Daleep was born in Lahore, India before the country was partitioned and grew up in India where he studied medicine at the Christian Medical College in Vellore. After graduation he worked in the CSI Medak Diocese in their medical services. He went to London to study Tropical Public Health at the London School of Hygiene and Tropical Medicine (LSHTM 1974) and then did an MSc in Social Planning for Developing Countries at the London School of Economics (LSE 1975) before returning to India to start a rural community health and development programme for the medical college at Vellore in 1977. He was the Director of this programme till 1985 when he moved to the Christian Medical Association of India (the medical wing of the National Council of Churches in India) as their General Secretary.

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Dr Jacob Chandy, a pioneering neurosurgeon and recipient of the Padma Bhushan Award was associated with the Christian Medical College and Hospital, Vellore as Medical Superintendent, Treasurer, Principal and Deputy Director.

Dr Chandy was internationally renowned, serving as a consultant to the Christian Medical Commission of the World Council of Churches, to the World Health Organization, and to the Department of Defence, Government of India. A Fellow of the Indian Academy of Sciences, he was a visiting professor and post graduate examiner to many universities, and member of many professional bodies and committees in India and abroad. He also served as Chairman of the Academic Council of All India Institute of the Medical Sciences, New Delhi.

The healing ministry of the church and the pursuit to understand its deeper meaning was very dear to Dr Chandy. According to him, the “ministry of health aims at restoring the body, mind and spirit to a state of wellbeing ... there must be active involvement of the congregation in the healing ministry ... the scope and reach of the healing ministry may go far beyond what we can perceive at present. When all Christian organisations, Churches, hospitals and congregations join together as a single taskforce, Almighty healing process will be activated .... It is enough for us in our humble ways to sow the seeds and water the plants.”

Dr Chandy encouraged his friends, colleagues, students and others to be closely associated with the church and challenged them to serve in the mission hospitals and to contribute to the healing ministry of the church. Many acknowledge his role in shaping their thinking and careers.

Dr Jacob Chandy was conferred the Padma Bhushan by the President of India in 1964. In honour of his work and commitment to health care and the healing ministry of the church, CMAI instituted the Dr Jacob Chandy oration in the year 1990.

Dr Jacob Chandy passed away on 23 June, 2007. We at CMAI acknowledge Dr Jacob Chandy’s contributions to the healing ministry, and praise and thank God for his life and witness.
In honour of the late Dr Jacob Chandy, a strong advocate of the Healing Ministry of the Church, a pioneering neurosurgeon and recipient of the Padma Bhushan Award, CMAI has instituted the Jacob Chandy Oration. The oration has a global outlook within the context of the developing world and is meant to inspire CMAI members, churches, partners and health professionals.

At each Biennial Conference, an outstanding Christian leader is invited to deliver the oration, and through it, to challenge, raise issues and show new directions to the Healing Ministry work in India.

The Christian Medical Association of India is honoured that Dr Daleep Mukarji OBE has consented to deliver the XIIIth Dr Jacob Chandy Oration, 2015. As a student at CMC Vellore, Dr Daleep was the President of the Students Association and interacted very closely with Dr Chandy. He has been inspired by the life, commitment and approaches of Dr Chandy and continued to be his mentor even after he left college. Through his experiences and commitment to the healing ministry of churches in India Dr Daleep inspires and challenges us to continue the healing ministry of Jesus Christ.
FOREWORD

CMAI as an association is inspired by the lives of exemplary people of God in the network. They were led by God’s Spirit to make a difference in the country and across the globe in healing ministry.

CMAI is honored to have Dr Daleep Mukarji OBE to deliver the Dr. Jacob Chandy oration at the 43rd Biennial Conference of CMAI, held at Hotel Clarks Amer, Jaipur, Rajasthan (India). Dr Daleep Mukarji has made a huge contribution to the healing ministry of the churches not only in India but across the world. He was inspired by Dr Jacob Chandy in CMC Vellore who has been his mentor during his journey in the healing ministry and health and development work.

In his oration, Dr. Mukarji challenges us in the healing ministry from the perspective of poverty, inequality and justice. He raises a question to all of us to rethink, revisit and revive the healing ministry that makes a difference in the life of the marginalized. With the various challenges around the changing world, he suggests us to understand the changing times and be ready to change without compromising on our values, principles and calling to be instruments of healing.

I am confident that this oration will go a long way in inspiring each of us, to be a better human being and a better servant of Christ, wherever we are placed.

