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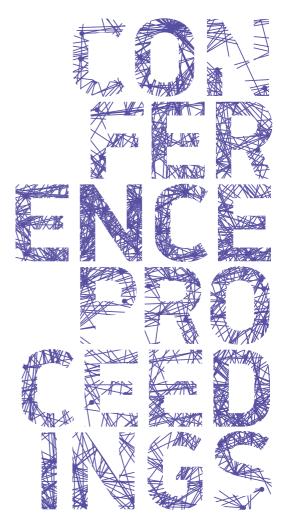
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# 5th INTERNATIONAL ACADEMIC CONFERENCE ON PLACES AND TECHNOLOGIES

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# PLACES AND TECHNOLOGIES 2018

# THE 5<sup>TH</sup> INTERNATIONAL ACADEMIC CONFERENCE ON PLACES AND TECHNOLOGIES

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TABLE OF CONTENTS

# TABLE OF CONTENTS

# IMAGE, IDENTITY AND QUALITY OF PLACE: URBAN ASPECTS

3
11
18
25
' - 35
43
50
<u>-</u> 58
66
73
83

IMPROVING THE IDENTITY OF NON – SURROUNDED COMMUNAL SPACES WITH USING ARCHITECTURAL PROGRAMING. CASE STUDY: NAJAF ABAD (ESFAHAN), IMAM KHOMEINI SQUARE	91
Ali Entezarinajafabadi YasamanNekoui A CONTRIBUTION TO THE STUDY OF THE ARCHITECTURAL OPUS OF NA- TIONAL STYLE WITH MODELS IN FOLK ARCHITECTURE AND NEW INTERPO LATIONS Katarina Stojanović	O- 100
SHOPPING CENTRE AS A LEISURE SPACE: CASE STUDY OF BELGRADE Marija Cvetković Jelena Živković Ksenija Lalović	108
ARCHITECTURAL CREATION AND ITS INFLUENCE ON HUMANS Nikola Z. Furundžić Dijana P. Furundžić Aleksandra Krstić-Furundžić	119
INNOVATIVE METHODS AND TECHNOLOGIES FOR SMART(ER) CITIES	
POTENTIAL OF ADAPTING SMART CULTURAL MODEL: THE CASE OF JEDD, OPEN- SCULPTURE MUSEUM Sema Refae Aida Nayer	AH 131
AN INNOVATIVE PROTOCOL TO ASSESS AND PROMOTE SUSTAINABILITY I RESPONSIBLE COMMUNITIES Lucia Martincigh Marina Di Guida Giovanni Perrucci	N 140
GEOTHERMAL DISTRICT HEATING SYSTEMS DESIGN: CASE STUDY OF ARMUTLU DISTRICT Ayşe Fidan ALTUN Muhsin KILIC	148
DATA COLLECTION METHODS FOR ASSESSMENT OF PUBLIC BUILDING STOCK REFURBISHMENT POTENTIAL Ljiljana Đukanović Nataša Ćuković Ignjatović Milica Jovanović Popović	157
SMART HOSPITALS IN SMART CITIES Maria Grazia Giardinelli Luca Marzi Arch. PhD Valentina Santi	165
INNOVATIVE METHODS AND TOOLS	
PRIMARY AND SECONDARY USES IN CITIES – PRINCIPLES, PATTERNS AN INTERDEPENDENCE Marina Carević Tomić Milica Kostreš Darko Reba	D 175
MODELLING AND ANALYSING LAND USE CHANGES WITH DATA-DRIVEN MO ELS: A REVIEW OF APPLICATION ON THE BELGRADE STUDY AREA Mileva Samardžic-Petrović Branislav Bajat Miloš Kovačević Suzana Dragićević	OD- 183
INNOVATIVE DECISION SUPPORT SYSTEM Mariella Annese Silvana Milella Nicola La Macchia Letizia Chiapperino	190

