out of the centre, visitors are encouraged during visiting hours to walk around the centre and are also welcomed at all social meetings. This does enable both medical and nursing staff to councel them as to how to deal with the patient when they are discharged and sent home. Many of the relatives, I think will perceive the permissive attitude on the part of the staff in dealing with inmates, which will contrast strongly with the "pull yourself together" attitude, or "its up to yourself" belief which was the way relatives deal with patients before their admission. This in effect will help both the patients and relatives in the various readjustment which always have to be made after-treatment and rehabilitation have been completed.

All buildings are single banked to allow for cross vent-lation, Buildings are elongated with north and south faces longer. Large shady roofs are employed.

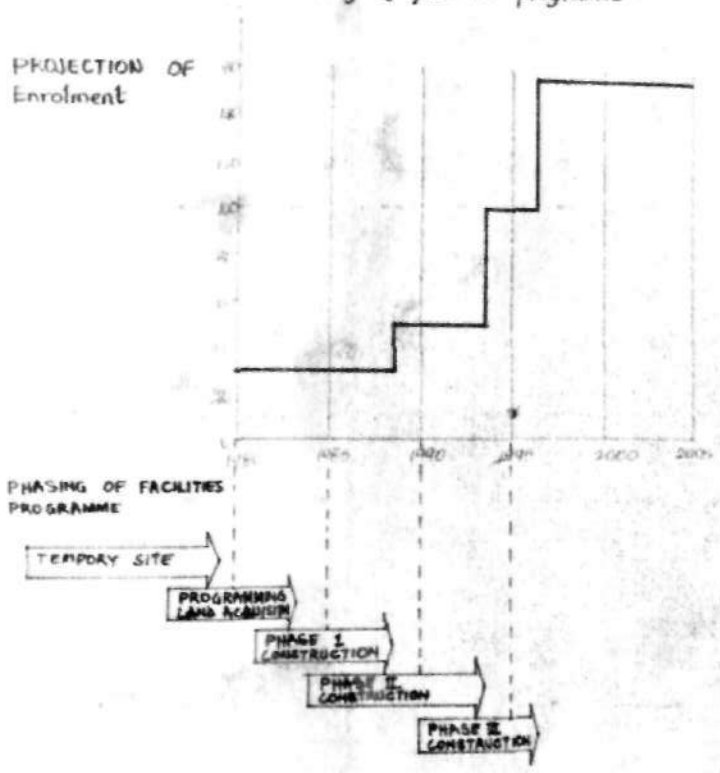





Old Akure - Owo Road
Akure - Owo Highway
Inmates residence
Staff residence
medical staff
Psychologists
Psychiatrist
Social worker
General Supervisor
PRIVATE
ZONE


Oil Park
Oil Park
Industrial Zone
Activity Zone
Residential Zone
Agricultural Zone
Built up area
Vehicular traffic
Pedestrian walkways

Projection of Enrolment/
Phasing of facilities programme



Hostels:- 1 male block hostel to accomodate 90 inmates.
1 female block hostel to accomodate 60 inmates.
Recreation hall to accomodate 250 people at a time.
Strong wall fence covered by trees.

Brief.

Social welfare project adaptable to all manner of purpose, prisons hospitals, schools, place of worship (church & mosque) and ultimately turn out to 'Village of co-operation'. Industrial, agricultural and educational activities potentially combined — COMPREHENSIVE PLANNING.

Administrative Block:- general office, A E O, E O and accounts offices, conference room, and their conveniences, chief consultant and director with private secretary and conveniences.

Out-patient:- offices for medical officer, psychiatrist, psychologist, social workers(2), pharmacist, dispensary & dispensary waiting, conveniences for patient and staff. Emergency exits and telephone room.

Sheltered workshops:- Wood works — carpentary, carbinet making & stove.

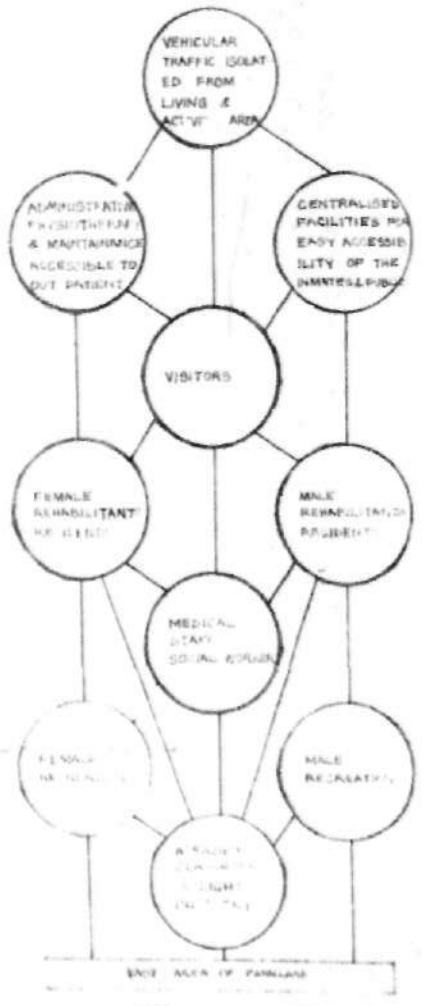
Leather & upholstery, weaving & crafts room Pottery, painting and art works rooms, including store for each.

Class rooms:- 4 classrooms to each to accomodate 20 inmates.

