

AKHBAR : BERITA HARIAN

MUKA SURAT : 2

RUANGAN : MUKA DUA

Proses ambil alih konsesi 4 lebuh raya enam bulan

➔ Kerajaan pastikan penyelesaian 'menang-menang' untuk semua pihak

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Putrajaya

Pengambilalihan konsesi empat lebuh raya iaitu Lebuhraya Damansara Puchong (LDP), Sistem Penyuraian Trafik KL Barat (SPRINT), Lebuhraya Shah Alam (KESAS) dan Terowong Smart (SMART) akan mengambil masa kira-kira enam bulan.

Menteri Kewangan, Lim Guan Eng, berkata tempoh masa itu bagi memenuhi keperluan pengawalseliaan, kewangan dan undang-undang.

Katanya, pengambilalihan itu juga adalah penyelesaian 'menang-menang' untuk semua pihak terbabit.

"Pengambilalihan lebuh raya ini adalah pada harga yang adil dan berpatutan," katanya pada sidang media di kementeriannya semalam bagi memaklumkan pengoperasian laman web skim mySalam.

Guan Eng berkata, tanpa mengambil kira kumpulan Lebuhraya

Utara Selatan (PLUS), keempat-empat lebuh raya yang akan diambil alih itu menguasai 48 peratus daripada jumlah pendapatan lebuh raya bertol di bandar.

"Ini meliputi sebahagian besar daripada lebuh raya dalam bandar dan menunjukkan kesungguhan serta komitmen kerajaan dalam langkah pertama memenuhi manifesto pilihan raya kami," katanya.

Yang turut hadir, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad dan Timbalan Menteri Kewangan, Datuk Amiruddin Hamzah.

Jimatkan kos pengguna

Beliau juga berkata, caj kesesakan yang akan menggantikan mekanisme kutipan tol di empat lebuh raya yang bakal diambil alih itu dianggarkan menjimatkan kos pengguna sebanyak RM180 juta setahun.

Katanya, kerajaan juga akan menjimatkan pembayar cukai RM5.3 bilion dalam bentuk pembayaran pampasan kepada syarikat konsesi akibat pembekuan kadar tol di lebuh raya berkenaan sehingga akhir tempoh konsesi.



Guan Eng bersama Dr Dzulkefly dan Amiruddin (kiri) pada sidang media di Putrajaya, semalam.

"Penjimatan ini bermakna pendapatan boleh guna isi rumah rakyat Malaysia akan bertambah dengan jumlah sama.

"Sebarang lebihan kutipan caj kesesakan akan disalurkan kepada pembangunan dan penyenggaraan sistem pengangkutan awam Malaysia," katanya.

Sabtu lalu, Pejabat Perdana Menteri mengumumkan kerajaan memulakan proses rundingan dengan Gamuda Berhad untuk mengambil alih konsesi lebuh raya sebagai langkah pertama ke arah menghapuskan mekanisme kutipan tol, membabitkan empat lebuh raya berkenaan.

Dengan pengambilalihan itu, kerajaan bercadang menghapuskan mekanisme kutipan tol sedia ada, dan sebagai ganti, caj kesesakan akan diperkenalkan iaitu kadar yang sama dengan kadar tol semasa pada waktu puncak selama enam jam sehari.

Kadar tol akan dihapuskan pada luar waktu puncak yang dicadangkan antara jam 11 malam dan 5 pagi.

Guan Eng berkata, kutipan caj kesesakan mencukupi untuk membiayai bayaran balik pinja-

man kos pengambilalihan dan juga segala kos operasi serta penyelenggaraan lebuh raya tanpa memerlukan peruntukan tambahan daripada Kementerian Kewangan.

Katanya, caj kesesakan adalah caj boleh ubah bergantung kepada masa penggunaan dan ia akan menggalakkan pengguna lebuh raya untuk merancang perjalanan mereka di waktu luar puncak dan mengurangkan kesesakan lalu lintas pada waktu puncak.

"Dengan dasar baharu ini, pengguna lebuh raya pada waktu puncak juga akan menikmati pengurangan kesesakan lalu lintas ber-

banding situasi semasa," katanya.

Mengenai skim mySalam, Guan Eng berkata, Kementerian Kewangan memberi jaminan semua data peribadi yang diberikan permohonan untuk Skim Perlindungan Nasional B40 (mySalam) akan dilindungi mengikut Akta Perlindungan Data Peribadi (PDPA).

