A large underserved population of children with congenital heart disease (CHD) is present in many developing countries as in Angola. Children have very limited or no access to cardiovascular surgical care in Africa and will face irreversible heart and lung damage or death. Methods to provide and improve cardiovascular surgical care in developing countries are needed. In recent years, several strategies have been implemented to address this need. These strategies include transferring children to first-world countries for surgical care, organizing surgical trips to developing countries, and, more recently, creation of local cardiovascular surgical programs. The latter strategy promotes a shift towards taking care of children in their local environment and allows more children to be treated at a fraction of the cost. Unit “twinning” has been proposed rather than the relatively inefficient “medical safaris”. We implemented a dual-nation marriage and a collaborative initiative between local major medical facilities, state health authorities to extend modern pediatric cardiac care to the country. Goals of the pediatric cardiac care program were to improve outcomes of children with CHD in Angola by training local staff to become independent of foreign aid. Three core functions form the basis of our operations: service delivery, training, and research. Between April 2011 and November 2014, we performed 1517 procedures on 1460 patients (531 infants, 67 neonates); overall mortality of 3.9%. Problems peculiar to the African context, are discussed. Programmes to qualified pediatric cardiac team are explained. We have participated in research leading to publication of papers in peer-reviewed journals. In spite of our achievements, we recognize the enormous challenges faced by the continent in terms of pediatric cardiac care. In summary, an attempt has been made to quantify CHD in Angola, to guide planning and training while simultaneously giving real access to first world medical care on a permanent basis.