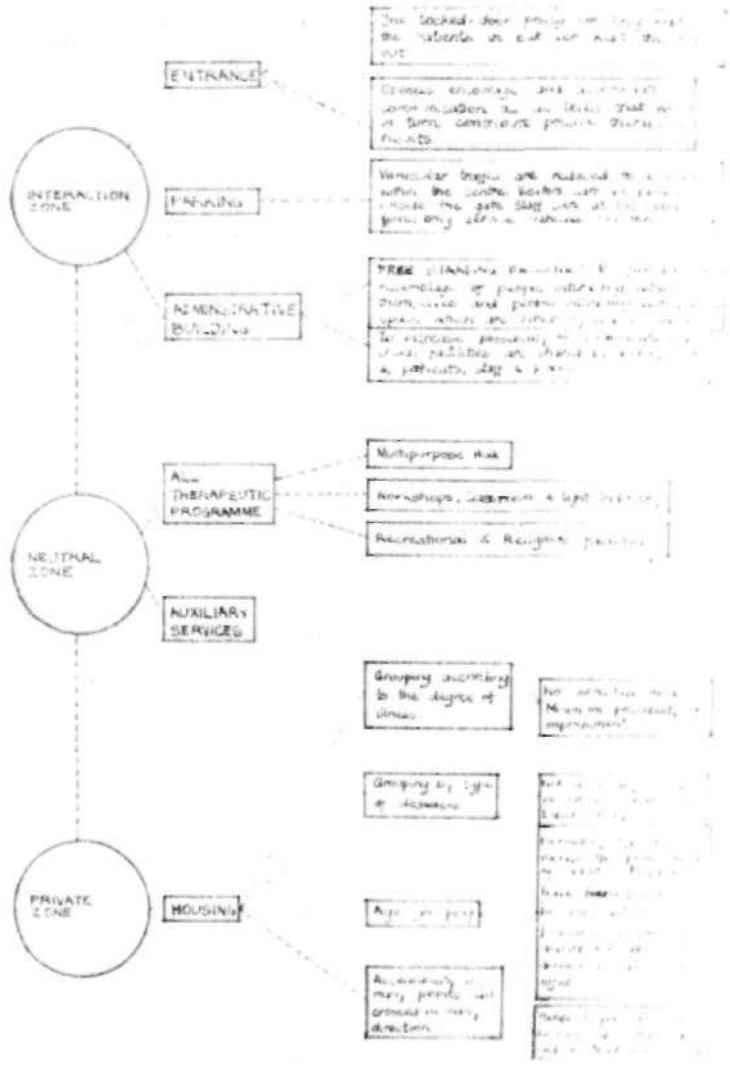
Staff quarters:- 4 Two-bedroom bungalows.

Kitchen/Dinning hall to accomodate 200 people.