36 penyakit kritikal disenarai
Katanya, selain itu, pendaftaran bagi skim berkenaan untuk golongan B40 yang didiagnosis menghidap antara 36 penyakit kritikal yang disenaraikan bermula 1 Januari lalu boleh dilakukan di laman web rasmi Skim mySalam bermula 1 Mac ini.

Skim mySalam dilancarkan Perdana Menteri, Tun Dr Mahathir Mohamad pada 24 Januari lalu akan memanfaatkan kira-kira 3.69 juta penerima terdiri daripada isi rumah kumpulan B40 yang juga penerima Bantuan Sara Hidup Rakyat 2019 (BSHR).

Guan Eng berkata, selain dibuat secara atas talian, tuntutan skim berkenaan juga boleh dibuat melalui agensi yang akan diumumkan kelak di laman web atau di hospital kerajaan.

Fakta nombor

RM5.3 BILION

penjimatan pembayar cukai dalam bentuk pembayaran pampasan kepada syarikat konsesi

AKHBAR : BERITA HARIAN

MUKA SURAT : 1

RUANGAN : -



> Kesanggupan 'pesakit' beratur di sebuah klinik yang wujud sejak 1975 di Johor Bahru, membongkar kegiatan menjual cuti sakit semurah RM10. Klinik dengan seorang doktor itu beroperasi dalam keadaan kotor, tandas tiada air, ubat luput tarikh, jarum suntikan bersepah dan peralatan perubatan usang, lapor Izlaily Nurul Ain Hussein

Kaki ponteng kerja beratur panjang setiap pagi

AKHBAR : HARIAN METRO

MUKA SURAT : 4

RUANGAN : SETEMPAT

Beratur beli MC RM10

■ Klinik jual cuti sakit, ubat
tamat tempoh diarah tutup

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Johor Bahru

Kelibat ramai 'pesakit' yang berduyun-duyun muncul saban pagi membongkar kegiatan haram sebuah klinik di sini, yang menjual siji cuti sakit (MC) menambah baik dan palsu.

Difahamkan setiap siji cuti sakit itu dijual pada harga antara RM10 dan RM20 mengikut jumlah hari dikehendaki 'pesakit'.

Klinik berkenaan turut dikesan menjual ubat lapuk yang tamat tempoh selain premis didapati kotor.

Tiga kesalahan besar itu cukup membuaikan klinik itu diarah tutup serta merta

semalam selepas notis tunjuk sebab dan notis perintah penutupan premis dikeluarkan Kementerian Kesihatan Malaysia (KKM) kepada pengendali klinik berkenaan.

Klinik yang beroperasi dengan seorang doktor dan dua pembantu sejak 1975 itu diberi tempoh 21 hari berkuat kuasa semalam untuk menghentikan operasi selain menambah baik dan mematuhi arahan KKM.

Ketika penyerahan notis dilakukan lima pegawai Cawangan Kawalan Amalan Perubatan Swasta, Jabatan Kesihatan Negeri Johor (JKNJ) di klinik berkenaan semalam, klinik itu masih beroperasi dan ada pesakit yang menunggu giliran bertemu doktor.

Difahamkan, kebanyakan

FAKTA
Cuti sakit dijual dengan harga RM10 hingga RM20 mengikut jumlah hari dikehendaki



UBAT-ubatan tidak disusun dengan elok.



PEGAWAI daripada Cawangan Kawalan Amalan Perubatan Swasta, Jabatan Kesihatan Negeri Johor memeriksa dan menyerahkan notis penutupan sebuah klinik di Johor Bahru, semalam.



NOTIS penutupan serta-merta ditampal di klinik terbabit.

pesakit masih datang ke klinik berkenaan kerana mahu membeli MC yang dijual antara RM10 hingga RM20 mengikut jumlah hari dikehendaki 'pesakit'.

Kegiatan itu didedahkan majikan yang sering menerima MC dikeluarkan doktor

klinik berkenaan selain risikan JKNJ.

Ketika pemeriksaan, keadaan klinik itu kotor dan tidak terurus.

Tandas klinik kotor dan tidak mempunyai sumber air, kurang bekalan elektrik, pengurusan ubat tidak teratur

selain kelengkapan perubatan yang usang.

