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GOVERNANCE OF HUMAN RIGHTS-FRIENDLY PRIORITY SERVICES FOR VULNERABLE GROUPS AT PADANG IMMIGRATION OFFICE

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Abstract:

Equitable public service governance requires arrangements that convert formal equality into usable access for citizens with different needs. This study examines how Human Rights-Friendly Priority Services are planned, organized, delivered, and monitored at the Padang Class I Immigration Office with an Immigration Checkpoint and identifies the factors that support and constrain their implementation. A descriptive qualitative design was employed. Data were generated through interviews with informants representing managerial, operational, and vulnerable-user perspectives, direct observation of service processes and facilities, and analysis of regulations, internal decrees, standard operating procedures, and service records. Source and technique triangulation were applied, and the data were analyzed through reduction, display, conclusion drawing, and verification. Findings were organized using George R. Terry's planning, organizing, actuating, and controlling framework and interpreted through Public Service Logic. The Office has established a policy foundation, a dedicated service room, assistive facilities, coordinated staff roles, direct assistance, internal evaluation, and complaint channels. These arrangements reduce administrative, physical, and digital burdens. However, independent and equitable access remains constrained by the absence of tactile guiding paths, limited sign-language competence, inflexible staffing and daily quotas during peak periods, insufficient waiting-room capacity, and the lack of a user-specific satisfaction instrument. The study shows that rights-friendly service depends on a closed management cycle linking user evidence, resource allocation, frontline adaptation, and corrective action.

Keywords: Governance, Human Rights-Friendly Services, Immigration Office, Priority Services, Vulnerable Groups.

INTRODUCTION

Public service governance reflects how the state translates legal rights into services that citizens can actually use. Accessibility, transparency, and accountability are therefore not satisfied merely by completing an administrative transaction quickly. Citizens approach service procedures with different physical, sensory, communication, informational, and digital capacities. Persons with disabilities, older adults, pregnant women, breastfeeding mothers, children, and other people with specific needs are more likely to encounter barriers that are not experienced by regular applicants. Unless service arrangements are adapted, formally identical procedures can produce substantively unequal outcomes (Dewi & Suparno, 2022; Marasaoly & Umra, 2026).

Law of the Republic of Indonesia Number 25 of 2009 concerning Public Services establishes access, service standards, complaint handling, and accountability as obligations of public-service providers. This framework is reinforced by Regulation of the Minister of Law and Human Rights



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Number 25 of 2023, which requires prompt, accurate, inclusive, nondiscriminatory, and user-oriented public services. Human rights-friendly service must therefore be visible across the entire service journey: entering the building, locating the service point, understanding information, communicating with officers, completing the procedure, and submitting feedback without compromising dignity or privacy.

These requirements are particularly important in passport issuance. Passports enable mobility for employment, education, medical treatment, worship, and family purposes. Barriers in passport processing can delay urgent needs and restrict opportunities, especially when applicants depend on companions, cannot use online queue applications, or experience difficulty following a lengthy regular service flow. Priority service should consequently be governed as a rights-fulfilment mechanism rather than as a discretionary shortcut or a simple reduction in waiting time.

The Padang Class I Immigration Office with an Immigration Checkpoint implements Human Rights-Friendly Priority Services under Decree of the Head of Office Number W.3.IMI.IMI.2.GR.01.01-1070 dated February 22, 2021. The Office provides a dedicated room for passport applications, residence permits, and immigration examinations involving applicants who require service adaptations. Facilities include wheelchairs, three-legged and four-legged canes, Braille books, hearing aids, a designated counter and waiting room, a lactation room, reserved parking, and an accessible restroom. The intended users include wheelchair and cane users; persons with visual, hearing, or speech impairments; older adults; pregnant women; and mothers with young children. These arrangements are consistent with Law Number 8 of 2016 and Government Regulation Number 42 of 2020 concerning accessibility for persons with disabilities.

Service volume provides an empirical reason to examine how this program is governed. Internal records indicate that the Padang Office served more priority-service users than the Agam Class I Immigration Office without an Immigration Checkpoint throughout 2022-2025. The comparison is presented in Table 1.

Table 1. Comparative Number of Visits by Vulnerable-Group Service Users

No.	Type of Immigration Office	2022	2023	2024	2025
1	Padang Class I Immigration Office with an Immigration Checkpoint	2,460	2,420	2,240	2,380
2	Agam Class I Immigration Office without an Immigration Checkpoint	1,720	1,690	1,570	1,670

Source: Internal service records of the Padang and Agam Immigration Offices, 2022-2025.