Dr Bimal Charles
General Secretary
Poverty, Inequality and Justice:
CHALLENGES FOR THE HEALING MINISTRY IN INDIA

1. Introduction

Mr President, the General Secretary, Ladies and Gentleman,

It is good to be back at a CMAI Biennial Conference and I want to thank the Association for the honour given to me to deliver the Dr Jacob Chandy Oration. I was present at the Oration given by Dr Chandy himself, in 1990, at our Anand Conference when he spoke on “The Concept of the Ministry of Healing: The Responsibility of the Congregation in the Healing Ministry of the Church.” Dr Chandy was a well known and pioneering neurosurgeon, an outstanding medical educator, Principal of Christian Medical College (CMC) Vellore and a very committed Christian. Not many know in 1945 the then General Secretary of the CMAI, Dr Oliver, invited Dr Chandy, on behalf of the committee that was promoting the new coeducational medical college at Vellore, to return from USA to start the Dept of Neurosurgery. Also very few know of the links Dr Chandy had with the Christian Medical Commission of the World Council of Churches (WCC) where he was a Consultant for some time in the early 1970s and that he kept his interest in the healing ministry of the Church through his retirement in Kottayam.

Dr Chandy saw, in his time at Vellore, that doctors were not very keen to go to the rural areas of India and help the poor and marginalised. In his oration he said, “While a medical student is becoming very proficient in the study of diseases, he gets only elementary knowledge of health. Health Sciences has nothing to do with diseases and should be taught separately.” He saw the need for a new health focused training and a more community based health care service both of which he developed for the CSI Madhya Kerala Diocese. He experimented on how the local congregation could support and be involved in health care. His study of the diocese, where his father and grandfather had served for many years, exposed him to the needs of dalits, tribals and the very poor and he wanted the health service to be more accessible, relevant and affordable. In this unique model he linked health care to women’s empowerment and general social development of the community.

At CMC Vellore, where I was a medical student, I got to know him and when I was President of the Students Association I had discussions on many issues. In different conversations I experienced his commitment to students, to the community and to the healing ministry of the church. He wanted to make health and wellbeing a reality for the people of India especially for the poor and marginalised. He inspired me and became my
mentor when I left college. He encouraged me at RUHSA when I came back to start the rural health and community development programme for KV Kuppam Block. He followed my career in CMAI where I would get hand written letters from him suggesting activities for the Association or sometimes even angry comments when I had not done something, he thought important, for India or the CMAI. During my visits to Kottayam I had meetings with him in his home and we kept in touch.

I am happy that the CMAI has kept this oration in the spirit and challenge of Dr Chandy to reflect on how the Church can promote the healing ministry in India and how we may make a difference in the health and social status of our people.

2. My Journey into Health and Development

It is in this context that I stand before you, as one of you, a life member of the Association and one who has been committed to the objectives and work of the CMAI over many years. I am proud of what this Association has achieved over the years particularly since our country’s independence when CMAI responded to the needs of refugees after partition, initiated new models of medical, nursing, paramedical and chaplaincy training, kept alive the fellowship of Christian health professionals, supported the growth and development of the mission hospitals, served the many displaced people from the Bangladesh war in the early 1970s and helped promote and support family planning and community health services in India. There were members who pioneered new and innovative models of health care services in Bissamcuttack, Jamkhed, Oddanchattram, Padhar, Deenabandipuram etc. With others we helped establish the Voluntary Health Association of India (VHAI) and more recently have promoted the Christian Coalition for Health in India (CCHI) which brings together the CHAI, the CMAI, our major medical colleges etc. The CMAI has been truly national, ecumenical, inter denominational, committed to its Christian roots and willing to work with others.

My time at CSI Medak Diocese, after graduating from Vellore, exposed me to problems of India I had not experienced. I was for a short time Medical Superintendent of the Medak Hospital and Medical Officer of the Leprosy Hospital at Dichpalli where I saw poverty, inequality, discrimination and injustice that I did not believe existed in my country. Children died from preventable diseases, women were abused and had little or no status in the community and the rich land lords exploited the landless labour. I was shocked and angry. As an Indian, a Christian and a doctor I wanted to do something about this. This experience changed me and helped me make a choice of my career and priorities. I soon realised that health was a means and a measure of development. I was able to do post graduate studies in public health and social planning in the UK before I returned to India to start RUHSA at Vellore where I spent 8 happy years.
We were able to demonstrate there that we could make a difference at RUHSA. I visited it again in 2014 and saw how much more had changed over the years in the community and in the people’s health status. We can tackle some of the problems of poverty and inequality and make real improvement and yet there is so much more to do. I have been blessed with opportunities at CMAI and later in various places overseas. Throughout I have kept my involvement with the church and in issues of justice, social change and poverty eradication.