Selain meja doktor yang bersepah, ubat-ubatan juga tamat tempoh serta jarum suntikan yang sudah digunakan tidak dibuang dengan betul.

Antara kesalahan lain ada-

lah tidak mempamerkan salinan perakuan pendaftaran klinik perubatan swasta, gagal mematuhi keselamatan dan kualiti penjagaan pesakit, mengeluarkan MC secara berleluasa dan tidak mempamerkan carta organisasi.

Pengendali klinik juga tidak menyimpan atau menyenggara daftar kehadiran, rujukan dan kematian pesakit termasuk rekod kesihatan pesakit, tidak menyediakan peralatan kecemasan asas dan gagal mematuhi cara pelupusan ubat luput.

Semua kesalahan itu melanggar Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) dan Peraturan-Peraturan Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta (Klinik Perubatan Swasta atau Klinik Pergigian Swasta) 2006.

Sementara itu, Pengarah JKNJ, Dr Selahudeen Abd Aziz ketika dihubungi mengesahkan penutupan klinik itu.

AKHBAR : KOSMO
MUKA SURAT : 17
RUANGAN : NEGARA

Premis di Johor turut beri ubat tamat tempoh kepada pesakit

Klinik jual MC diarah tutup

Oleh MOHD. IZUAN ROSELI

JOHOR BAHRU — Sebuah klinik swasta yang beroperasi di Taman Century di sini sejak 44 tahun lalu diarahkan ditutup sementara serta-merta berkuat kuasa semalam selepas dipercayai menjual sijil cuti sakit (MC) dan ubat-ubatan tamat tempoh.

Notis arahan penutupan sementara selama 21 hari dan tunjuk sebab itu dikeluarkan oleh Cawangan Kawalan Amalan Perubatan Swasta Jabatan Kesihatan Negeri (JKN) Johor menerusi lima pegawainya yang melakukan tinjauan di klinik berkenaan.

Premis yang beroperasi dengan seorang doktor dan dua pembantu sejak tahun 1975 itu diarahkan melakukan penambahbaikan dan mematuhi arahan seperti yang digariskan oleh Kementerian Kesihatan

dalam tempoh 21 hari tersebut.

Difahamkan, klinik tersebut menjadi tumpuan orang ramai untuk mendapatkan MC yang boleh didapati dengan harga RM10 mengikut bilangan hari.

Pemantauan di klinik itu dibuat selepas pihak JKN menerima aduan daripada pesakit yang mendapatkan rawatan di klinik itu selain majikan.

Semasa pemantauan dilakukan, keadaan klinik juga didapati kotor dan tidak terurus selain pengurusan ubat-ubatan yang tidak teratur.

Selain itu, pengendali klinik juga didakwa gagal menyelenggara daftar kehadiran pesakit serta tidak mempunyai peralatan kecemasan asas.

Perbuatan itu melanggar Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) dan Peraturan-peraturan Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta (Klinik Per-



KEADAAN bilik penyimpanan ubat dan peralatan perubatan tidak diselenggara dengan betul di sebuah klinik di Taman Century, Johor Bahru semalam.



RUANG perubatan yang kotor dan tidak tersusun di klinik yang digantung operasi sementara selama 21 hari berkuat kuasa semalam.

batan Swasta atau Klinik Peragian Swasta) 2006.

Perintah penutupan premis mengikut subseksyen 52(2) akta

itu boleh disambung selama 14 hari lagi sekiranya pengendali klinik masih gagal mematuhi arahan penambahbaikan.

Sementara itu, Pengarah JKN Johor, Dr. Selahudeen Abd. Aziz mengesahkan perkara tersebut.

AKHBAR : KOSMO

MUKA SURAT : 14

RUANGAN : PRK DUN SEMENYIH

Pembinaannya bagi tingkat kemudahan perubatan kepada rakyat

Klinik kesihatan baharu untuk orang Semenyih

SEMENYIH – Menteri Kesihatan, Datuk Seri Dr. Dzulkefly Ahmad mencadangkan supaya sebuah lagi klinik kesihatan dibina di Semenyih bagi memastikan penduduk di kawasan ini mendapat kemudahan perubatan kesihatan yang baik.

Beliau berkata, cadangan tersebut sebagai usaha menambah baik fasiliti di dua buah klinik kesihatan sedia ada di pekan Semenyih dan Beranang yang telah lama dan uzur.