URBAN FACILITY MANAGEMENT ROLE Alenka Temeljotov Salaj Svein Bjørberg Carmel Margaret Lindkvist Jardar Lohne	196
ANALYSES OF PUBLIC SPACES IN BELGRADE USING GEO-REFERENCED TWITTER DATA Nikola Džaković Nikola Dinkić Jugoslav Joković Leonid Stoimenov Aleksandra Djukić	205
SENTIMENT ANALYSIS OF TWITTER DATA FOR EXPLORATION OF PUBLIC SPACE SENTIMENTS Miroslava Raspopovic Milic Milena Vukmirovic	212
CITIES AND SCREENS: ARCHITECTURE AND INFORMATION IN THE AGE O TRANSDUCTIVE REPRODUCTION Catarina Patrício	DF 217
CITIZEN EMPOWERMENT, PUBLIC PARTICIPATION AND DEMOCRATIC CI	ΓIES
CITIES AS PLATFORMS FOR SOCIAL INNOVATION: AN INVESTIGATION IN HOW DIGITAL PLATFORMS AND TOOLS ARE USED TO SUPPORT ENTREP NEURSHIP IN URBAN ENVIRONMENTS Margarita Angelidou	
PROBLEM ISSUES OF PUBLIC PARTICIPATION IN HERITAGE CONSERVAT GEO-MINING PARKIN SARDINIA Nađa Beretić Arnaldo Cecchini Zoran Đukanović	ION: 235
A METHODOLOGY FOR STAKEHOLDER EMPOWERMENT AND BENEFIT ASSESSMENT OF MUNICIPAL LONG-TERM DEEP RENOVATION STRATEG A SURVEY WITHIN SOUTH-EASTERN EUROPEAN MUNICIPALITIES Sebastian Botzler	IES: 242
THE OPPORTUNITIES OF MEDIATED PUBLIC SPACES: CO-CREATION PRO CESS FOR MORE INCLUSIVE URBAN PUBLIC SPACES Inês Almeida Joana Solipa Batista Carlos Smaniotto Costa Marluci Menezes	)- 249
ARCHITECTURE AS SOCIAL INNOVATION: EDUCATION FOR NEW FORMS PROFESSIONAL PRACTICE Danijela Milovanović Rodić, Božena Stojić Aleksandra Milovanović	OF 255
CITY AS A PRODUCT, PLANNING AS A SERVICE Viktorija Prilenska Katrin Paadam Roode Liias	262
RAJKA: CHANGING SOCIAL, ETHNIC AND ARCHITECTURAL CHARACTER THE "HUNGARIAN SUBURB" OF BRATISLAVA Dániel Balizs Péter Bajmócy	OF 269
POSSIBLE IMPACT OF MIGRANT CRISIS ON THE CONCEPT OF URBAN PL NING	AN- 279
Nataša Danilović Hristić Žaklina Gligorijević Nebojša Stefanović	

TOWARDS DIMINUISHING DISADVANTAGES IN MIGRATION ISSUES IN SERBIA(FROM 2015) THROUGH PROPOSAL OF SOME MODELS287Eva Vaništa Lazarević Jelena Marić Dragan Komatina287

# ARCHITECTURAL DESIGN AND ENERGY PERFORMANCE OF BUILDINGS

APPLICATION OF ENERGY SIMULATION OF AN ARCHITECTURAL HERITAG BUILDING Norbert Harmathy Zoltán Magyar	GE 303
APPLICATION OF TRADITIONAL MATERIALS IN DESIGN OF ENERGY EFFI- CIENT INTERIORS	311
Vladana Petrović Nataša Petković Grozdanović Branislava Stoiljković Aleksandar Kekov Goran Jovanović	ić
DETERMINATION OF THE LIMIT VALUE OF PERMITTED ENERGY CLASS FOR THE KINDERGARTENS IN THE NORTH REGION OF BOSNIA AND HERZEGO NA	
Darija Gajić Biljana Antunović Aleksandar Janković	
ARCHITECTURAL ASPECTS OF ENERGY AND ECOLOGICALLY RESPONSIE DESIGN OF STUDENT HOUSE BUILDINGS Malina Čvoro Saša B. Čvoro Aleksandar Janković	BLE 326
ENERGY EFFICIENCY ANALYSES OF RESIDENTIAL BUILDINGS THROUGH TRANSIENT SIMULATION Ayşe Fidan ALTUN Muhsin KILIC	332
INNOVATIVE TECHNOLOGIES FOR PLANNING AND DESIGN OF "ZERO-ENI GY BUILDINGS" Kosa Golić Vesna Kosorić Suzana Koprivica	ER- 340
ENERGY REFURBISHMENT OF A PUBLIC BUILDING IN BELGRADE Mirjana Miletić Aleksandra Krstić-Furundzić	348
TYPOLOGY OF SCHOOL BUILDINGS IN SERBIA: A TOOL FOR SUSTAINABL ENERGY REFURBISHMENT Nataša Ćuković Ignjatović Dušan Ignjatović Ljiljana Đukanović	.E 357
ARCHITECTURAL DESIGN AND NEW TECHNOLOGIES	
EVALUATION OF ADVANCED NATURAL VENTILATION POTENTIAL IN THE MEDITERRANEAN COASTAL REGION OF CATALONIA Nikola Pesic Jaime Roset Calzada Adrian MurosAlcojor	367
TRENDS IN INTEGRATION OF PHOTOVOLTAIC FACILITIES INTO THE BUILT	Г 375

ENVIRONMENT 375 Aleksandra Krstić-Furundžić Alessandra Scognamiglio, Mirjana Devetaković, Francesco Frontini, Budimir Sudimac