Table 1 shows that the Padang Office served approximately 2,240-2,460 priority-service users annually, compared with approximately 1,570-1,720 users at the Agam Office. The higher volume increases the need to coordinate personnel, equipment, waiting space, and individualized assistance, particularly before the Hajj and Umrah seasons. Preliminary evidence nevertheless identified several governance gaps: no satisfaction instrument specifically captures the experiences of vulnerable users; the tactile guiding path has not been restored; sign-language competence is limited; and staffing, daily quotas, and waiting-room capacity do not consistently adjust to fluctuations in demand.

Previous research has examined the effectiveness of services for vulnerable groups, home-based passport innovations, human rights-based service quality, New Public Service principles, and strategies for strengthening immigration priority services (Junriana & Faiza, 2022; Jannah et

al., 2023; Lestari et al., 2024; Wilangga et al., 2024; Annisa & Astuti, 2025). These studies establish the importance of accessibility and citizen orientation, but they tend to evaluate individual innovations or service outcomes rather than the management cycle that connects planning, resource allocation, frontline action, and corrective monitoring. This leaves a practical and conceptual gap concerning how formal service commitments are converted into value that vulnerable users can experience independently.

This study addresses that gap by combining George R. Terry's planning, organizing, actuating, and controlling framework with Public Service Logic. Terry's framework is used to assess the internal governance cycle, while Public Service Logic evaluates whether organizational resources produce convenience, safety, independence, privacy, and dignity for service users (Osborne, 2018; Syahputra & Aslami, 2023; Virtanen & Jalonen, 2024). The study aims to analyze the governance of Human Rights-Friendly Priority Services at the Padang Class I Immigration Office with an Immigration Checkpoint and to identify the factors that support and constrain their implementation. Its contribution lies in showing that rights-friendly service quality depends on a closed feedback cycle rather than on the isolated availability of facilities or courteous officers.

METHODS

This study used a descriptive qualitative design to examine how Human Rights-Friendly Priority Services are planned, organized, delivered, and monitored. The Padang Class I Immigration Office with an Immigration Checkpoint was selected purposively because it operates a dedicated human rights-friendly service room and handles a relatively high volume of vulnerable-group applicants. Informants represented five role categories: the Secretary to the Head of Office, the Head of the Travel Document Services Subsection, a Junior Immigration Examiner, officers assigned to the human rights-friendly service room, and service users from vulnerable groups. This composition enabled comparison among managerial, operational, and user perspectives.

Primary data were generated through semi-structured interviews, direct observation, and documentation. Interviews examined policy implementation, role allocation, frontline adaptations, monitoring practices, and supporting and inhibiting factors. Observation focused on the service flow, accessibility and condition of facilities, waiting arrangements, and interactions between officers and applicants. Documentary evidence included regulations, the head-of-office decree, the standard operating procedure, internal service records, and relevant scholarly literature. The manuscript reports participants by role category rather than by personal identity.

Data credibility was strengthened through source triangulation across managerial, operational, and service-user accounts and through technique triangulation across interviews, observation, and documents. Analysis followed the interactive process of data condensation, data display, conclusion drawing, and verification (Miles et al., 2014). A deductive matrix based on planning, organizing, actuating, and controlling was used to organize the principal findings, while supporting and inhibiting factors were identified across the data sources. Public Service Logic was then used during interpretation to assess whether the available resources created usable value in the form of convenience, safety, independence, privacy, and respectful treatment.