“Dua klinik di pekan Semenyih dan Beranang tidak boleh diperluaskan lagi kerana kekangan tempat dan oleh itu, dicadangkan sebuah lagi klinik penjagaan kesihatan premier, pencegahan dan penjagaan keluarga disediakan,” katanya.

Beliau berkata demikian kepada pemberita selepas menghadiri ceramah kempen Pilihan Raya Kecil (PRK) Dewan Undangan Negeri (DUN) Semenyih di Bilik Gerakan Bukit Mahkota 1, di sini malam



DZULKEFLY



KEMENTERIAN Kesihatan akan menambah baik fasiliti di Hospital Kajang bagi memberi keselesaan kepada penduduk setempat mendapatkan rawatan.

kelmarin.

Dalam pada itu katanya, Hospital Kajang yang merupakan hospital terdekat di Semenyih, akan ditambah baik fasilitinya termasuk pembinaan sebuah klinik wanita dan kanak-kanak yang jaraknya hanya 800 meter dari hospital tersebut.

Pembinaan klinik kesihatan tersebut

dilihat mempunyai kaitan dengan janji calon Pakatan Harapan, Muhammad Aiman Zainali yang dilaporkan menjadikan pembinaan hospital di Semenyih sebagai agenda utama jika menang PRK memandangkan ia merupakan permasalahan paling banyak diutarakan oleh masyarakat setempat di situ.

AKHBAR : UTUSAN MALAYSIA

MUKA SURAT : 7

RUANGAN : DALAM NEGERI

Cadang klinik baharu di Semenyih

HULU LANGAT 26 Feb. - Buka klinik baharu ganti cadangan bina hospital di Semenyih.

Menteri Kesihatan, Datuk Seri Dr. Dzulkefly Ahmad mencadangkan pembinaan klinik kesihatan baharu bagi mengurangkan kesesakan pesakit di dua buah klinik kesihatan sedia ada di kawasan itu.

Bagaimanapun, katanya, keutamaan kementerian pada waktu ini adalah meningkatkan fasiliti-fasiliti kesihatan di klinik-klinik sedia ada.

Menurut Dzulkefly, pihaknya sudah pun berbincang dalam mesyuarat pasca Kabinet bersama Menteri Besar Selangor, Amirudin Shari dan Pengarah Jabatan Kesihatan negeri berhubung cadangan berkenaan dan langkah peningkatan fasiliti tersebut.

"Klinik adalah sangat penting. Saya mengambil sikap untuk membuat dan membina. Kalau boleh, saya cadangkan satu lagi klinik kesihatan.

"Saya tahu ada yang akan

membuat kritikan pada saya buat pengumuman tentang ini (klinik baharu)" katanya.

Beliau berkata demikian kepada pemberita selepas menyampaikan ceramah di Bilik Gerakan Pusat Daerah Mengundi Pakatan Harapan Bukit Mahkota 1, Bandar Seri Putra di sini, semalam.

Jelas Dzulkefly, pihaknya mendapati Klinik Kesihatan Semenyih sedia ada tidak dapat dibesarkan lagi kerana mempunyai kawasan yang terhad.

Sehubungan itu, pihaknya mengambil keputusan untuk mempertimbangkan peningkatan fasiliti di klinik berkenaan.

Bagaimanapun, katanya, pihaknya tidak menolak sepenuhnya permintaan calon Pakatan Harapan, Muhammad Aiman Zainali bagi mewujudkan sebuah hospital untuk penduduk Semenyih.

"Semasa ditanya mengenai hospital itu minggu lalu, saya belum membuat apa-apa keputusan," katanya.

AKHBAR : THE STAR

MUKA SURAT : -

RUANGAN : VIEW

Understand the benefits

I REFER to the statement by the Deputy Health Minister to the media that "Vaccination given to children nine months old and above is now only at 89%, short of the target 95% in order to control any outbreaks" (Feb 24).

There is arguably no single preventive health intervention more cost effective than immunisation. Expanding access to immunisation is crucial to prevent suffering and death associated with infectious diseases, and enable national development like education and economic progress to take place.

According to the World Health Organisation, two to three million deaths are prevented by vaccination every year and an additional 1.5 million deaths could be avoided if global vaccination coverage improves.