INTEGRATION OF NEW TECHNOLOGIES INTO BUILDINGS MADE FROM CLT Milica Petrović Isidora Ilić	389
INTEGRATION OF SOLAR WATER HEATING SYSTEMS INTO GREEN BUILD INGS BY APPLYING GIS AND BIM TECHNOLOGIES Kosa Golić Vesna Kosorić Dragana Mecanov	)- 394
IMPLEMENTING ADAPTIVE FAÇADES CONCEPT IN BUILDINGS DESIGN: A CASE STUDY OF A SPORTS HALL Aleksandar Petrovski Lepa Petrovska-Hristovska	402
SIMULATION AIDED ENERGY PERFORMANCE ASSESSMENT OF A COMPL OFFICE BUILDING PROJECT Norbert Harmathy László Szerdahelyi	.EX 409
ARCHITECTURAL DESIGN AND PROCESS	
THE HABITABLE BRIDGE: EXPLORING AN ARCHITECTURAL PARADIGM TH COMBINES CONNECTIVITY WITH HABITATION Ioanna Symeonidou	HAT 421
REFURBISHMENT OF POST-WAR PREFABRICATED MULTIFAMILY BUILDINGS Aleksandra Krstić-Furundžić, Tatjana Kosić, PhD	428
THE FUTURE (OF) BUILDING Morana Pap, Roberto Vdović, Bojan Baletić	438
COMPARISON OF ARCHITECTS' AND USERS' ATTITUDES TOWARD SPATIA CHARACTERISTICS OF APARTMENTS Ivana Brkanić	AL 445
DIGITAL VS. TRADITIONAL DESIGN PROCESS Igor Svetel Tatjana Kosić Milica Pejanović	453
CREATING THE EASTERN CAMPUS CONCEPT AT THE UNIVERSITY OF PÉ CONNECTED THE FACULTY OF BUSINESS AND ECONOMICS Péter Paári Gabriella Medvegy Bálint Bachmann	- CS 461
BUILDING STRUCTURES AND MATERIALS	
SUSTAINABILITY BENEFITS OF FERROCEMENT APPLICATION IN CO POSITE BUILDING STRUCTURES Aleksandra Nenadović ŽikicaTekić	OM- 471
POSSIBILITIES OF ENERGY EFFICIENT REFURBISHMENT OF A FAMILY VII IN BELGRADE: A CASE STUDY	LLA 479

Nenad Šekularac Jasna Čikić Tovarović Jelena Ivanović-Šekularac

ENHANCING THE BUILDING ENVELOPE PERFORMANCE OF EXISTING BU INGS USING HYBRID VENTILATED FAÇADE SYSTEMS Katerina Tsikaloudaki Theodore Theodosiou Stella Tsoka Dimitrios Bikas	ILD- 485
STRUCTURAL ASPECTS OF ADAPTIVE FACADES Marcin Kozłowski Chiara Bedon Klára Machalická Thomas Wüest Dániel Honfi	493
STRATEGIZING FOR INFORMAL SETTLEMENTS: THE CASE OF BEIRUT Hassan Zaiter Francesca Giofrè	500
THE IMPACT OF USERS' BEHAVIOUR ON SOLAR GAINS IN RESIDENTIAL BUILDINGS	509
Rajčić Aleksandar Radivojević Ana Đukanović Ljiljana	
PRESERVATION OF ORIGINAL APPEARANCE OF EXPOSED CONCRETE FACADES, CASE STUDY: RESIDENTIAL BLOCK 23, NEW BELGRADE Nikola Macut Ana Radivojević	517
ADAPTIVE REUSE	
CONVERSION AS MODEL OF SUSTAINABLE SOLUTION FOR DEVASTATED INDUSTRIAL COMPLEXES Branko AJ Turnšek Aleksandra Kostić Milun Rancić	529
SILO CONVERSION - POTENTIALS, FLEXIBILITY AND CONSTRAINTS Branko AJ Turnsek Ljiljana Jevremovic Ana Stanojevic	537
ARCHITECTURE OF MULTIPLE BEGINNINGS AS A TOOL OF SUSTAINABLE URBAN DEVELOPMENT Milan Brzaković Petar Mitković Aleksandar Milojković Marko Nikolić	545
INHABITING THE TOWER. THE PARADIGM OF THE FORTIFIED TOWERS O MANI AND THE REUSE PROJECT Rachele Lomurno	F 556
ADAPTIVE REUSE THROUGH CREATIVE INDUSTRY TOOLS: CASE OF URA MASH, YEKATERINBURG, RUSSIA Eva Vaništa Lazarević Timur Abdullaev, Larisa Bannikova	AL- 564
URBAN MOBILITY, TRANSPORT AND TRAFFIC SOLUTIONS	
POLICY FOR REDUCING EMISSIONS IN AIRCRAFT OPERATIONS IN URBAN AEREAS BASED ON REGULATORY AND FISCAL MEASURES Marija Glogovac Olja Čokorilo	N 579
SIMULATING PEDESTRIAN BEHAVIOUR IN SCHOOL ZONES – POSSIBILITI AND CHALLENGES Ljupko Šimunović Mario Ćosić Dino Šojat Božo Radulović Domagoj Dijanić	ES 586