RESULTS AND DISCUSSION

Overview of Human Rights-Friendly Priority Services

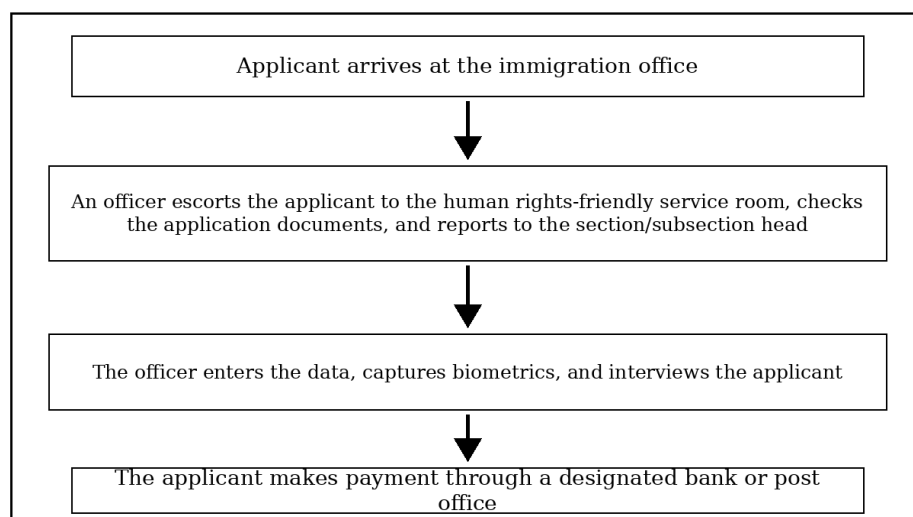
Documentary and observational evidence showed that the priority service provides an adapted pathway for applicants who cannot comfortably use the regular service model. Security or service officers identify the applicant's needs on arrival and direct the individual to the human



rights-friendly service room. Officers then verify documents, coordinate with the responsible official, enter the application data, capture biometrics, conduct the interview, and explain payment through a designated bank or post office. The substantive requirements for passport issuance remain unchanged; the adaptation concerns how applicants move, wait, receive information, and complete each stage.

The service pathway recognizes that vulnerable groups require different forms of support. Older adults may need slower explanations and accessible seating; pregnant women may require shorter waiting periods; breastfeeding mothers need a clean and private lactation room; wheelchair users require safe routes, maneuvering space, suitable service desks, and accessible restrooms; and persons with sensory disabilities require information in formats they can understand. The dedicated room therefore creates value only when facilities, personnel, procedures, and communication operate as an integrated system.

Figure 1. Passport Service Flow in the Human Rights-Friendly Service Room at the Padang Class I Immigration Office with an Immigration Checkpoint



Source: Standard Operating Procedure for Immigration Services in the Human Rights-Friendly Service Room, Padang Class I Immigration Office with an Immigration Checkpoint, 2024.

Figure 1 indicates that officers assume an active coordinating role from the applicant's arrival until the administrative stages are completed. This arrangement reduces the risk of approaching the wrong counter, losing track of the procedural sequence, or repeatedly explaining a specific need. It also reduces digital exclusion for eligible applicants who cannot use the online queue application. The service value is therefore not created by bypassing legal requirements but by removing avoidable procedural burdens.

The evidence also shows that service outcomes depend on the interaction among the four management functions. Planning establishes policy, standards, and facilities; organizing determines role allocation, competence, and capacity; actuating translates these arrangements into frontline experience; and controlling determines whether defects, complaints, and performance

gaps produce corrective action. Table 2 summarizes the principal evidence, strengths, and remaining gaps.

Table 2. Synthesis of Findings Across the Management Functions

Function	Empirical evidence	Principal strength	Remaining gap
Planning	Decree, standard operating procedure, eligibility categories, assistive facilities	Clear institutional foundation and service targets	No category-specific needs data; tactile path not functionally replaced
Organizing	Role allocation, cross-unit coordination, daily quota, previous sign-language training	Integrated assistance across service stages	Inflexible peak capacity and declining communication competence
Actuating	Direct access, document assistance, dedicated room, adapted waiting and movement	Reduced administrative, physical, and digital burdens	Dependence on companions; communication and seating constraints
Controlling	Internal evaluation, coordination meetings, general survey, complaint channels	Basic mechanisms for consistency and feedback	Generic indicators, incomplete corrective action, and limited competency monitoring

Source: Synthesized from interviews, observation, documentation, and internal service records.

Planning (User Needs-Based Planning)

Document review confirmed a clear institutional foundation. The head-of-office decree defines the target users, while the standard operating procedure regulates the adapted service flow. These instruments reduce dependence on individual initiative and provide continuity when personnel change. Under Terry's planning function, the policy foundation demonstrates that the Office has defined both the service objective and the principal means for achieving it.

Planning is also reflected in the provision of wheelchairs, canes, Braille materials, hearing aids, a designated counter and waiting room, a lactation room, reserved parking, and an accessible restroom. Displaying the eligible user categories helps officers and applicants understand that priority treatment is a proportionate response to unequal barriers rather than an unjustified privilege. This arrangement supports the principle that equality in public service may require differentiated assistance.