FUNCTIONAL ANALYSIS



ZONING/ CONCEPTUAL ANALYSIS

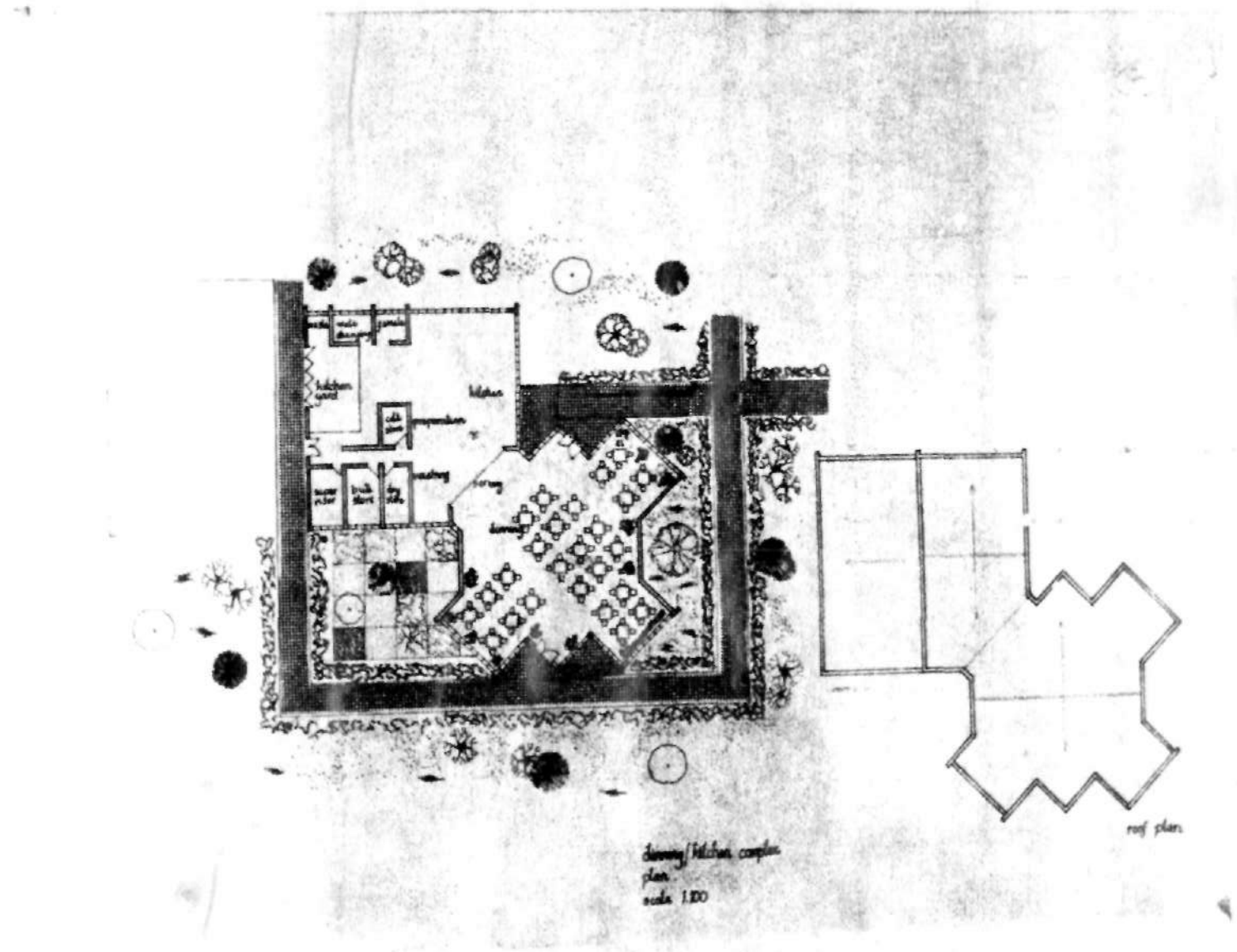


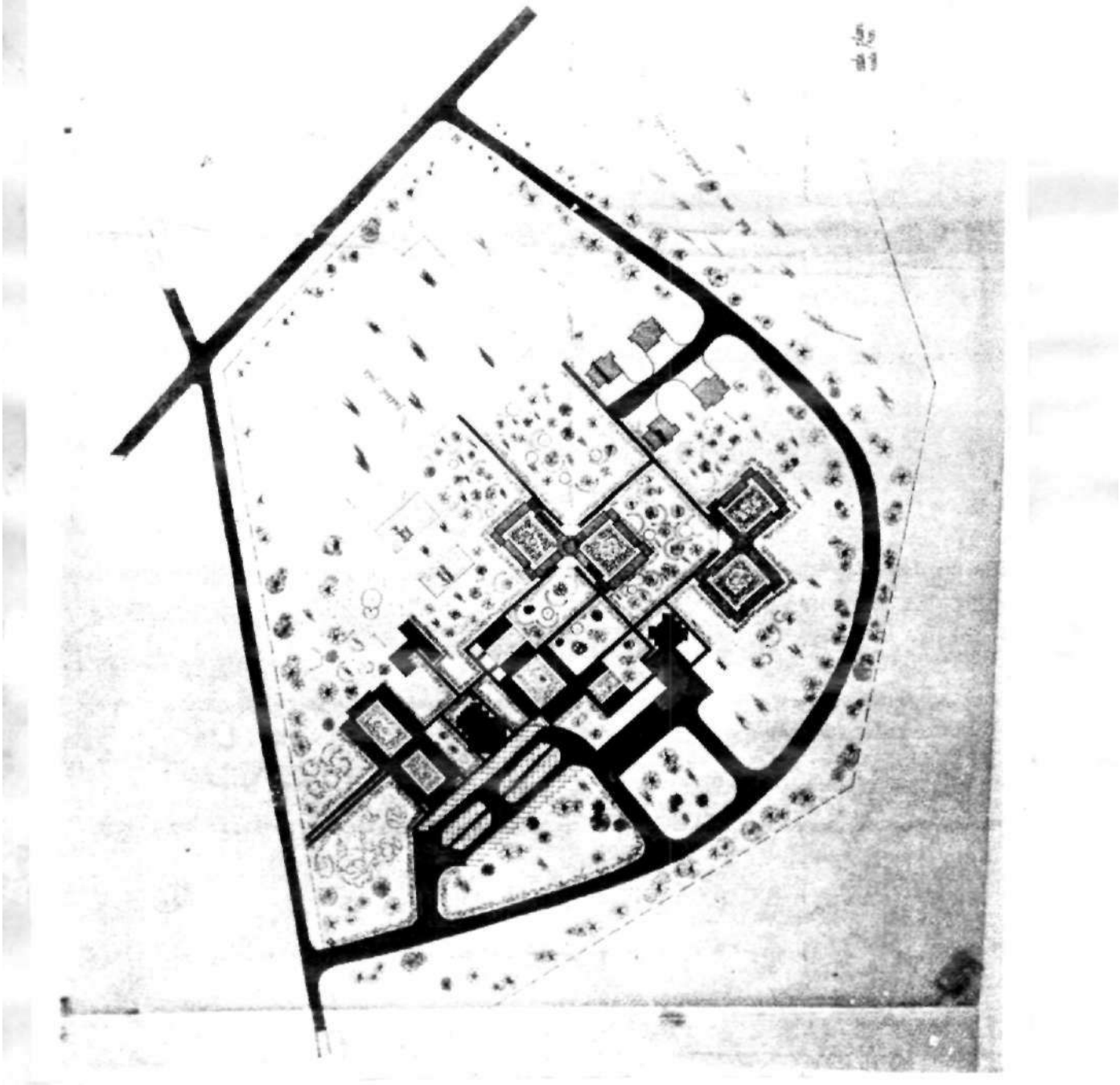
SPACE ALLOCATION

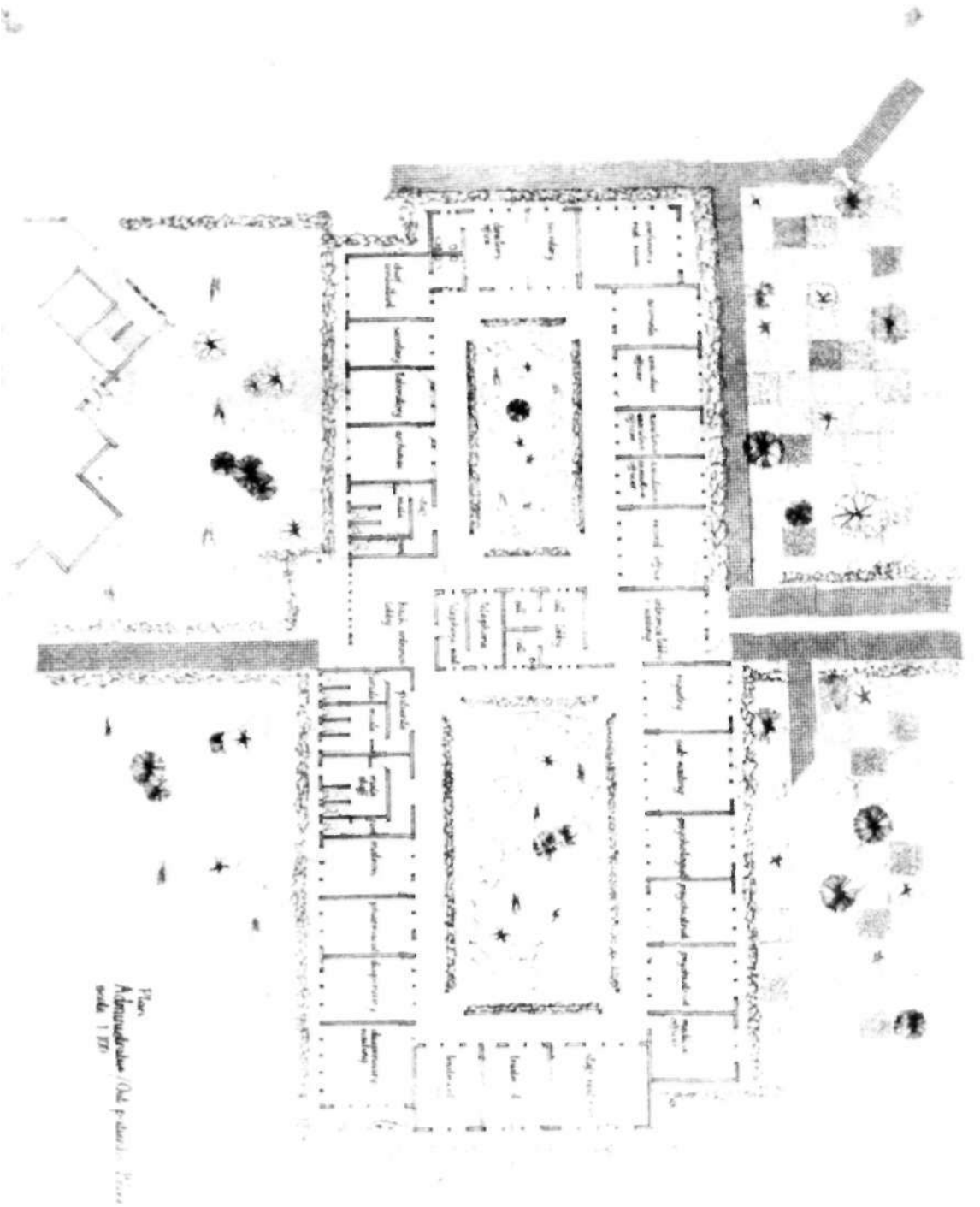
Types of rooms	No of room	Area of each	Total area
Administrative Deptt.			295/300
Entrance hall/receptionist	1	20	20
Waiting	1	10	10
Asso executive officer	2	15	30
Executive officer	1	15	15
Secretaries	2	15	30
Accountant	1	20	20
Records	1	25	25
Director	1	20	20
Chief consultant	1	20	20
Conference/staff rest room	1	30	30
Laboratory	1	20	20
Archieves	1	20	20
Toilets	3	5	15
Telephone room	1	20	20
Assembly halls			990
Store	2	10	20
Changing room	2	15	30
Back stage	1	15	15
Stage	1	20	20
Audience seat	2		250
Circulation			50
Toilets	8	3	25
Classrooms, Workspaces			664
Class rooms	4	40	160
Light workshops	2	30	120
Heavy workshops	2	50	240
Drawing	1	40	40
Toilets	8	3	24
Store	6	20	120