MODEL OF SMART PEDESTRIAN NETWORK DEVELOPMENT USING AN EDGE-NODE SPACE SYNTAX ABSTRACTION FOR URBAN CENTRES 593 Bálint Kádár

THE ROLE OF SMART PASSENGER INTERCHANGES IN THE URBAN TRANS-PORT NETWORK 604

Bia Mandžuka, Marinko Jurčević, Davor Brčić

## CLIMATE CHANGE, RESILIENCE OF PLACES AND HAZARD RISK MANAGE-MENT

THE IMPACT OF CLIMATE CHANGES ON THE DESIGN ELEMENTS OF CON-TEMPORARY WINERIES - CASE STUDIES 617 Branko AJ Turnšek Ana Stanojević Ljiljana Jevremović

DETERMINATION OF COMMUNITY DEVELOPMENT POLICIES USING URBAN RESILIENCE AND SYSTEM DYNAMICS SIMULATION APPROACH 626 Zoran Keković Ozren Džigurski Vladimir Ninković

QUALITIES OF RESILIENT CITY IN SYSTEMS OF PLANNING SUSTAINABLE URBAN DEVELOPMENT. AN INTRODUCTORY REVIEW. 634 Brankica Milojević Isidora Karan

PLACE-BASED URBAN DESIGN EDUCATION FOR ADAPTING CITIES TO CLI-MATE CHANGE 641

Jelena Živković Ksenija Lalović

 IMPROVING URBAN RESILIENCE, INCREASING ENVIRONMENTAL

 AWARENESS: NEW CHALLENGE OF ARCHITECTURAL AND

 PLANNING EDUCATION

 Aleksandra Stupar Vladimir Mihajlov Ivan Simic

URBAN RESILIENCE AND INDUSTRIAL DESIGN: TECHNOLOGIES, MATERIALS AND FORMS OF THE NEW PUBLIC SPACE 659 Vincenzo Paolo Bagnato

THERMAL COMFORT OF NIŠFORTRESS PARK IN THE SUMMER PERIOD 666 Ivana Bogdanović Protić Milena Dinić Branković Petar Mitković Milica Ljubenović

# LANDSCAPE ARCHITECTURE AND NATURAL BASED SOLUTIONS

 SMALL ISLANDS IN THE FRAMEWORK OF THE U.E. MARINE STRATEGY –
 679

 CHERADI'S ARCHIPELAGO IN TARANTO
 679

 Giuseppe d'Agostino Federica Montalto
 679

 LANDSCAPE AWARENESS AND RENEWABLE ENERGY PRODUCTION IN BOS-NIA AND HERZEGOVINA
 686

Isidora Karan Igor Kuvac Radovan Vukomanovic

SAVAPARK – A RESILIENT AND SUSTAINABLE NEW DEVELOPMENT FOR ŠABAC 692

Milena Zindović Ksenija Lukić Marović

ADRIATIC LIGHTHOUSES. STRATEGIC VISIONS AND DESIGN FEATURES 702 Michele Montemurro

LANDSCAPE ARCHITECTURE AND INFRASTRUCTURES: TYPOLOGICAL INVENTORY OF GREEK WATER RESERVOIRS' LANDSCAPE 710 Marianna Nana Maria Ananiadou-Tzimopoulou

THE BASIN OF THE MAR PICCOLO OF TARANTO AS URBAN AND LANDSCAPE "THEATRE" 717

Francesco Paolo Protomastro

INTERWEAVING AND COMPLEXITIES OF THE MAN-MADE ENVIRONMENT AND NATURE 725

Dženana Bijedić Senaida Halilović Rada Čahtarević

### BUILT HERITAGE, NEW TECHNOLOGIES AND DANUBE CORRIDOR

DIGITAL TOOLS IN RESEARCHING HISTORICAL DEVELOPMENT OF CITIES 737 Milena Vukmirović Nikola Samardžić

APPLICATION OF BIM TECHNOLOGY IN THE PROCESSES OF DOCUMENTING HERITAGE BUILDINGS 751

Mirjana Devetaković Milan Radojević

GIS-BASED MAPPING OF DEVELOPMENT POTENTIALS OF UNDERVALUED REGIONS – A CASE STUDY OF BAČKA PALANKA MUNICIPALITY IN SERBIA 758 Ranka Medenica Milica Kostreš Darko Reba Marina Carević Tomić

MAPPING THE ATTRACTIVITY OF TOURIST SITES ALL ALONG THE DANUBE USING GEOTAGGED IMAGES FROM FLICKR.COM 766 Bálint Kádár Mátyás Gede