However, planning remains stronger in facility provision than in systematic needs assessment. The Office does not use an evaluation instrument that distinguishes the experiences of persons with visual or hearing impairments, wheelchair users, older adults, pregnant women, and breastfeeding mothers. A general satisfaction survey can capture courtesy and speed but cannot determine whether an entrance is safe, signage is understandable, the lactation room is functional, or sufficient priority seating is available. Consequently, planning decisions may rely on an aggregate picture that obscures category-specific barriers.

The tactile guiding path illustrates this weakness. The facility was removed after damage created a safety risk, but its replacement with ordinary paving eliminated its orientation function for persons with visual impairments. The Office therefore addressed an immediate hazard without restoring independent mobility. This finding shows that maintenance planning requires a functional-continuity standard: when an accessibility facility is removed, the replacement must preserve both safety and its intended accessibility function.



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From a Public Service Logic perspective, resources create value only when they are findable, usable, and relevant to the user's circumstances (Osborne, 2018; Virtanen & Jalonen, 2024). A wheelchair that is difficult to obtain, a Braille book that is not offered, or a dedicated room that is difficult to locate has limited value despite being formally available. Evidence-based planning should therefore map user barriers, schedule facility inspections, define replacement responsibilities, and use user experience to set budget priorities.

Organizing (Coordination, Competence, and Capacity)

The division of responsibilities begins when applicants enter the Office. Security officers identify those who may require priority service; officers in the human rights-friendly room verify documents and provide initial assistance; biometric and interview officers complete technical stages; and responsible officials handle exceptional conditions. This role clarity reduces service fragmentation and prevents applicants from having to seek assistance independently at each stage.

Interview accounts indicated that cross-functional coordination allows the Office to adapt the service to individual circumstances. Officers can prepare a wheelchair, arrange movement between service points, or connect an urgent applicant who cannot travel with a hospital-based passport service. These practices show that the formal structure can support adaptive action without weakening administrative controls.

Coordination is nevertheless constrained by inflexible capacity. The priority-service quota of approximately ten applicants per day may be adequate under normal conditions but becomes restrictive before the Hajj and Umrah seasons. During peak periods, each additional applicant may require more time for explanation, document checking, mobility assistance, and communication. A fixed quota and staffing arrangement can therefore extend waiting times or require applicants to return on another day.

Capacity cannot be increased only by assigning more personnel. Additional officers require desks, computers, biometric devices, system access, and suitable service space. The Office consequently needs a peak-period operating plan that includes reserve assignments, temporary staff reallocation, clear quota information, and staggered arrival times. These measures would allow organizing to respond to workload variation without waiting for major structural procurement.

Communication competence is another organizational requirement. Officers previously received Indonesian Sign Language training from the Gerkatin community, but the skill was not sustained because it was rarely practiced. Communication with applicants who are deaf or hard of hearing therefore continues to rely on companions, written notes, or text on a mobile phone. These alternatives may transmit basic information but do not provide fully equal, direct, or private communication. Designating inclusive-service liaison officers, conducting periodic simulations, and maintaining refresher training would make the competence available when required.

Actuating (Service Delivery and User Experience)

Observation and user accounts indicated that officers were generally courteous, patient, and responsive. They provided directions on arrival, assisted with document verification, and enabled eligible applicants to avoid the longer regular queue. This conduct reduced uncertainty for older adults facing digital procedures, pregnant women who could not stand for prolonged periods, and persons with disabilities who were unsure whether the space and information would be accessible.



Direct access without prior online registration also reduced digital barriers. Some older adults were unfamiliar with the application, lacked a suitable device, or had difficulty securing a schedule. Accepting eligible priority applicants directly prevented technology from becoming a hidden condition of access. The adaptation did not remove document, biometric, interview, or payment requirements; it changed how applicants were supported in completing them.

The dedicated service room reduced unnecessary movement between counters and enabled officers to monitor physical conditions more closely. The lactation room supported privacy, while the less crowded service area facilitated wheelchair movement. These observations indicate that several organizational resources were successfully converted into user value through frontline implementation.

However, the absence of a tactile guiding path limited the independence of persons with visual impairments from the external area of the building. Human assistance can prevent disorientation but cannot replace accessible design that allows users to determine direction independently. Restoring tactile paving is therefore not merely a procurement matter; it affects safety, autonomy, and control over movement during the service journey.