Types of rooms	No of room	Area of each	Total area
Out-patients Deptt.			345
Sub waiting	1	25	25
History taking/Registry	1	20	20
Emergency cells	2	4	8
Psychologist	1	20	20
Psychiatrists	2	20	40
Medical officer	1	20	20
Staff rest room	1	30	30
Treatment room	2	20	40
Dispensary waiting	1	25	25
Dispensary	1	20	20.0
Pharmacist	1	17.5	17.5
Matron	1	17.5	17.5
Toilets	10	3	60
Kitchen/Dinning			
Central cooking	1	30	30
Preparation	1	10	10
Washing	1	10	10
Sorting/cleaning	1	10	10
Cold store	1	20	20
Dry store	1	15	15
Bulk store	1	20	20
Supervisor/catering officer	1	15	15
Garbage disposal	1	10	10
Changing rooms/toilets	2	15	30
Seating	1	760	760
Circulation			30
Business area			75
Super market	1	20	20
Margazynes/stationary	1	10	10
Snacks bar	1	20	20
Exhibition	8	20	80

Types of rooms	No of rooms	Area of each	Total area
Residential			1080
Male residence(inmate)	1	1500	1500
Female residence	1	1500	1500
Staff residence	4	150	600
Toilets/Washing	20	3	80
Circulation			


