

Habitat Tectonics Architecture & Urbanism (HTAU)

A CIVIC PRESENCE

This hybrid of a house and medical facility in Karnal becomes a significant addition to the city's streetscape with its finely executed brick envelope, besides becoming an agent of local skill development

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Photos Habitat Tectonics Architecture & Urbanism (HTAU)



Provincial towns within the country have always had a distinct urban character, the uniqueness of which stems from their geography, modes of trade and occupation, as well as the specificities of landscape, climate and material. These vibrant urban entities are now being increasingly subjected to the malady of the universalised appropriation of the aluminium composite panel and its accompaniment – tinted glass. The almost-viral-like nature of the spread of this duo is the outcome of a need for affordable quick-fixes and a wide-spread ignorance of the ill-effects of its use – as well as a fetishisation of its 'newness' and perceived superiority in 'stature' over other materials.

Traditional building methods are increasingly being seen as 'inferior' – often because of what paradoxically is a most precious aspect – its ability to weather and show the mark of time upon it. This has brought about a reduced need and faith in these methods, as well as the diminishing stature and numbers of truly skilled craftsmen – in many ways we seem to be encountering, more than a hundred years later, effects similar to that of industrialisation upon the Western Hemisphere.

In this context, it is a delight to come across a little building that, on its own terms, makes an attempt to counter this situation. Designed by Delhi-based HTAU (Habitat Tectonics Architecture & Urbanism) this diminutive hybrid building consisting of a doctor's residence and a medical facility marks a distinctive presence upon the streetscape with its bold yet simple figure and the unmistakable character of its outer envelope.

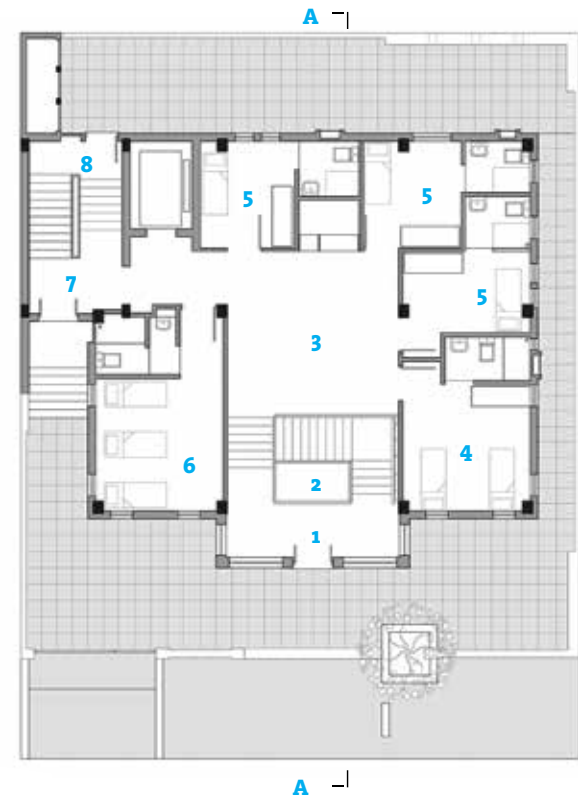
The four-storey building displays a straightforward sectional stacking from the most public Out-Patient Department and Pharmacy on the lower ground floor, to the more secluded public domain of the recovery wards on the upper ground floor, and the restricted access to the Operation Theatre and Intensive Care Unit on the first floor. The second floor is most private – the doctor's spacious residence, with its distinctive white-painted loggia scooped out from the building's upper south-east corner, and the shallow protruding volumes on the north and west faces.



The east facade, with its protruding central entrance volume, frames a recessed entrance court that becomes an urban piazza of micro-sized proportions contiguous with the footpath – a significant gesture that announces the nature of the building as one accessible to the public, as well as one with aspirations of being a true urban incident. A deep recess on the south encloses the vertical circulation elements in the south-west corner of the building – the staircase as well as an elevator, besides becoming a private entrance or a 'chowk' for the residents on the second floor. It is here, on this eastern aspect, that one begins to experience this little building's masterful and exquisite bricklaying, as well as the articulated brick facade – through an accessibility and tactility that is sure to win over those who see this as a building method inconsistent with the present – or with wider use and affordability.