A similar issue affected applicants who were deaf or hard of hearing. Written communication or reliance on a companion can convey basic requirements, but the interaction becomes slower, may lose context, and can reduce privacy when personal information is communicated through a third party. Service delivery would be more equitable if trained officers and concise visual communication materials were consistently available.

Waiting-room capacity also shaped the service experience. The room was generally clean and comfortable under normal conditions, but the number of seats could become insufficient during peak periods. This deficiency has disproportionate consequences for older adults, pregnant women, and applicants in poor physical condition. Actuating should therefore be assessed across the complete applicant journey, including waiting time, walking distance, room comfort, seat availability, communication, and completion of the procedure.

Overall, implementation demonstrated a humane orientation, but courteous behavior could not compensate for every deficiency in facilities, competence, and capacity. Service quality remains vulnerable when it depends heavily on the initiative of particular officers. Sustainable implementation requires systems that preserve accessibility and responsiveness when workloads increase or personnel change.

Controlling (Monitoring and Continuous Improvement)

The Office monitors the service through internal evaluations, coordination meetings, public satisfaction surveys, and complaint channels. These mechanisms allow managers to compare implementation with procedures, respond to complaints, and maintain continuity across personnel changes. Under Terry's controlling function, however, monitoring is effective only when identified gaps are assigned corrective actions, responsible units, and completion targets.

The tactile guiding path demonstrates an incomplete corrective cycle. The Office identified damage and removed the facility to eliminate a tripping hazard, but monitoring did not produce an equivalent replacement. Safety risk was controlled, while loss of accessibility was not. Facility evaluation should therefore assess both physical safety and continued functionality for the intended users.

The general public satisfaction survey is also insufficiently sensitive to vulnerable-user experience. Questions concerning speed, cost, courtesy, and information remain important, but they do not identify barriers involving entrance access, independent mobility, communication,



priority seating, lactation facilities, accessible restrooms, or assistive devices. A concise user-specific instrument with accessible response options would provide stronger evidence for planning and budget justification.

Monitoring has likewise not sustained sign-language competence. Previous training shows initial commitment, but proficiency declines without practice and evaluation. Simulations, refresher sessions, and simple competency checks would convert training from an administrative activity into an operational capability. The same principle applies to wheelchair assistance, communication with older adults, and support that protects rather than diminishes user independence.

Public Service Logic requires monitoring to move from internal compliance toward experienced outcomes. The Office must determine not only whether a facility exists or a procedure was followed, but also whether applicants could find the facility, use it safely, understand information, maintain privacy, and complete the process with reasonable effort. Feeding this evidence back into planning and organizing would create the continuous-improvement cycle currently missing from several service components.

Supporting Factors

Three principal supporting factors were identified. First, management commitment provides policy legitimacy, a dedicated room, and cross-unit support involving travel-document services, general administration, finance, facilities, and information technology. Second, the existing facilities and standard operating procedure provide an institutional base that can be improved rather than rebuilt. Third, officers' coordination, courtesy, and willingness to assist reduce confusion and create psychological safety for applicants.

These strengths are mutually reinforcing. Policy enables resource allocation; facilities make adaptations operationally possible; and coordinated officers convert organizational resources into user experience. However, the strengths must be institutionalized through clear responsibilities, interaction standards, maintenance schedules, and continuing competence development so that quality does not depend on individual goodwill.

Inhibiting Factors

The first inhibiting factor is incomplete physical and communication accessibility, particularly the absence of tactile guiding paths and the limited availability of direct sign-language communication. The second is service-capacity rigidity involving staffing, equipment, daily quotas, and priority seating during demand surges. These constraints increase avoidable dependence and uncertainty for vulnerable applicants.

The third inhibiting factor is weak category-specific evidence. Without a targeted evaluation instrument and classified complaint records, a high general satisfaction score can conceal barriers experienced by particular user groups. The absence of measurable evidence also weakens the Office's ability to justify budget priorities and assess whether corrective measures improve access.

The fourth factor is uneven public understanding of eligibility, requirements, quotas, and service procedures. Some applicants learn about priority services only after arriving at the Office, increasing officers' explanatory workload and creating perceptions of inconsistent treatment. Accessible information should be distributed through the official website, social media, posters, short videos, and entrance guidance using clear language, readable typography, and visual formats.