roof plan
drawing/ kitchen complex
plan
scale 1:100

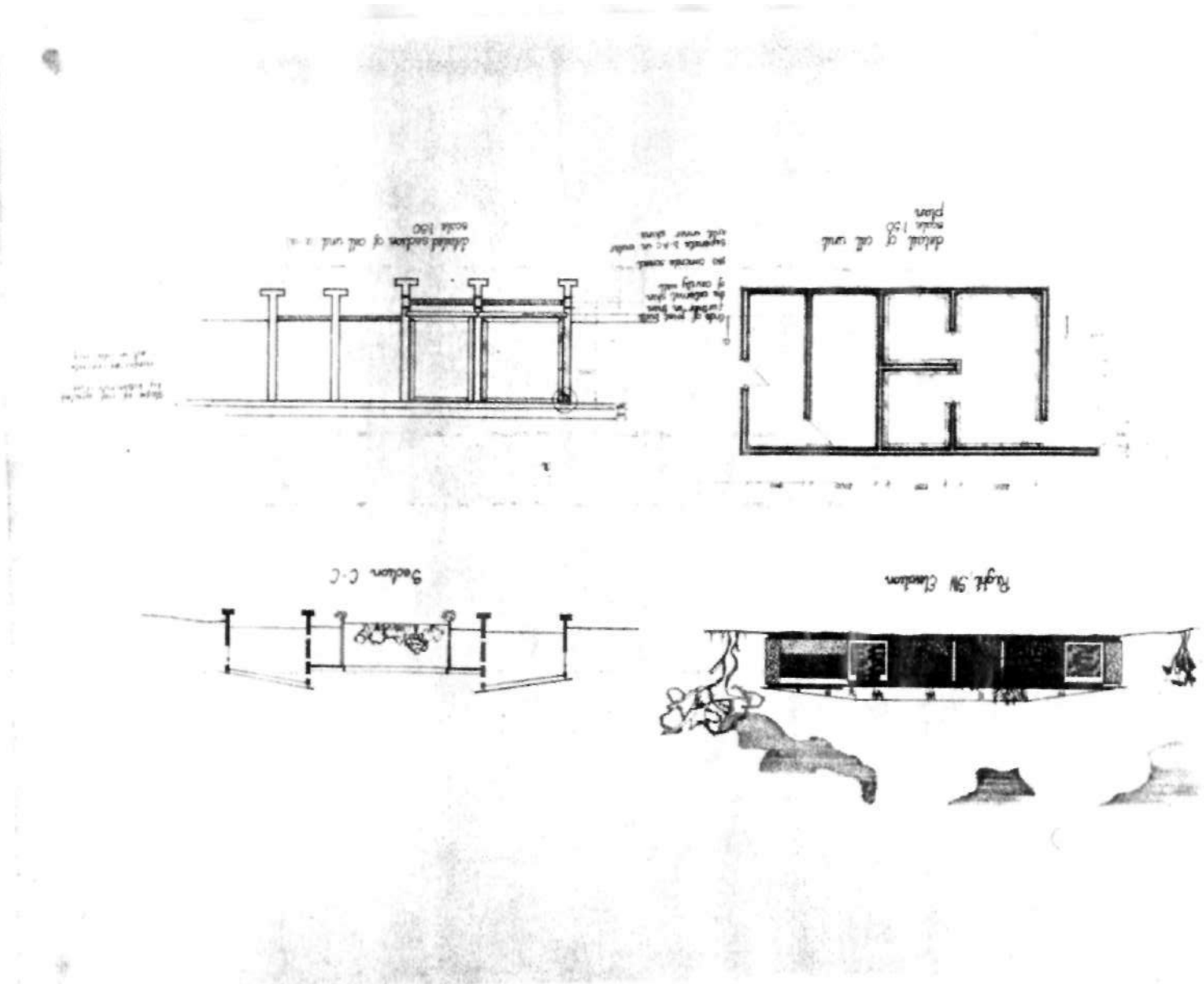


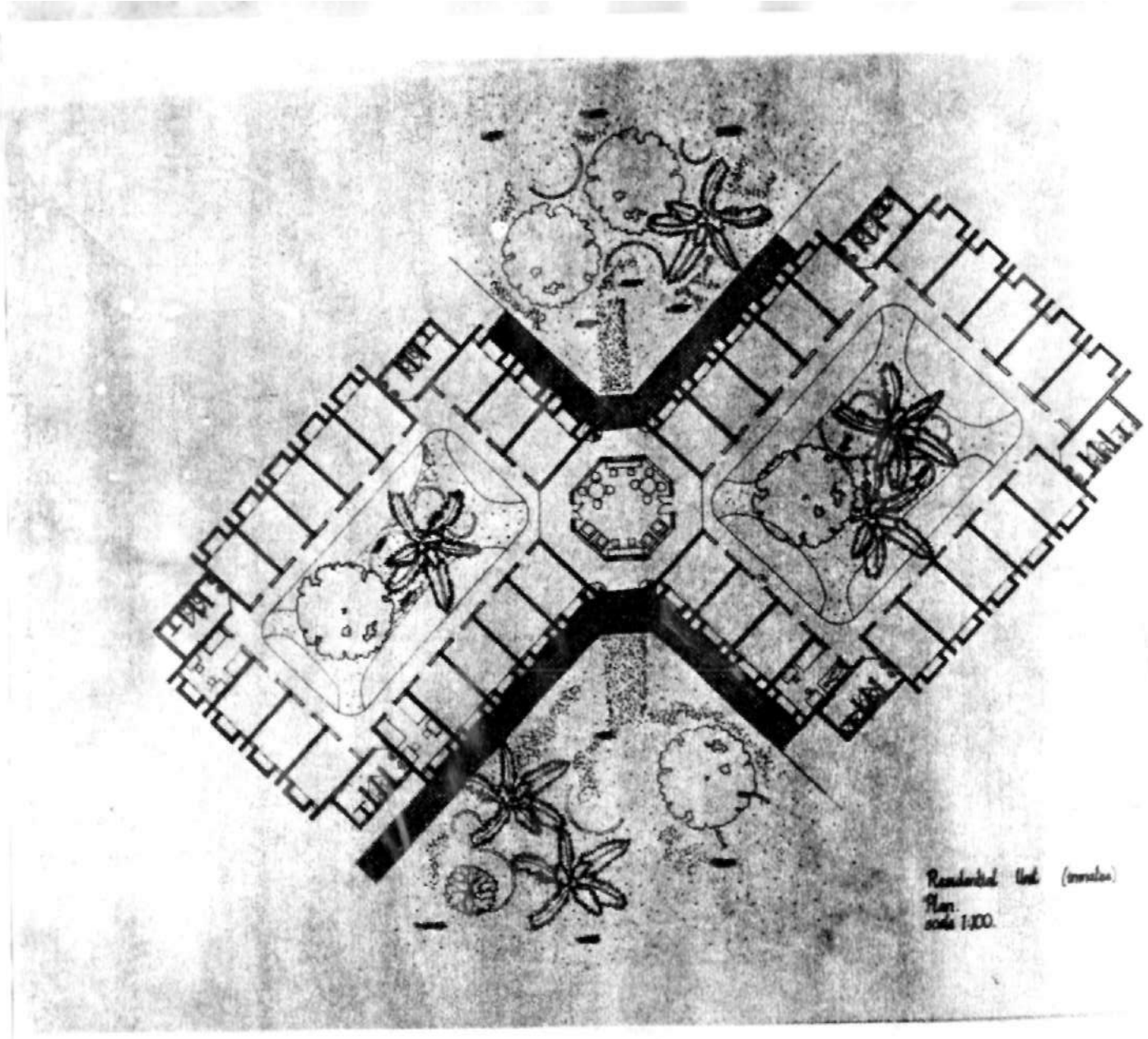