The architects decided to adopt exposed brickwork as an homage to a material that has

This spread: the hybrid building houses a doctor's residence as well as a medical facility. It marks a distinctive presence upon the streetscape with its bold yet simple figure and the unmistakable character of its outer exposed brick facade. Next spread: the brick-clad building is perforated by a number of narrow openings, creating dramatic light and shadow patterns within

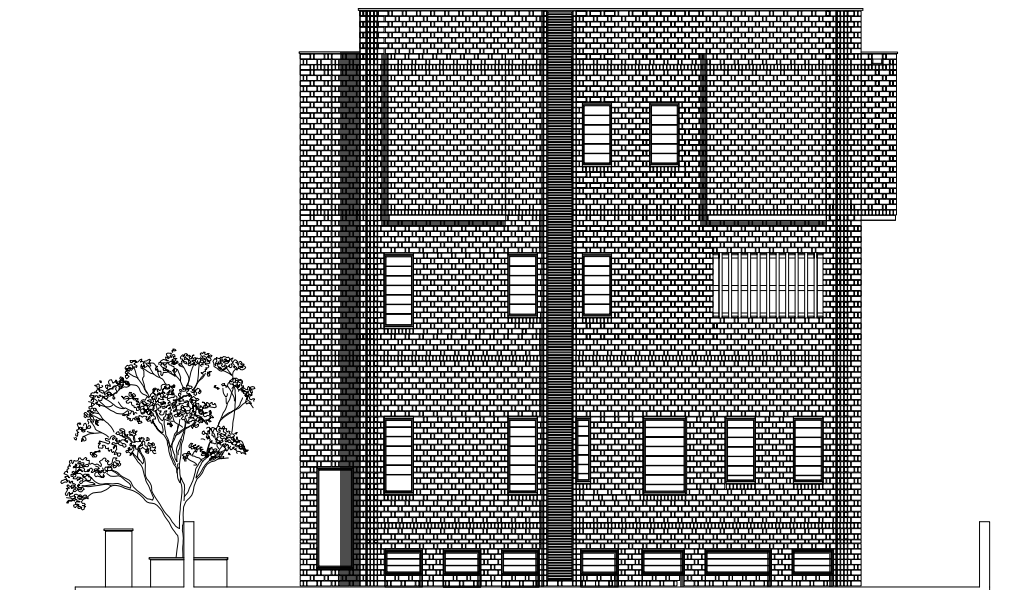


UPPER GROUND FLOOR PLAN

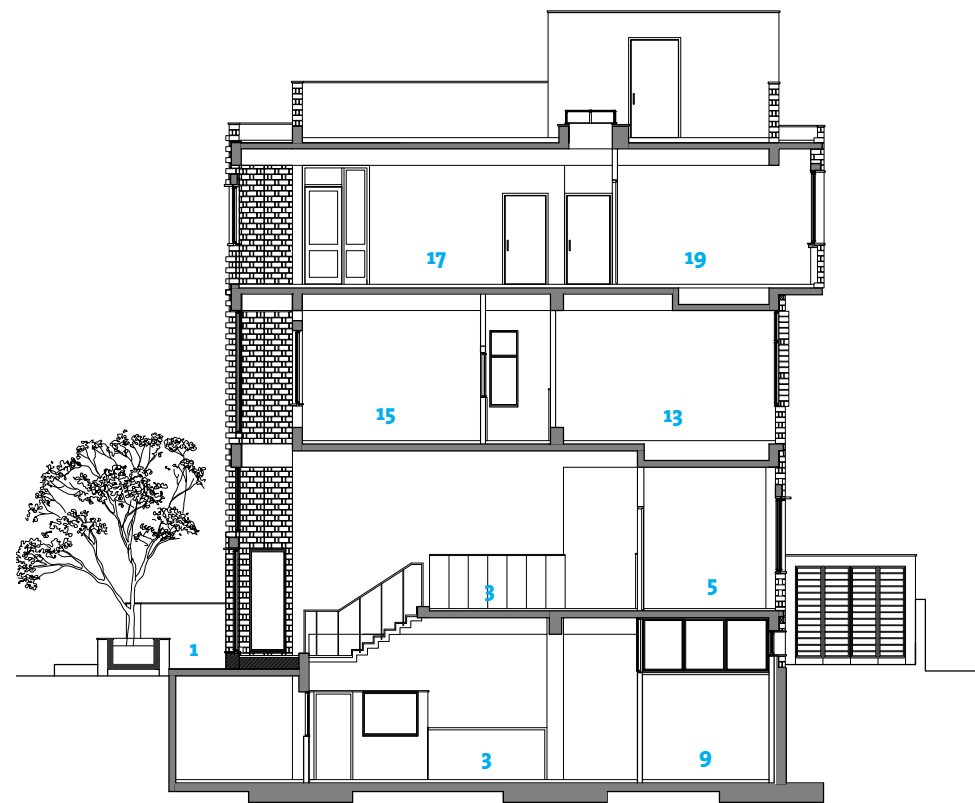
- 1 Main entrance
- 2 Stairs connecting lower and upper ground
- 3 Waiting area
- 4 Semi Private room
- 5 PVT room
- 6 Economy room
- 7 Residential entrance
- 8 Main staircase
- 9 OPD room
- 10 Pharmacy
- 11 Laboratory
- 12 Ancillary room
- 13 Operation Theatre
- 14 Post Operation Room
- 15 NICU (Neo Natal Intensive Care Unit)
- 16 Double-height space above main entrance
- 17 Living / Dining room
- 18 Kitchen
- 19 Master bedroom
- 20 Bedroom
- 21 Children's room
- 22 Balcony