Taken together, the inhibiting factors show that access has been opened but has not yet been fully institutionalized as independent, predictable, and measurable service use. The governance challenge is therefore to connect facilities, competence, capacity, information, and feedback within one operational cycle.

Integrated Governance and Public Service Value

The findings demonstrate that Human Rights-Friendly Priority Services at the Padang Office have moved beyond a regular one-size-fits-all model. Policies, adapted procedures, a dedicated room, assistive facilities, and direct officer assistance provide a credible foundation for inclusion. Nevertheless, formal compliance has not consistently produced equal use because independent mobility, direct communication, peak-period capacity, and user-specific evaluation remain incomplete.

Terry's four functions operate here as an interdependent cycle rather than as separate administrative stages. A full waiting room is not only an implementation problem; it also indicates that monitoring data have not been converted into capacity planning. Declining sign-language competence is not only a frontline problem; it reveals weaknesses in organizing and controlling. Similarly, removal of damaged tactile paving without functional replacement links maintenance planning to incomplete corrective action.

This interpretation extends previous immigration-service studies. Junriana and Faiza (2022) show that effectiveness requires reducing barriers in travel-document services, while Jannah et al. (2023) demonstrate the value of adapting service location to applicant circumstances. Lestari et al. (2024) emphasize citizen orientation, and Wilangga et al. (2024) connect human rights-based service quality to access and respect. The present study adds that these outcomes depend on whether planning, organizing, actuating, and controlling form a closed governance loop.

The Public Service Logic perspective further clarifies that rooms, wheelchairs, Braille materials, trained officers, and complaint channels are inputs rather than final measures of quality. Value is created when users can locate and use those resources, communicate without avoidable dependence, wait in conditions suited to their health, maintain privacy, and complete the passport process with dignity. This distinction between resource availability and usable value is the principal conceptual contribution of the study.

Operational improvement should therefore be assessed through user outcomes. Restored tactile paving should be evaluated by safe independent navigation; sign-language training by the availability of direct communication; capacity management by reduced uncertainty and waiting burdens; and specialized surveys by whether they generate funded, time-bound corrective actions. Rights-friendly service is not a permanent label achieved when facilities are procured, but a continuous governance process tested through user experience.

Study Limitations and Future Research

This study is limited to one immigration office and is intended to provide contextual rather than statistical generalization. The evidence reflects the service arrangements, facility conditions, institutional records, and user experiences available at the Padang Office. Differences in building design, staffing, demand, local partnerships, and budget authority may produce different findings at other immigration offices.

The absence of a category-specific satisfaction instrument also limited the availability of comparable user-experience data across vulnerable groups. Future studies should combine qualitative interviews and accessibility audits with structured measures of mobility, communication, waiting burden, privacy, and service completion. Comparative studies across



immigration offices would also help identify which governance arrangements remain effective under different service volumes and institutional conditions.

CONCLUSION

Human Rights-Friendly Priority Services at the Padang Class I Immigration Office with an Immigration Checkpoint have a substantial institutional foundation. The Office has established policies and procedures, provided a dedicated room and assistive facilities, allocated roles, coordinated officers, adapted the service pathway, and created internal evaluation and complaint mechanisms. These arrangements reduce administrative, physical, and digital burdens and demonstrate that differentiated support can advance substantive equality in passport services.

However, the management cycle is not yet fully closed. Tactile guiding paths have not been restored, sign-language competence is not consistently maintained, staffing and quotas are inflexible during peak periods, priority seating may be insufficient, and evaluation does not specifically capture vulnerable-user experience. The study concludes that rights-friendly governance depends on the continuous conversion of user evidence into planning, resource allocation, frontline adaptation, and corrective action. Its main contribution is to distinguish formal resource availability from service value that users can independently and respectfully experience.

SUGGESTIONS

The Office should restore tactile guiding paths using functional accessibility standards and a documented maintenance schedule; designate inclusive-service liaison officers with periodic sign-language refreshers and practical simulations; and implement a peak-period capacity plan covering reserve staffing, equipment, priority seating, quota communication, and staggered arrival times.

A concise satisfaction instrument for vulnerable users should assess entrance access, independent mobility, communication, privacy, waiting comfort, lactation and restroom facilities, and ease of using assistive devices. Results should be classified by user category and translated into responsible units, deadlines, and budget priorities. Future research should test these measures comparatively across immigration offices.

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