In all this I was able to put my faith into action and worked with others to promote, support and equip the churches in the mission for a better world in the perspective of the reign of God. I am grateful to God and to so many people who have helped me in my journey through life.

3. Poverty, Inequality and Justice

Tonight about a billion people will go to bed hungry sadly most of them in India. Today 30,000 children will die somewhere in the world from a preventable cause and this is 1 every 4 seconds. It is a scandal. About 65 million children will never go to school. Over 2m children die from hunger, malnutrition and poverty every year in the world. I could go on with such statistics but you probably know them too.

We live in a sick, unhealthy and broken world where the rich seem to get richer and the poor get worse. In spite of some real progress in certain parts of the world there is abject and relative poverty in many countries. The benefits of development are not reaching those at the bottom of the pyramid…the poor, the marginalised, and exploited are left out. Sadly many are denied a quality of life that some of us take for granted when they are unable to get proper shelter, enough food, safe and adequate water, minimum income and basic education. This is unfair, unjust and unacceptable. As Christians we can and must do something about it.

India is a growing super power whose economic growth is the envy of many. There has been much progress in the last few years and there are things we can be proud about too. We have an expanding middle class, with increasing purchasing capacity and a desire to better themselves. But our progress has not benefitted all.

- India has about 50% of our population of 1.2 billion people living below the world’s poverty line (less than $1.25 per day). That is 500m people at least
- In the UNDP Human Development Index, which measures Life Expectancy, Education and Income together, India ranks 136 out of 187 countries. India is below even the South Asian average!
- A woman dies of child birth about every 5 minutes in India
XIIIth Dr Jacob Chandy Oration

- Only five countries outside Africa have a lower female literacy rate than India (Afghanistan, Cambodia, Haiti, Myanmar and Pakistan).
- Inequality measured by the Gini Index is for India 32.5 with the richest 20% having more than 43.3% of national income
- Malnutrition is a severe problem still. More than half of children below 3 years are severely malnourished. 58% of under 5s are stunted which is worse than all of Africa.

I could give you more data. We may dispute the exact figures, and I have taken mine from the UN or GOI data, but we can all agree that this is a shocking situation for India almost 70 years after independence. Let me quote what some have said about this in the last few years.

“High economic growth achieved for India has not translated into better quality of life for the vast majority of its citizens…India suffers from basic policy and structural failures.” (Hindu Editorial 10.11.11)

“Malnutrition in India, especially for children was a national shame and was putting the health of the nation in jeopardy.” (PM Manmohan Singh in 2012)

“India’s recent experiences includes spectacular success as well as massive failure…this growth has not translated into better living conditions for the vast majority of the Indian people….improvement (is) slower than even Nepal and Bangladesh” (Amartya Sen 2011, Noble Prize winner in 1998 and Bharat Ratna award in 1999)

Poverty and inequality is not only a reality in India. In Britain, where I now live, about 13.5m people live in relative poverty (1 in 5) and this includes 3.5m children. It is expected to get much worse by 2020. Over half a million people are reliant on food banks and food aid run by churches and charities. This is sad in the seventh richest nation in the world.

In USA 1 out every 7 lives in poverty and this is particularly bad for blacks, Latinos and those who live in inner city areas. Severe poverty and inequality are realities in China, Russia, much of South America and in many parts of Sub Saharan Africa.

We are living in an unequal and divided world where the rich and powerful seem to benefit at the expense of the poor and marginalised.

But poverty is much more than statistics and numbers. It is about people…all with names, faces, stories, fears, hopes and expectations. All such people are children of God and are made in God’s image. They are our neighbours and we are reminded we need to love and serve our neighbours. We have to do something about the problems of extreme
poverty and study the root causes of this so that we can help eradicate it from the world. Poverty dehumanises, disempowers, denies basic human rights and denies people essential security.

Poverty is about hunger, not being able to take care of your child, unable to visit a health centre when your child is sick and watching your child die and sadly unable to do much about it. Poverty is not having a job, even a part time one, no income for a long time and hence a fear of the future, living one day at a time and having little influence on the decisions and policies other people make for you. You feel rejected, despised, powerless and inferior. Poverty is perpetuated by an active process that emerges out of an unequal and unjust power relationship in society. In India it is aggravated by poor governance at various levels, corruption, illiteracy and our cultural and social systems that contribute to keeping people poor. People and nations are, in the final analysis, made poor and therefore we can do something about it.