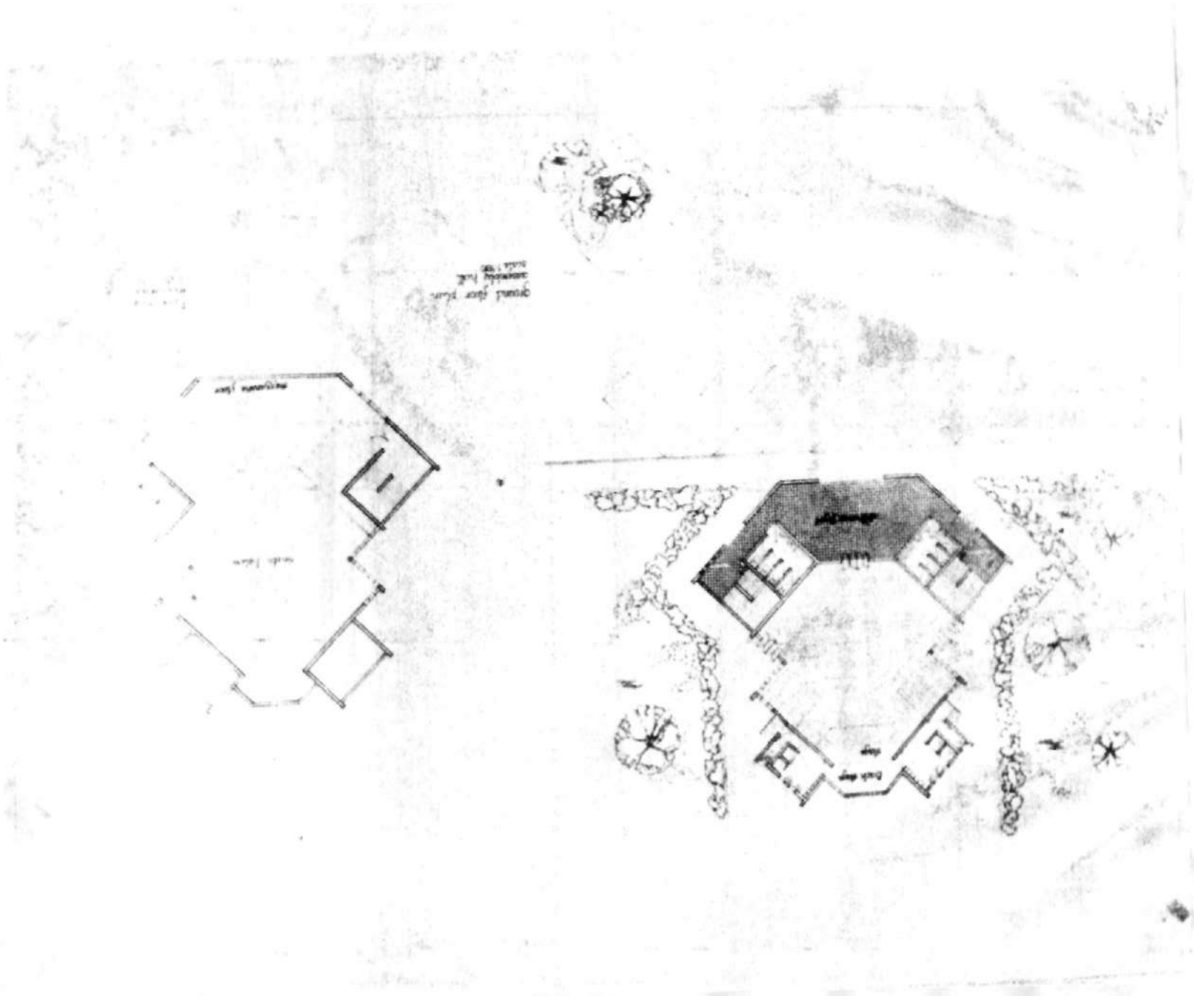
Approach front Elevation

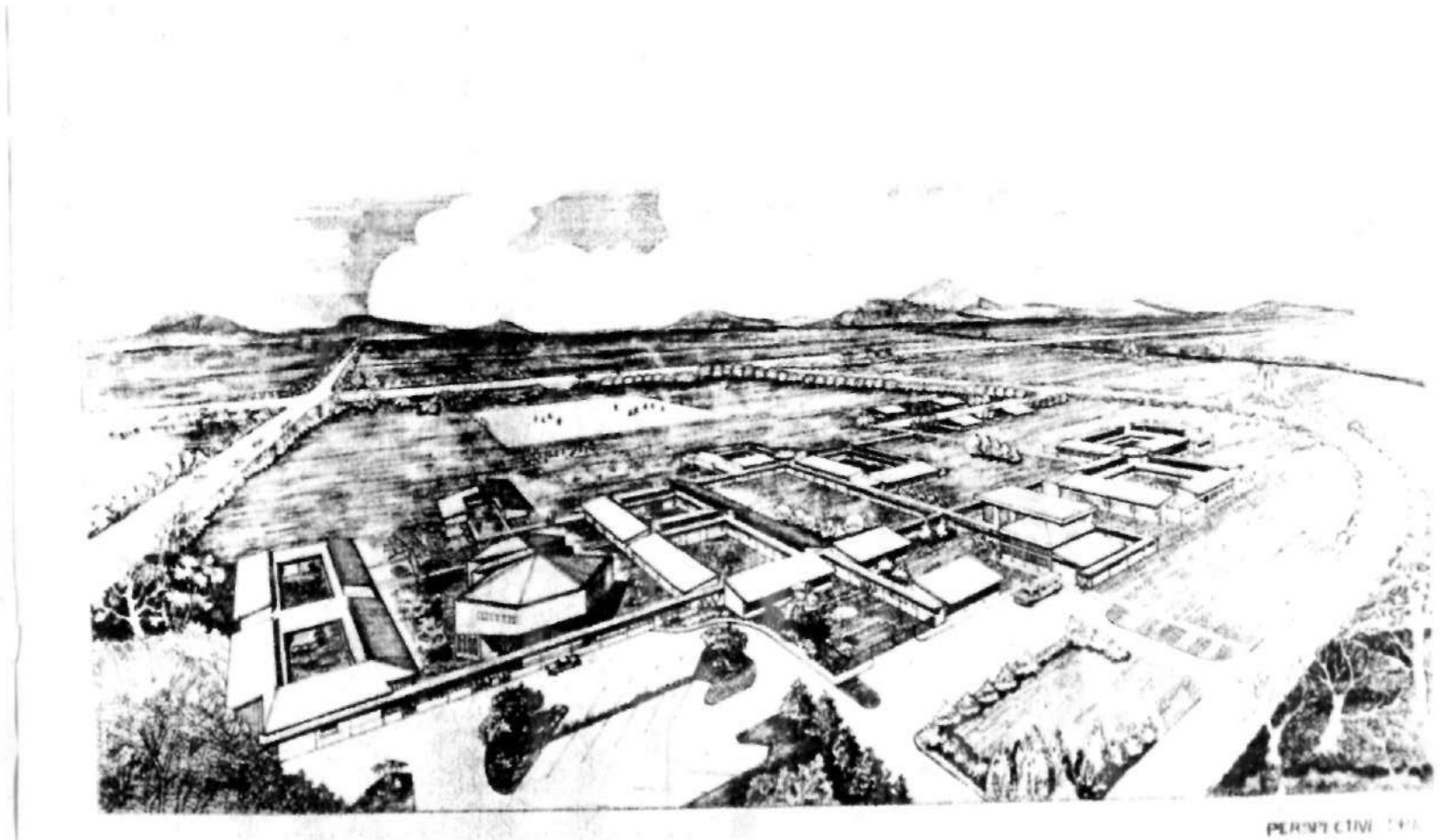