EAST ELEVATION

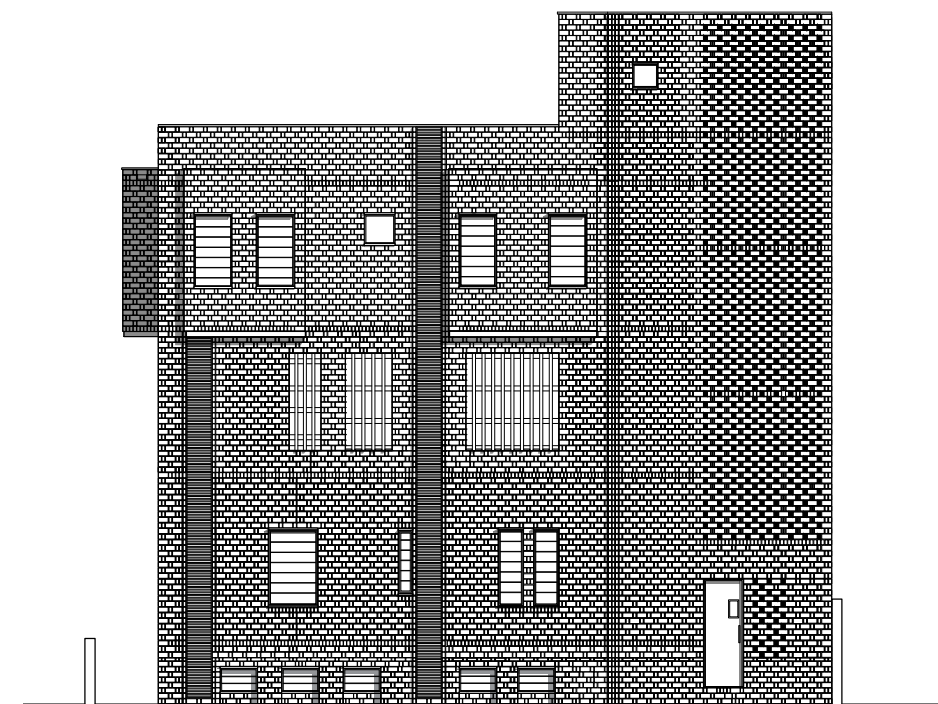


NORTH ELEVATION



SECTION AA -EAST WEST SECTION

Project
Karnal Medical Centre
 Location
Karnal, Haryana
 Client
Karnal Medical Center Pvt. Ltd. (Dr. Sanjay Khanna)
 Architect
Habitat Tectonics Architecture & Urbanism (HTAU)
 Design Team
Puneet Khanna, Mriganka Saxena, Intekhab Alam
 Site Architect
Rajiv Sanserwal
 Structural Engineer
Asian Engineering Consultants
 Brick Masons
Kali and Kailash
 Steel Fabricators
Mohammad Younus
 Carpenter Team
Mohammad Azam
 Site Area
307 m²
 Project Area
734 m²
 Initiation of Project
May 2012
 Completion of Project
August 2013



WEST ELEVATION





been used widely to create some of Haryana's 'finest civic buildings' as well as a 'conscious attempt to revive a simple craft' – as stated in their project description. This intent is explored in a forceful yet dignified manner in the nature of the outer brick skin – which exhibits a character ranging from the insular to the porous. The projecting entrance facade is actually a perforated brick skin, with raised bricks that act as contemporary ornament to create a striking, if repetitive, pattern of shadows, deep recesses, and regular coursework. On the inside this is seen as a simple jaali or screen with square openings. A glazed entrance door flanked by large windows framed in mild steel opens into a foyer from where lead two staircases – one down to the OPD and Pharmacy on the lower ground floor below, the other up to the recovery wards and sick beds on the upper ground floor. A narrow two-and-a-half-storey void above this foyer is instrumental in aiding the building's natural ventilation – acting in conjunction with the staircase void in the south-west corner of the building (with its own perforated brickwork of the same design).

Otherwise the building is wrapped in a taut brick skin punched by narrow window openings (with openable sashes) laid in the now-classic rat-trap bond – with soldier courses expressing the location of each floor plate. The supporting reinforced concrete frame is hidden under this skin, other than the exposed slabs that are observed under the second floor projections, with the slab edge neatly trimmed and recessed, exposing the lowermost corner of the coursework – a subtle yet well-crafted detail that casts a narrow band of shadowline. Elsewhere, the serrated corners of the upper floor, and fine details such as the vertical arises (that conceal the rainwater downtake pipe) and the slender brick-on-edge fins that shade the windows of the