4. The Christian Response to Poverty & Inequality: A Ministry of Healing in the context of the Kingdom of God

As Christians we are called to be agents of change, of the Kingdom. From the very start of his ministry Jesus proclaimed and spoke about the Kingdom, “The time is fulfilled and the Kingdom of God is here.” (Jesus in Mark 1:15) We need to affirm another world is possible; a new society where relationships are healed and where there is justice, inclusion and equality for all. We need to make real abundant life promised by Jesus for all and this includes a better quality of life in this world, here and now. Our faith expects that we do something about injustice, poverty and the exclusion of women, tribals, dalits and strangers. We cannot only provide charity and welfare services but need to look at the root causes of such problems and to challenge structures and systems that keep people poor and marginalised. If we are to truly love our neighbours and show mercy and kindness to the victims of such exploitation and oppression then we should get involved, speak out, take action and challenge powers and principalities.

What does the Lord require of you, “to do justice, to love kindness and to walk humbly with your God.” (Micah 6:8) Jesus attacks those who spend time on trivial matters while ignoring more important issues like justice, mercy and faithfulness. (Matthew 23:23) And we are challenged to “Speak out for those who cannot speak, for the rights of all the destitute. Speak out, judge righteously, and defend the rights of the poor and needy.” (Proverbs 31:8-9)

We have to ask ourselves what kind of India (or world) do we want to leave for our children and grandchildren. Poverty and Inequality are not just moral and ethical issues for us but matters we must deal with soon for our own enlightened self interest. Poverty can destroy sections of our nation
because it alienates, makes people feel insecure and could contribute to civil and communal strife.

God is also just. He upholds the cause of the oppressed and defends the fatherless, the widow and the refugee. In the Old and New Testament we read again and again God’s preferential option for the poor and his desire to have his followers do good for them.

In Jesus’ first public meeting in the synagogue he announces the thrust of his ministry. “The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free.” (Luke 4:18-19) This message of good news to the poor is evidence of his messiahship when the disciples of John ask if he was the one who is to come. (Luke 7:22) Jesus calls and sends all his disciples with power and authority to “proclaim the Kingdom of God and to heal” (Luke 9:1-2). Finally after his resurrection he says to his disciples “As the Father has sent me so send I you” (John 20:20)

Today the whole Church, every Christian and all local congregations are called and sent to “proclaim the Kingdom of God and to heal”. No church exists without mission; it is essential to the Christian calling. We need to remind people that a new community, a New Earth, is what Gods wants for this world where people will live in harmony, peace and justice and all are treated with dignity and respect whatever their faith, gender, caste, ethnicity and economic status. This is our vision of the Kingdom….a world where there is equity, fairness, health, inclusion and sustainable development for all. Thus this world is need of healing, where healthy relationships are built up between humans and God, amongst human beings themselves and between humankind and all of God’s creation. This is a foretaste of the Kingdom here and now.

Commitment to the ministry of healing and reconciliation, integral to God’s mission, is not optional to us Christians if we are to be faithful disciples. Participation in God’s mission and the proclamation of the Kingdom are at the heart of Jesus’ message and has to be central to our lives too. Thus the ministry of healing is about justice, righteousness and wellbeing for people and communities. There is a vital place for health care services, good hospitals, the prevention of disease and the promotion of health. Yet the healing ministry is more than all this and I want to focus on the justice and equality side of it given our understanding of the vision and values of the Kingdom. We seek a world transformed by the love of God’s love where God reigns and people live in harmony and goodwill for each other and creation.
5. Challenges and Opportunities for the CMAI Today

What could this mean to the CMAI today which claims its goal is, “to equip, assist and encourage the Church in its ministry of healing.” We can build on our great track record of serving the Church and the nation in enabling people to reach out to areas and communities often neglected by the state and the powerful. Essentially the work of CMAI will be measured by the impact it has on the health and well being of the nation. Yet what should be your priorities and agenda for this decade in the 21st century?

In September 2015 world leaders met at the UN in New York to review progress in the Millennium Development Goals (MDGs) agreed in 2000 that aimed to halve hunger and extreme poverty in the world. Some achievements were acknowledged yet the leaders recognised the opportunity now to make real inclusive, sustainable and resilient development. The Sustainable Development Goals were approved; they go much further than the MDGs addressing the root causes of poverty and the universal desire for development that works for all people. Prime Minister Narendra Modi was there when he and others agreed to end poverty, hunger and inequality by 2030. He said, “If our shared vision is that of a just world then this will never be possible as long as there is poverty.” What can we all do together to banish extreme poverty and hunger from India and the world?

Could I make some suggestions?

1. Continue to emphasise that your calling and purpose is to promote and support the church in India in its healing ministry and thus reminding Christians that all are called to be involved in this.