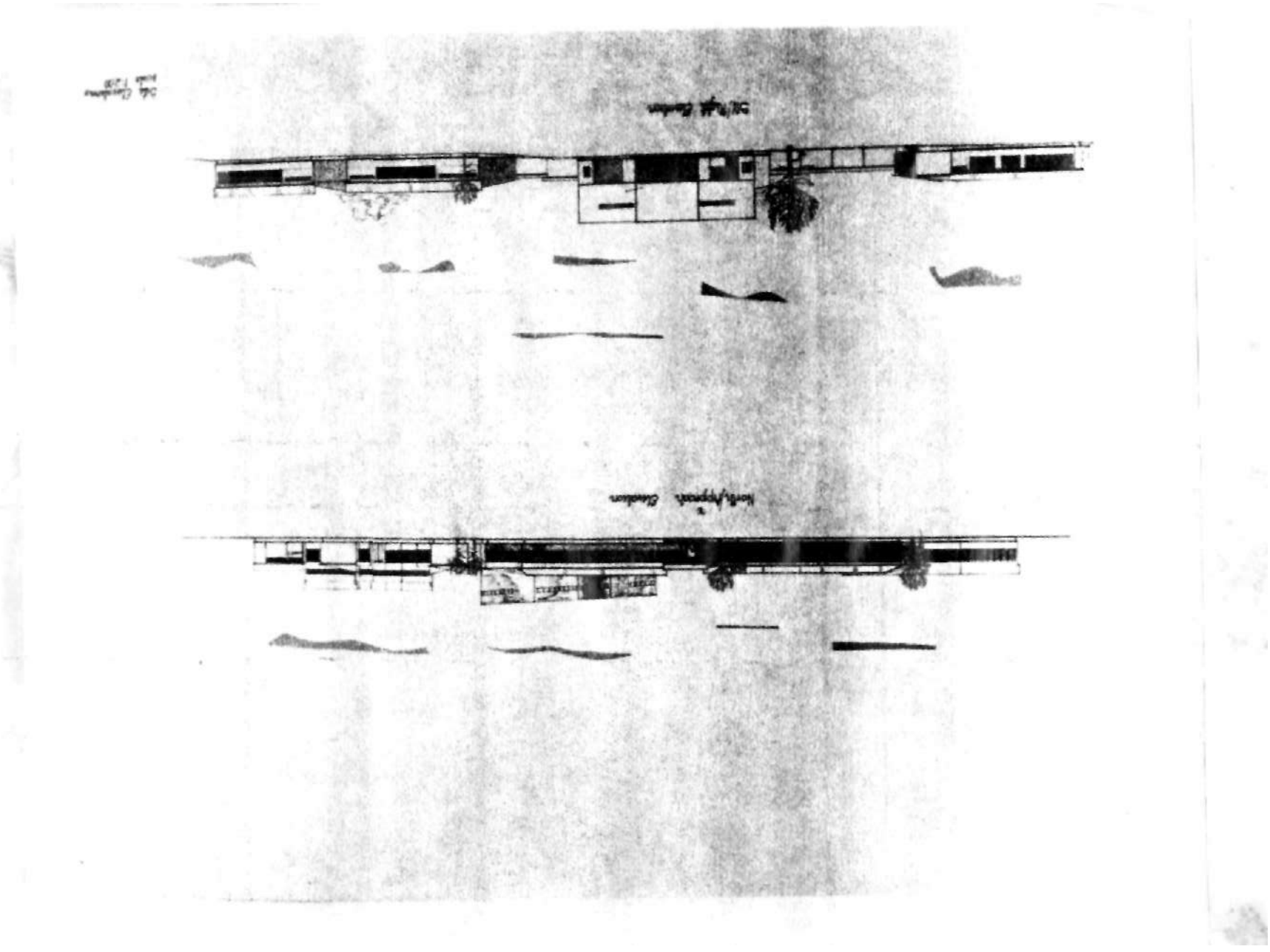


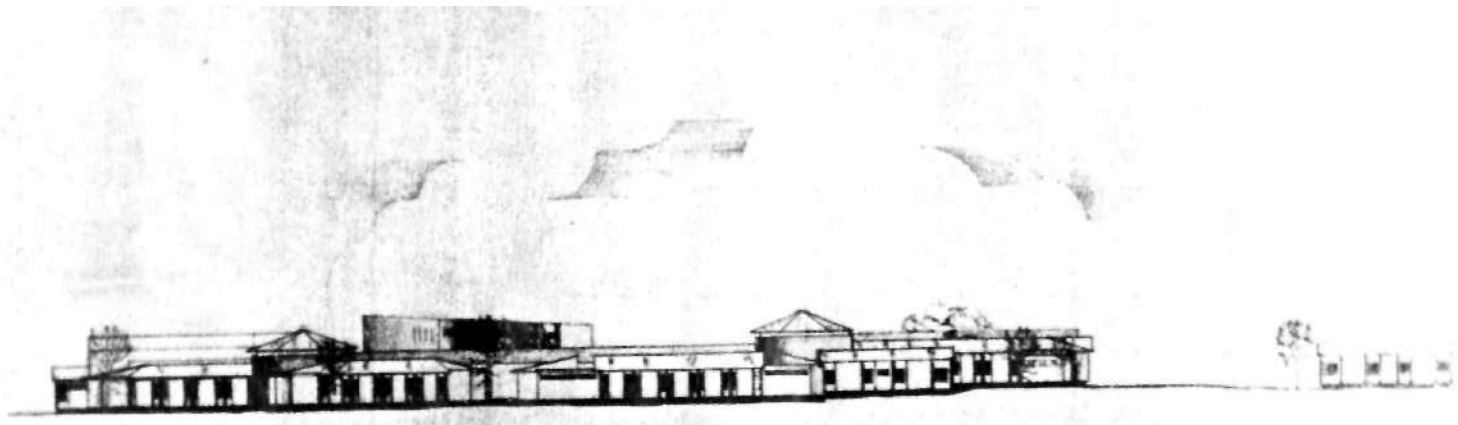
Residential Unit (courtyard)
Plan
scale 1:100.