Vaccines are necessary alongside good hygiene, sanitation, clean water and nutrition in the fight against infectious diseases. The optimum rate of immunisation or "herd immunity" must be achieved to prevent the return of vaccine-preventable diseases.

Vaccinations are safe. Every licensed vaccine is vigorously tested across multiple phases of trials before it is approved for use, and it is regularly re-assessed once it is



on the market. The scientific community is constantly monitoring information from several sources for any sign that a vaccine may cause an adverse event.

Most vaccine reactions are usually minor and temporary. In the rare event a serious side-effect is reported, it is immediately investigated. It is far more likely to be seriously injured by a vaccine-preventable disease than by a vaccine.

An "adverse event" is any health problem that happens after a dose of vaccine. It might happen by pure coincidence or is caused by the vaccine.

A side-effect is any health problems shown by studies to be caused by a vaccine, and they are usually minor and transient.

It is the business of everyone to stop vaccine-preventable diseases.

Healthcare professionals, com-

munities, politicians, regulatory authorities, parents, teachers and school administrators must all step up to enhance vaccine promotion and break the barriers of myths and misinformation.

The American College of Obstetricians and Gynaecologists Committee on Adolescent Health in its 2017 opinion paper, for example, states that obstetricians and gynaecologists, including all healthcare workers, have an important role in educating parents on the importance of vaccination for their children.

Every parent must understand the benefits of vaccination and the need to protect their children.

It is time now that we all embrace solid scientific facts about the benefits and safety of vaccination rather than dabble in dangerous half-truths and rumours that may cause permanent disability

or death.

We must all join in this noble effort to fight against vaccine-preventable diseases and ensure that every child's health and future is protected.

DR JOHN TEO
Consultant Obstetrician and
Gynaecologist
Kota Kinabalu

Fact versus fallacy in vaccine hesitancy

I REFER to the letter by Anthony Whitmarsh, "Do more research to allay fear of vaccines" (*The Star*, Feb 25). While we appreciate the reasons that he did not vaccinate his first child, we also have to look at a balanced view of the controversies brought about by the study quoted in his letter.

Dr Andrew Wakefield's publication in the *Lancet* in 1998 was a hot topic but we also have to take note of the subsequent investigations done by reporter Brian Deer who blew it out in the open in 2004 (*Sunday Times* Feb 22 and Nov 14, 2004), and the British General Medical Council (GMC) that investigated and tracked the cases and specimens documented in the

paper. There was a six-year lag followed by another six years when the papers were retracted in 2010 which gave the anti-vaccine lobby a great deal of traction flogging and reproducing the article.

What Deer exposed was research that was fraudulent and had little scientific truth. The study was not reproducible and one of the study subjects was brought from the United States to fulfil the study criteria. Subsequent population studies in Britain and other countries did not show a definite correlation between MMR vaccination and the increasing incidence of autism spectrum disorder. It was debunked after extensive subsequent epidemiological research,

and not based on political grounds.

The added information that Deer discovered was that a lawyer was funding the research and this made it even more suspicious. The secondary gain from the whole fiasco would have resulted in successful class action suits all over the country (and possibly the world) based on one study that was subsequently proven by the GMC to be fraudulent.

The fact that all except one of the collaborating authors of Dr Wakefield's original paper withdrew from being associated with it is enough to reveal the extent of the fraud involved.

Autism is such a complex condition even for us doctors to under-

stand and diagnose that it is an oversimplification to attribute it to a vaccine. There have been other associations, proven or otherwise, but there seems little doubt now that extensive screen exposure tends to contribute to it.

As far as vaccines are concerned there is little to fear compared with the fear of getting the disease and all the accompanying complications. We have to ensure that our vaccination rates do not drop for the sake of our future generations. The religious objections also have to be dealt with.

DATUK DR ZULKIFLI ISMAIL
Executive Committee member
Malaysian Paediatric Association

AKHBAR : THE STAR
MUKA SURAT : 8
RUANGAN : NATION

mySalam to cover critical illnesses from Jan 1

PUTRAJAYA: The mySalam insurance protection scheme for the B40 will cover those who are diagnosed with critical illness from Jan 1, said Finance Minister Lim Guan Eng.

Those with pre-existing conditions will not be covered and neither should those with good health register for the scheme.

"We have to set a time-frame for those who can sign up. It has been decided that it should be from Jan 1.