INVENTARISATION AND SYSTEMATIZATION OF INDUSTRIAL HERITAGE DOC-UMENTATION: A CROATIAN MATCH FACTORY CASE STUDY 777 Lucija Lončar Zlatko Karač

CULTURAL LANDSCAPE OF ANCIENT VIMINACIUM AND MODERN KOSTOLAC – CREATION OF A NEW APPROACH TO THE PRESERVATION AND PRESENTA-TION OF ITS ARCHAEOLOGICAL AND INDUSTRIAL HERITAGE 785 Emilija Nikolić Mirjana Roter-Blagojević

ALTERNATIVE TERRITORIAL CHANGES OF HOUSING ESTATES TOWARDS A SUSTAINABLE CONCEPTION 793 Regina Balla

# HERITAGE, TOURISM AND DANUBE CORRIDOR

CULTURAL TOURISM IN THE BALKANS: TRENDS AND PERSPECTIVES. Kleoniki Gkioufi	807
CULTURAL TOURISM AS A NEW DRIVING FORCE FOR A SETTLEMENT REV ALISATION: THE CASE OF GOLUBAC MUNICIPALITY IN IRON GATES REGIN SERBIA Branislav Antonić Aleksandra Djukić	
CULTURAL AND HISTORICAL IDENTITY OF TWIN CITIES KOMÁR- NO-KOMÁROM Kristína Kalašová	823
PLACE NETWORKS. EXPERIENCE THE CITY ON FOOT Milena Vukmirovic Aleksandra Djukić Branislav Antonić	830
STORIES WITH SOUP - CULTURAL HERITAGE MOMENTS ALONG THE DAN UBE RIVER Heidi Dumreicher Bettina Kolb Michael Anranter	l- 837
ETHNIC AND TOPONYMIC BACKGROUND OF THE SERBIAN CULTURAL HE TAGE ALONG THE DANUBE	ERI- 844

Dániel Balizs Béla Zsolt Gergely

## SPATIAL AND RURAL DEVELOPMENT

BEAUTIFUL VILLAGE PROJECT: AN ARCHITECTUAL AND LANDSCAPE DESIGN STRATEGY FOR NON-HERITAGE VILLAGES IN HEBEI PROVINCE 859 Dapeng Zhao Bálint Bachmann Tie Wang

CHANGES IN DEVELOPMENT OF NORTHERN CROATIA CITIES AND MUNICI-PALITIES FROM 1991 TO 2011: MULTIVARIABLE ANALYTICAL APPROACH 869 Valentina Valjak

SPECIFICS OF DYNAMICS OF SHRINKING SMALL TOWNS IN SERBIA 879 Milica Ljubenović Milica Igić Jelena Đekić Ivana Bogdanović-Protić Ana Momčilović-Petronijević

BALANCED REGIONAL DEVELOPMENT OF RURAL AREAS IN THE LIGHT OF CLIMATE CHANGE IN SERBIA– OPPORTUNITIES AND CHALLENGES 888 Milicalgić MilicaLjubenović Jelena Đekić Mihailo Mitković

COLLABORATIVE RESEARCH FOR SUSTAINABLE REGIONALDEVELOPMENT: EXPERIENCES FROM "LEARNING ECONOMIES" ITALY-SERBIA BILATERAL PROJECT 899

Jelena Živković Ksenija Lalović Elena Battaglini Zoran Đukanović Vladan Đokić

ASSESSMENT OF VALUE OF BIOMASS ENERGY POTENTIAL FROM AGRICUL-TURAL WASTE IN LESKOVAC FIELD AND ITS IMPORTANCE IN THE SETTLE-MENT DEVELOPMENT PLANNING 908 Mihailo Mitković Dragoljub Živković Petar Mitković Milena Dinić Branković Milica Igić MULTIFUNCTIONAL FACILITIES – FROM PRIMARY FUNCTIONS TO SPATIAL

MULTIFUNCTIONAL FACILITIES – FROM PRIMARY FUNCTIONS TO SPATIAL LANDMARKS (STUDY OF TWO CASES IN SERBIA AND BOSNIA AND HERZE-GOVINA) 918

Aleksandar Videnovic Milos Arandjelovic

# IMAGE, IDENTITY AND QUALITY OF PLACE: URBAN ASPECTS

# ADDRESSING THE SOCIO-SANITARY EMERGENCY IN AFRICA: THEORIES AND TECHNIQUES FOR DESIGNING A COMMUNITY HEALTH CENTRE IN MALI

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# ABSTRACT

The contribution communicates the results of a research that has as its background the critical study of typological and technological aspects for socio-sanitary emergencies in highly critical contexts such as sub-Saharan Africa. The research, supported by *Gente d'Africa Onlus* and carried out in the Departments of Architecture of the Universities of Florence and Roma Tre University, had the general objective of determining the guidelines for the design of a Community Health Centre (CSCom).