The ministry of healing cannot be only for Christian health professionals or about the survival of Christian hospitals. You are to focus on the wider mission of the church. The Church’s mission derives from God’s mission in sending his Son to speak of a new community and to heal the world of its brokenness. In this ministry of healing remember we speak about Jesus Christ and the good news of the Kingdom of God…a place where God’s will is done on earth as it is in heaven. We are to witness to the possibility and the hope that a better life is possible for all God’s people.

In serving the church it is not just church leaders (bishops and senior administrators) who are important; the church is more than them. Let us get to the members, the people of God, in local congregations and especially the young and future leaders.

2. In your work, your plans and in your teachings emphasise that reaching the very needy and the weaker sections of society is an essential component of God’s mission for his people.
When we help the vulnerable we are serving our Lord Jesus. “Just as you did it to one of the least of these members of my family you did it to me.” (Matthew 25:40, in the story about reaching the hungry, the thirsty, the stranger, the naked and the prisoner). But our service must be more than social welfare and short term solutions. We are to work in the long run for justice and equality for all. This also means empowering the poor and excluded to be able to fight for and claim their rights.

Let us also recognise we are not going to change the health status of India on our own. We will need to work with others…Governments (both Central and state levels), people of other faiths and none and citizens of all backgrounds. Together, in a movement for social change, we can build a more inclusive, just and healthy India.

3. Whatever we do in Christ’s name let us do well…effectively, efficiently and in an accountable manner. We are stewards of the resources and talents entrusted to us by God and so let use these to serve his people.

This requires we run our institutes and training programmes well and with integrity, and that eventually we benefit people. We are not to build our own kingdoms, projects and institutes but the Kingdom of God.

When our work is done and our task accomplished I hope we can hear from God, “Well done my good and faithful servant, you have been trustworthy in a few things now I will put you in charge of many things.” (Matthew 25:23)

4. The strength of the Church, the CMAI and our institutes will be its people. Invest in building people of calibre who inspire, have a calling and are willing to dedicate their lives to serve God in and through the service of humanity.

We want for the church and the nation people who are spiritually alive, professionally competent and socially relevant in what they do and achieve. Remember that this passion for justice, change and service is not really taught, it is caught. We need leaders, teachers and elders who inspire, are mentors and who will give time to build the people.

This is what I learnt from Dr Jacob Chandy in that he built present and future leaders of the medical college and India.

5. Be prepared to change

Our Association and many of our hospitals are well over 100 years old. We have to ask what is appropriate for today in the healing ministry. It may mean we change ourselves individually or collectively so that the attitudes and focus we have are different. We cannot change the world if we are not prepared to change ourselves. We can be the change we desire.
In all my years I have learnt that change is the one constant in life and work. Yet so many of us resist change in our lives, in our institutions and in our churches. We want to change others but not ourselves. Be bold, be brave and after careful thought and prayer, with God’s guidance, seek what is best for you and your work at this time.

Conclusion
There are real challenges in India today for the country, the church and the CMAI. There were challenges for the early church too. Jesus left a motley group of disciples with little training, structure, funds or preparation to take forward his mission and build his church. These early Christians had to face persecution, opposition and infighting. They had a passion for mission and in sharing their resources and working together their movement grew. They spread the good news of Jesus and of the Kingdom.

To these simple people, his loyal followers, Jesus said, “You will receive power when the Holy Spirit has come upon you and you will be my witnesses” (Acts 1:8). This completely changed the disciples; it empowered them and gave new meaning and purpose in their lives as they followed Christ. Yet thanks to them over the years the church has grown and served people all over the world.

We too are called, empowered and sent, by our Lord, into the world. We are here to help build a better world in the perspective of the Kingdom…..a world of justice, equality and where all people experience life in all its fullness. For many this is a matter of life and death.

May God guide and bless the CMAI, its leaders, staff, members and participating institutes as they serve the church and people of India in the ministry of healing

May our prayers be answered….Your Kingdom come. Your will be done on earth as it is in heaven. Amen

Thank you

Daleep Mukarji OBE
November 2015
Daleep Mukarji OBE

Daleep was born in Lahore, India before the country was partitioned and grew up in India where he studied medicine at the Christian Medical College in Vellore. After graduation he worked in the CSI Medak Diocese in their medical services. He went to London to study Tropical Public Health at the London School of Hygiene and Tropical Medicine (LSHTM 1974) and then did an MSc in Social Planning for Developing Countries at the London School of Economics (LSE 1975) before returning to India to start a rural community health and development programme for the medical college at Vellore in 1977. He was the Director of this programme till 1985 when he moved to the Christian Medical Association of India (the medical wing of the National Council of Churches in India) as their General Secretary.

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