"Those who do not have any medical condition also cannot pre-register but if they fall ill later, they can be part of the scheme," he said.

He said this at a joint press conference with Health Minister Datuk Seri Dr Dzulkefly Ahmad to announce that the mySalam scheme official website was now running, and claims for the benefits can be submitted via online.

The scheme was launched in January and is set to benefit some 3.69 million people nationwide.

The scheme was announced during the tabling of Budget 2019 with an initial fund size of RM2bil contributed by insurance company Great Eastern.

The 36 critical illnesses covered by the scheme include cancer, heart attacks and Alzheimer's.

Recipients will receive a one-off payment of RM8,000 if they are diagnosed with one of the illnesses.

Each will also receive daily payments of RM50 for up to 14 days as income replacement.

Lim said there is no limit on how many people in the family could claim for mySalam benefits.

"If more than one person in a family has been inflicted with critical illness, how can we turn them down?" he said.

He also said while some were of the opinion that the money for this scheme could be used to improve health facilities, the minister said that the financial benefits go a long way for those in the B40.

AKHBAR : THE STAR

MUKA SURAT : 16

RUANGAN : VIEWS

Mentoring medical officers to be specialists

THE government must come up with a more comprehensive career path for medical officers (MO) to become specialists in their chosen fields. But this must be pragmatic and workable for all the stakeholders, i.e the MOs, specialist trainers and hospital administration, and does not compromise the standard or quality of the specialists.

A medical officer who is training under a specialist/consultant trainer must stay with his/her mentor for at least three years before he or she is recommended to pursue a masters programme.

If, in the midst of training, the mentor is transferred or promoted, the mentee must follow the mentor to the new place so that there is

continuity of training. The mentor is the best person to select deserving mentee(s) to follow him/her if such a situation arises.

This three years' on-the-ground training in government hospitals is the best practical exposure that aspiring MOs can get to complement their masters programme in their respective fields. This time frame would also allow the specialist trainer (mentor) to pick the best and most deserving candidates to do the masters programme. Putting favouritism aside, the director of the hospital administration can serve as a check and balance.

The present system of selecting MOs to further their masters programme leaves much to be desired.

Every year, MOs who aspire to be specialists have to go to Kuala Lumpur to sit for and pass an examination that is highly theory-based. Most MOs cannot find enough time to study due to pressure of work.

Many have sat for the examination and failed a number of times, giving rise to frustration and disillusionment, which is not good for the hospital environment and medical fraternity.

Most masters programme courses span a period of three to four years. During this time, apart from further practical training, the MOs have plenty of time to brush up their theoretical knowledge.

If the PhD programmes in most

universities can be done under the supervision of a few academic staff of the university, I don't see any issue in using the mentor-mentee system to select potential candidates for the medical masters programme.

The mentor-mentee system will open more doors and career pathways for MOs to improve themselves and to meet the acute shortage of specialist doctors in the public health service. After becoming specialists, they should be bonded for a longer period so that there will not be a shortage of specialists in the public health system.

KHOO KOK HEONG
Bukit Gelugor, Pulau Pinang

AKHBAR : THE SUN

MUKA SURAT : 4

RUANGAN : VIEWS

Health Minister proposes additional clinic

SEMENYIH: Health Minister Datuk Seri Dr Dzulkefly Ahmad has proposed that another health clinic be built in Semenyih.

Pakatan Harapan candidate for the by-election, Muhammad Aiman Zainali, had earlier said he wanted a hospital be built.

Dzulkefly said the clinic would be in addition to efforts to improve facilities at two existing ones in Semenyih Town and Beranang.

"It is not possible to expand the two clinics because of a lack of space. So, the new clinic is important," he said after attending a ceramah here on Monday.

On facilities at Kajang Hospital, which is the nearest hospital to Semenyih, Dzulkefly said it would be improved, including the construction of a women's and children's clinic.

The by-election will see a four-

cornered fight between Muhammad Aiman, Parti Sosialis Malaysia candidate Nik Afiq Aziz Abdul, Zakaria Hanafi from Barisan Nasional and independent candidate Kuan Chee Heng.

It is being held following the death of incumbent Bakhtiar Mohd Nor from Parti Pribumi Bersatu Malaysia on Jan 11 due to a heart attack.

Polling for the by-election will be on Saturday. - Bernama