For this purpose, during the research it was possible to:

- define the quality and utility thresholds of the spatial and distributive-functional relationships of a minimal typological plant for a CSCom, related with the use of local communities;

- explicate the transmittable constructive technologies taking into consideration the local constructive possibilities in terms of both material and human resources;

- check the local climatic conditions, in terms of thermal comfort and the lighting conditions of the interior spaces, also in relation to the local attitudes;

- identify the operating methods for the resolution of traditional technological systems in a

1 Corresponding author.

context without networks and the design of special elements to guarantee hygienic conditions by defining new (but vernacular) technological systems.

The theoretical assumptions of the researchhave been characterized by an approach based on a continuous comparison between local knowledge and the reference sciences in technical-constructive matters (materials and construction techniques), socio-economic (economic evaluations) and climatic-environmental (thermal wellness, natural lighting).

The theoretical framework has determined technical and technological criteria for the definition of the guidelines that have been applied in a design program for the construction of a CSCom (of more than 1,700 m<sup>2</sup>) that will be built in Mali, near Kita, between the villages of Dyalaya, Koronji and Tounbouba.

# Keywords: Socio-sanitary Emergency, Community Health Centre, Traditional Techniques, Guided Self-Containment, Local Communities.

#### Introduction

The contribution expounds the results of the research project implemented by the Department of Architecture of Florence University and Roma Tre University for the *non-profit organization (NPO)*Gente d'Africa, which for over a decade has been engaged in building public works in Africa. The aim of the research is to draw up guidelines for planning a Community Healthcare Centre (CSCom) in Mali. By means of the adoption of appropriate investigation methods, the activities, which involved teachers and students<sup>2</sup> of the two departments, were split up into:

phase 1: analysis of the state of the art of the peculiar and difficult territorial context, with attention to environmental criticality, to the application limits of operating tools and to the results achieved by previous research both in terms of methodology and application results. The analysis, in addition to the study of existing literature, was supported by surveys on the territory (survey in February 2017);

phase 2: synthesis of the analyses for the correct definition of the guidelines, through the evaluation of the application results existing on the territory, the definition of the potential quality of the built environment and the definition of parameters and design and process tools broken down according to the nature of the resources: material, technological, energy-environmental and economic-financial;

phase 3: definition of the guidelines on the basis of the parameters identified in the synthesis through the adoption of technical solutions and locally sustainable technologies based on availability, durability and low maintenance requirements, as well as the technical and construction culture to be implemented;

phase 4: application of the guidelines to the CSCom case study serving 12 villages around Tounbouba, near Kita, 150 km from Bamako.

The peculiarity of the environmental and area context and the type of building were the two factors that conditioned the definition of the specific project guidelines.

## CONTEXT

Mali is the largest West African state in the sub-Saharan region: 1.25 million km<sup>2</sup> of desert, in which live 18 million people. A land poor in natural resources, mainly desert and uncultivated, with very irregular rainfall (nearly absent rainfall in winter and alluvial in summer) and lack of

<sup>2</sup> Novella Lecci, Valentina Luperto, Francesca Maioli, Sofia Pistolesi, Lucrezia Pucci, Francesco Rappelli, Domenico Rivetti, Alessandra Venturoli, Alessandra Vezzi, Benedetta Zamboni, Marta Zerbini of University of Florence; Emma Allegretti, Francesca Carfagna, Luigia Capristo, Ottavio Minella of Roma Tre University.

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suitable land areas, which means that only 2% of the territory is ploughed or under arborescent crops. Extension complicates land management, producing food scarcity, poverty and instability and triggering problems of social equity and cohesion. The political situation is unstable: after the 2012 coup d'état, despite United Nations intervention and the peace agreement signed by armed militias in 2017, many smaller groups did not accept the government's development plan, making the situation fragile (De Georgio, 2017). The instability of the country aggravates health conditions. Health policies, directed by the Ministère de la Santé and implemented by the Direction Nationale de la Santé of Bamako, are applied by the Regional Health Directorates. The country has three national hospitals (Point G, Gabriel Touré and Kati) and seven regional hospitals. In the Cercles (Districts) there are 56 Centres de Santé de Référence which link the hospitals with the 930 Centres de Santé Communautaire (CSCom), managed by the Associations de Santé Communautaire. This pyramidal system (fig. 1) counts on twenty thousand volunteers (Community Health Volunteers) who together with qualified operators (Community Health Workers) make up the sector's major resource (USAID, 2013), but are not enough. Mali suffers from emergency social-healthcare conditions with unsolved problems of child mortality<sup>3</sup>: 78% of the population lives in conditions of poverty (13 million people) and 55.9% are in conditions of extreme poverty (Jahan et al., 2016). The social-healthcareemergency is therefore among the country's major problems.