PERSPECTIVE

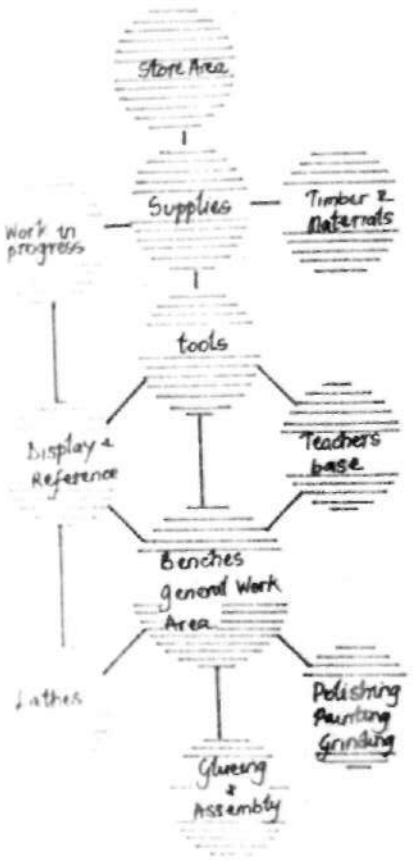


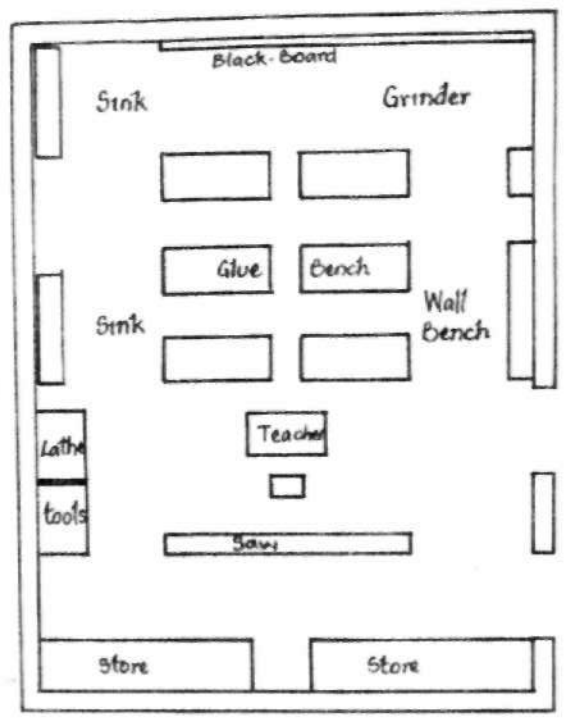


South Elevation

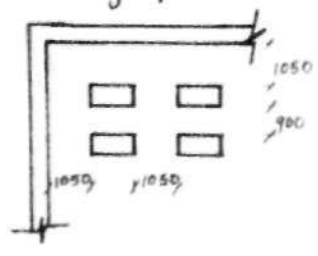


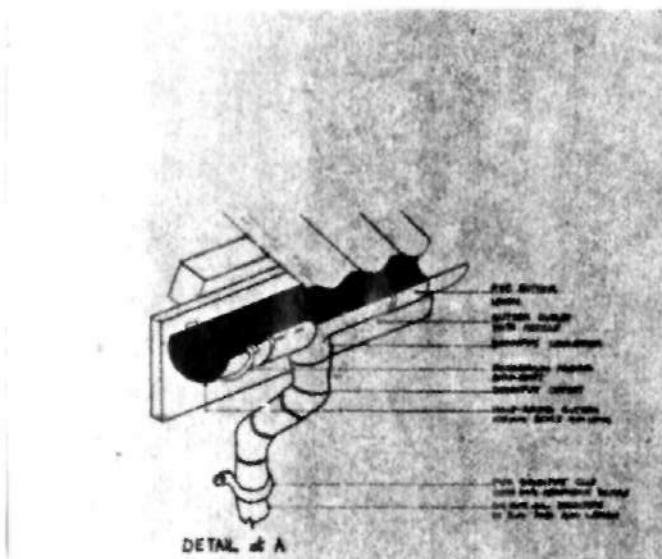
Right - Back Elevation



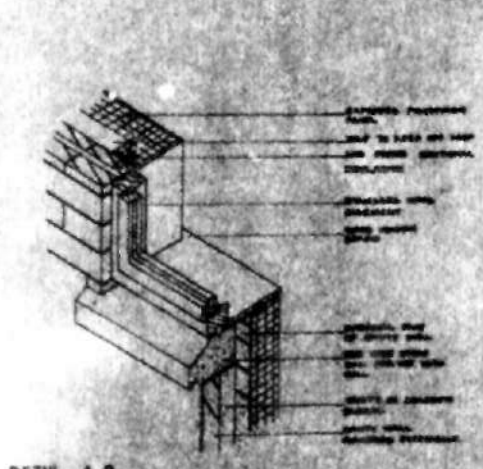


Working Space Round Machine & Benches

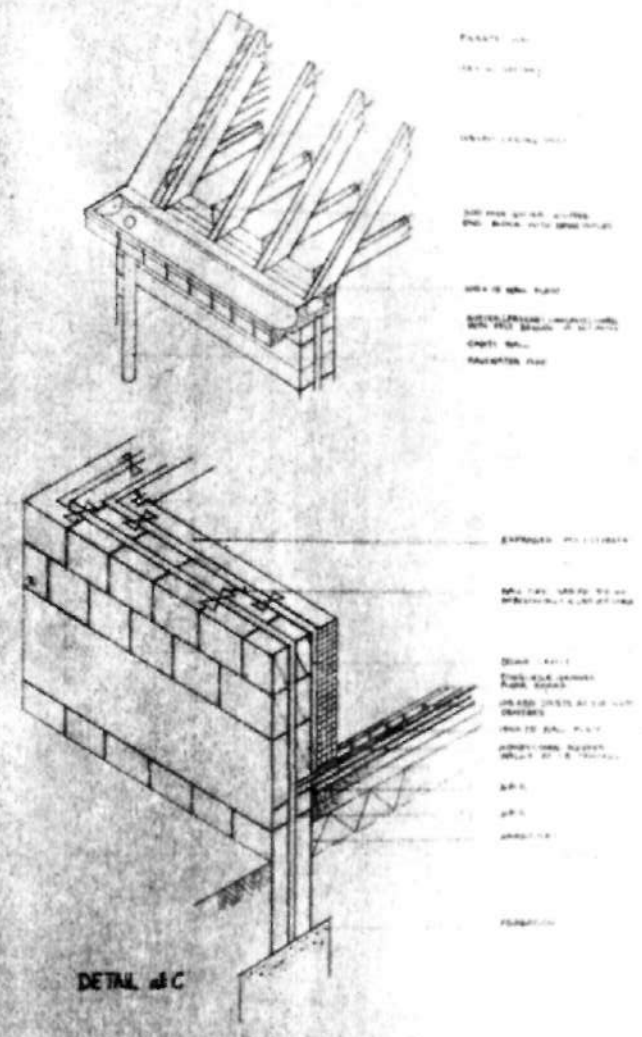




DETAIL at A



DETAIL at B



DETAIL at C