first floor calibrate and add necessary relief to the brick skin. Construction was supervised by the architects themselves – their office collaborating with the bricklayers on site to achieve the necessary pragmatic details. Drawings were made and remade, ensuring the meticulous attention to detail in laying the coursework. This impetus to a dying art is welcome – as the architects state themselves – they justifiably feel that there has been a contribution made by them in renewing a tradition as well enabling the development of a skill amongst local artisans – that can now be put to service in the construction of other buildings in the region.

If there is a grouse, it is the somewhat gloomy and generic nature of the interior spaces – the celebratory nature of the entrance facade is dampened considerably by the generic and clinical nature of the interiors of the medical facility. This is a significant drawback, as visitors would spend a considerable amount of time within the confines of this envelope. While the excellence of craftsmanship of the brick envelope is beyond doubt (notice the waterspouts, the lintels, as well as the precision of the bricklaying)

– credit to which goes to both the artisans as well as the architects for having trained an unskilled workforce, the design of the envelope itself could have been a space of greater exploration – both in variation of porosity across the facade as well as in its articulation and composition. Of course, one must remember that the building was put up in 16 months and within a modest budget as the architects state – and hence this seems to be an acceptable limitation.

But this pales in comparison to the victory of the building's sheer achievement – in the training of an unskilled workforce, in the revival of craft traditions, in the wedding of the domestic scale with the dignified presence of a public institution. A house and clinic with a civic presence. An earthen pendant on a street filled with the mundane. @

This spread: the serrated corners of the upper floor, and fine details such as the vertical arises and the slender brick-on-edge fins that shade the windows of the first floor calibrate and add necessary relief to the brick skin. The perforations in the facade facilitate dynamic patterns of natural light within the otherwise stark interior space