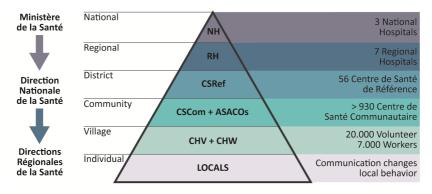


Figure 1: Mali Health Pyramid.

# Project

The subject of the research work is a Community Health Centre that performs a public function but is managed by a private association linked to the community. For this reason, in theplanning stage, the choice of location for the Centre was a particularly delicate one. Thanks to the *NPO*experience, the decision was taken to locate the Centre in an area near the village of Tounbouba, in the Kayes region.

The village is centrally located with respect to 11 other villages<sup>4</sup>, close to the main road that leads to the Capital and the area is crossed by the Bamako-Dakar railway line. The research work began with the analysis of the typological characteristics of the traditional Malian dwelling with the aim of becoming acquainted with the building and social conditions of the local inhabitants. The traditional houses provide, above all, minimum conditions of well-being, given the climatic-environmental context and usability and in view of gradual family-growth conditions.

The buildings are developed, first of all, defining the boundary around the family property and

<sup>3</sup> In Mali, 11.5% of deaths are children under 1 year of age [Unicef, 2016].

<sup>4</sup> Balambougou, Baléyani, Bandigoula are all within a distance of 20 km.

then erecting a first rectangular building raised off the ground to protect it from flooding. Mainly intended for night shelter, the house does not contemplate specialisations or hierarchies. In accordance with changes extending over time, a series of cells are placed on top of each other as needed. Despite the insertion of space hierarchy, made recognizable by loggia filters, the primitive functional living pattern is well present in the CSCom, as is demonstrated by:

a composition made up of modular cells contained in an introverted enclosure and with the presence of courtyards that make it easy to use the rooms;

the location of the various environmental units in separate single-functional modules for healthcare activities (emergency, childbirth, outpatient), service (canteen, storage of medicines and equipment, toilets) and residential (housing for medical and paramedical personnel);

the dislocation of service spaces in cells separated from the main cells, such as areasintended for the management of water resources (*château d'eau*) and for the incineration of organic and hospital waste.

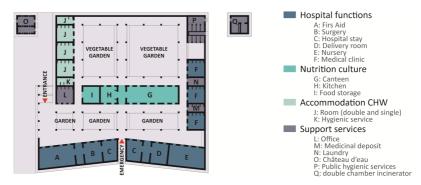


Figure 2: Functional and distribution scheme of the CSCom.

#### Cognitive insights

Among the cognitive insights of stages 2 (available resources and critical parameters) and 3 (technical and technological solutions) of the research work, the following are those related to material, environmental, plant engineering and waste aspects.

#### Material issues

Raw earth is widely used<sup>5</sup> to build houses using adobe stabilized with straw. Humidity conditions, particularly in the violent rainy seasons, are severe. As a result, the adobe is waterproofed, before drying, with Karité butter, which is produced in abundance throughout the entire Malian Niger Basin. However, the hygiene and health standards of a healthcare facility are hardly guaranteed by the use of adobe, without forgetting the difficulty of maintenance. For this reason, a more tenacious and durable brickwork solution was adopted, in part plastered with lime. In particular, foundation and elevation structures are made of UNI bricks, a model also widespread in former French-speaking colonies, internally covered with ceramic elements or plaster.

Clay tables were used for the wall slab, which allows ventilation and sufficient detachment from the ground in case of flooding, while the roof slab is in brick vaults and steel profiles. The

<sup>5</sup> In the north of the Country are the splendid Great Mosque of Djenné and the ancient city of Timbuktu.

#### 5th INTERNATIONAL ACADEMIC CONFERENCE

modularity of the minute brick element allows this property to be transferred to the cells that go to form the building, making it possible to spread a correct and economic building culture.

#### **Environmental issues**

Excepting rainfall periods<sup>6</sup>, climatic conditions are constant throughout the year. Solar radiation persists, approximately, during all the seasons with high average radiation values<sup>7</sup> and prevalent horizontal radiation<sup>8</sup>. Average temperatures are always high<sup>9</sup>, with little difference between night and day. There is therefore no preferable orientation: the presence of shading and natural ventilation systems is preferable to horizontal closures, while the façadescan be designed with a uniform layer of masonry.

The use of natural ventilation layers on the roof avoids direct heat gain; the optimal dimensioning of the wall thickness should vary between 30.5 and 40.6 cm (Olygay, 1990), without the need for thermal insulation. In the study case, the wall thickness was hypothesized as 38 cm and a second floor of spaced roof determines a strong overhang on the courtyard triggering convective motions that guarantee cooling by ventilation, fed by vents of air on the front. The roof overhang also makes it possible to widen the openings, guaranteeing indirect lighting of the interior spaces. Window frames with insect and fine dust nettingmaintain internal hygienic conditions. Verification of performance relating to the natural lighting of the section where the outpatient surgeries and delivery rooms are located shows an average daylight factor of 8% with minimum illuminance on a horizontal plane<sup>10</sup> of 560 lux.

#### Plant issues

Water scarcity, especially in the phases of use and operation of an activity, is one of the most critical aspects: at present, water is generally supplied by means of wells. Since the flow capacity of a well is insufficient to ensure the normal operation of a CSCom, storing rainwater is of crucial importance, given that there are months in which 300 mm of rainfall is reached. In the case study, the solution was suggested of a château d'eau (fig. 3) with a lower floor for the use of the water resource and raised with the tank. The recovery of rainwater was conceived through a system of underground tanks connected in series, filled by gravity, able to store up to 60 thousand litres of rainwater recovered from the roof surface for non-drinking purposes. The sun remains the only sure and exploitable resource through active systems for the production of energy. In case of using photovoltaic solar systems must take into account that power requirements, due to the power input of CSCom medical equipment, are easily covered by RES. It should be noted that in 2016 the per capita electricity consumption in Mali was 80 kWh/year, compared to 4.790 kWh/year in Italy (Indexmundi, 2018). In order to exploit the sun's resources on the roof, the installation has been suggested of photovoltaic solar panels with estimated electricity production of 3,9MWh (JRC, 2018).

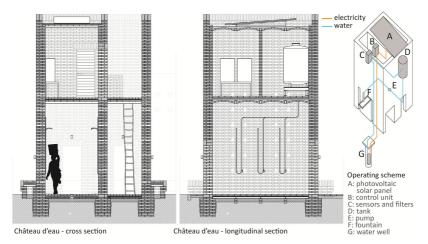
<sup>6</sup> Heavy rains from June to September, then 6 mm of rain from November to April.

<sup>7 2,200</sup> kWh/m<sup>2</sup>.

<sup>8</sup> The sun remains rather high during all the hours of daylight and during all the seasons.

<sup>9</sup> Between March and June, the temperature exceeds 40°C nearly every day.

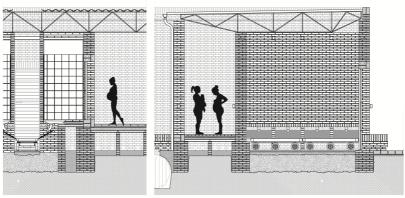
<sup>10</sup> Checked at 180 cm from the natural ground level, 110 cm from floor by means of Ecotect software.





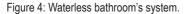
#### Waste management

Currently, the use of toilets is not widespread, and in fact physiological activities occur in conditions of poor hygiene and low safety, putting at risk the health conditions of people who, through contact with soil contaminated by excrements and insects, can contract very serious diseases (Moroni et al., 2014). In addition to organic waste, in the case of CSCom other organic waste is generated by important activities. The scarcity ofwater makes it impossible to transfer commontechnical solutions to the African context, but requires the adoption of dry solutions that can be managed, especially in the emptying phases, while maintaining the best possible hygienic conditions. Hospital organic waste must be managed with the same care and using solutions that guarantee a minimum risk of infection. In existing literature, it is considered possible to apply the principle of compost toilette or clivus multrum (fig. 4) which operates on the basis of the separation of human excrements into dry and leachate, responsible for the proliferation of pathogenic germs. Besides the composting of such waste, solutions must be provided for final-stage waste management. In the case study, this integrated principle has been applied to the design of an incinerator; the emptying of the containment chamber is carried out by means of a waste transport system on a trolley with a moving bottom as far as the incinerator. The latter operates according to the double chamber principle (Rogers, Brent, 2006).



Bathroom - cross section

Bathroom - longitudinal section



## Conclusions

The Tounbouba case study illustrates the potential and possible application of the guidelines. The research work, which is continuously tested through discussion with specialists and operators in the sector, is now facing the development of economic models for its implementation. It is therefore a question of verifying its financial and economic viability, favouring economies of scale and overall greater social sustainability. The scarcity of resources, the environmental context and the critical issues have been taken into account in defining the economic-financial instruments that can be used. Since it was not possible to refer to technologies, techniques or labour costs for works or similar solutions because not described and non-existing, it was decided to carry out a quantitative and economic analysis of the materials, checking things out on local markets and with European producers operating in the territory in order to elaborate a parametric cost to compare with the costs of similar jobs. The main reference was a database of multi-parameter prices (CYPE, 2018) which generates realistic prices for the most common iobs, breaking down each item into the cost of individual materials, equipment and labour to determine the cost of each material to be produced on site and evaluating the cost of other materials "to measure". For the completion of CSCom, a crowdfunding charity is currently being set up, which will go to join the sponsorships of economic operators who can give a boost to fund raising.

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